Beach Crest Residential Home

# Beach Crest Residential Home

**Inspection report**

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Hampshire
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## Ratings

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

## Overall summary

Beach Crest Residential Home is a small, family run care home and provides care and support for up to eleven older people, some of whom are living with dementia. The home is on the seafront at Barton on Sea and is close to local shops and cafes. Each person has their own room which is personalised with their own belongings and furnishings.

The home had a registered manager who was also the registered provider. 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. During our inspection it was clear that the registered manager/provider was not in

# Summary of findings

charge of the day to day running of the home. This role was carried out by the non-registered deputy manager. We spoke with the provider about our concerns following the inspection.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment procedures were robust and ensured only those considered suitable to work in social care settings were employed.

Staff were appropriately trained and skilled to deliver effective care. They all received a thorough induction when they started work and received regular training and support to enable them to carry out their duties safely. However, staff did not receive regular supervision and appraisal to support them in developing their practice and personal development.

Staff fully understood their responsibilities to report any concerns of possible abuse. People's medicines were managed, stored and administered safely.

People were treated with respect and compassion. Observations showed staff knew people very well and considered their emotional wellbeing, choices and wishes and promoted their independence. Staff sought consent before providing any care or support. People's hobbies and interests were documented and staff encouraged people to take part in activities they had chosen.

Care plans and risk assessments had been reviewed regularly and people's support was personalised and tailored to their individual needs. However, changes to people's needs had not always been recorded. Referrals to health care professionals were made quickly when people felt unwell and advice was acted upon. Health care professionals we spoke with told us the staff were responsive to people's changing health needs and people were well cared for.

There were systems in place to gain feedback from people and relatives. Each person and relative we spoke with told us they felt able to voice their opinions about the quality of care provided and any concerns they might have.

Health and safety checks were completed to ensure the environment was maintained to a safe standard. Records relating to the management of the home, such as policies, required updating and improving.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. No one at Beach Crest required a DoLS but the deputy manager understood when an application should be made.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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.There were sufficient numbers of staff deployed to ensure the needs of people could be met.

People felt safe because the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines when they needed them. Medicines were managed, stored and administered safely.

**Is the service effective?**

Requires improvement

The service was not always effective. Staff received training to ensure they had the skills and knowledge to meet people's individual needs. However, staff did not receive regular supervision and appraisal to support their development.

Staff understood their responsibility in obtaining consent before providing care and support.

People's dietary needs were assessed and taken into account when providing them with meals.

**Is the service caring?**

Good

The service was caring. Staff treated people with dignity and respect.

Care records contained personalised information about people's backgrounds, likes and dislikes and preferred daily routines.

Staff knew people well and understood their individual care needs.

**Is the service responsive?**

Good

The service was responsive. People's needs were assessed before they moved into the home to ensure their needs could be met.

People were supported to manage their daily health care needs and access healthcare professionals when required.

People said they would talk to staff if they had a concern and staff knew how to respond to any complaints that were raised.

**Is the service well-led?**

Requires improvement

The service was not always well-led. The home was not managed day to day by the registered manager. Records were not always accurate and up to date. The provider did not have effective quality assurance monitoring systems within the home.

The staff regularly sought the views of people living at the home. People felt there was an open, welcoming and approachable culture within the home.

# Summary of findings

| | |
|---|---|
| Staff felt valued and supported by the registered provider and the deputy manager. | |

# Beach Crest Residential Home

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 26 October 2015 and was unannounced.

One inspector conducted the inspection.

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

During our visit we spoke with the three people who lived at Beach Crest. We observed interactions throughout the day between people and care staff. We spoke with the deputy manager, two care workers and three relatives who were visiting. We also spoke with two visiting care professionals. We looked at four people's care plans and pathway tracked three people using the service. This is when we follow a person's experience through the service and view their care records to gain an understanding of the actions staff have taken to ensure safe and effective care is provided. We looked at each person's medicines administration records (MAR), six staff recruitment and training files and other records relating to the management of the home such as health and safety records and quality assurance systems. Following the inspection we spoke with a third healthcare professional to obtain their views about the care provided by Beach Crest.

We last inspected the home on 29 August 2013 when no concerns were identified.

Good

# Is the service safe?

## Our findings

People told us they felt safe at Beach Crest and relatives confirmed they had no concerns. One person told us "I have my call bell but I don't use it. I don't need to." Comments from relatives included people were "Absolutely safe" and "He's happy and safe here." One relative had recorded in the comments book "I immediately knew it was a safe and happy home."

Guidance for staff in how to respond to an accident required updating. The accident policy was dated 2010 and instructed staff to refer to the 'Senior nurse' or the 'nurse' following an accident but the home did not employ nurses and was not registered to provide nursing care. We asked the deputy manager to send us their falls policy which was not available at the time of inspection. This was re-written and received following the inspection.

People were protected from abuse because staff had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They understood the process for reporting concerns within the home and reporting them to outside agencies if needed. Staff told us the home had a whistleblowing policy and they would use it if they had to. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered provider and deputy manager. They also said they would feel comfortable raising concerns with other relevant agencies such as the CQC or local authority.

People received their medicines safely. We saw one person being given their medicines by a member of staff who checked the medicines in the packet against the MAR to ensure it was correct. They explained to the person politely what their tablets were for and reminded them how to take them. The person was given the time they needed to take their medicines in an unhurried manner. MAR charts were appropriately completed and staff who had given the medicines signed to show that people had received them. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines.

There were systems in place to manage, store and dispose of medicines safely. Medicines were ordered in a timely way to ensure they were available when people needed them and were stored in a locked medication cupboard in the kitchen. The deputy manager had sougth guidance from a pharmcist on the storage of certain medicines who confirmed these did not require specific storage. Any unused or spoiled medicines were returned to the pharmacy regularly. We carried out a spot check of liquid medicines and noted the date of opening had been written on the label to inform staff when they should be disposed of in line with the manufacturer's instructions. An annual audit of medicines was carried out by a local pharmacy to check that systems were in place to manage medicines appropriately. Details of medicine administration instructions had been hand written on some MAR charts. These were not always signed by the staff member who had written it, and had not been checked and counter signed by a second member of staff. This is good practice and reduces the risk of transcribing errors. The deputy manager told us this had been picked up in the pharmacy audit and would be rectified when the new MAR charts were written. The home had a medication policy. However, this was dated March 2010 and had not been reviewed to ensure that staff were working to the most up to date guidance.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff had time to sit and chat with people and engage them in activities during the day. Staff told us "There are enough staff right now, yes. If all rooms were taken I think we would need more." The deputy manager confirmed that staffing levels would be reviewed in line with occupancy and people's needs. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work in adult social care were employed. Application forms had been completed and recorded the applicant's employment history. Two references had been obtained and a criminal records check completed for staff before they started work.

Risks to people's health and wellbeing had been assessed and actions had been taken to minimise these.There were regular checks to ensure the environment within the home was safe. Servicing and maintenance of equipment, such as on the fire detection system and firefighting equipment was carried out by external contractors to make sure it was in good working order. Fire exits and evacuation routes out of the building were clearly visible and accessible and fire drills took place regularly.

Good

# Is the service safe?

The home had an emergency evacuation plan to ensure people could be safely cared for in the event the home could not function following, for example, a fire or flood. Each person had a personal emergency evacuation plan which guided staff in how to support them during an emergency. However, we noted that these had not always been updated to reflect changes to people's circumstances. For example, one person had moved from a ground floor to a first floor bedroom. The deputy manager told us they would do this as a matter of urgency.

Requires improvement

# Is the service effective?

## Our findings

People and relatives said staff were well trained and seemed to know what they were doing. Relatives told us the staff knew people well and called the doctor quickly if they had any concerns. A health professional told us "They manage really well and call us when people get anxious." Another health professional told us "Staff seem more switched on and efficient. The deputy manager is very good at identifying health concerns and responding."

People told us the food was good. One person said they had never had anything they didn't like for dinner. They said "The food's very nice. I get tea and biscuits all the time. They always ask me what I want." A relative told us "[My relative] was fading and losing weight before they came here. They've now put on half a stone." Another relative told us staff gently encouraged their relative to try different foods and told us "They were a fussy eater. They eat things now that they wouldn't have before." They told us their relative had lost a lot of weight in hospital but had been given dietary supplements at Beach Crest and had since put on a stone in weight.

Each person had a range of risk assessments to identify specific risks to their health. For example, to identify if they were at risk of malnutrition or dehydration. People were weighed regularly, and where there was a concern, such as weight loss, appropriate action was taken. We observed mealtimes and saw that people were supported to eat and drink at a pace that suited them. Food was freshly prepared, was served hot, and looked nutritious and appetising. Drinks were regularly replenished and put within reach of people at mealtimes and throughout the day.

Care records showed that people accessed support from different health professionals such as the district nurse and the doctor when required. We observed the deputy manager talking to one person who said they felt unwell. The deputy manager made the call to the doctor and then passed the telephone to the person to discuss their concerns themselves. Staff contacted specialist services for advice when required. For example, the community mental health nurse had been contacted to provide support when a person's mental health had deteriorated.

All staff received an induction when they started work at Beach Crest. A new member of staff was about to start working through the new induction workbook called 'The Care Certificate.' The purpose of this induction workbook is to ensure that healthcare support workers have the required values, behaviours, competencies and skills to provide high quality, compassionate care. There were systems in place to ensure staff received regular training such as; fire safety training; food hygiene and moving and handling. Some staff had also completed training that was specific to the needs of the people they supported, such as dementia and continence care, which enabled them to provide more effective, personalised care. The deputy manager was undertaking a management and leadership qualification in order to further develop the skills required to manage the home effectively.

Staff did not receive regular supervision and appraisal. However, they told us they had opportunities to discuss their own work performance and development needs and could bring up any concerns they may have. Formal supervision sessions did not take place due to the small staff team but this was done on an informal, ad hoc basis. The deputy manager carried out some observed practice with staff to check their competencies, for example, when washing and dressing people, or transferring them to their wheelchair. However, these were not carried out regularly. Each session was logged but there was no detail about what the outcome of the assessment had been or whether any improvements were required. The deputy manager told us a discussion would take place afterwards but confirmed this was not recorded.

There were no records of staff appraisals. The deputy manager told us these were done on a yearly basis but then he would have got rid of the records. He said staff objectives would be "The same year on year." They showed us a recent self-assessment form they had given a staff member to complete for an upcoming appraisal. The staff member had completed it with very little basic information in it, and not enough to form the basis of an appraisal. The deputy manager told us the staff member "may be confused" by it and he would he would discuss the form with the staff member and ask them to complete it again.

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

Requires improvement

# Is the service effective?

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. The application procedures for this in care homes and hospitals are 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 were being met.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA) and understood their responsibilities in facilitating best interest decisions. They told us they gained consent from people before they provided personal care. We saw staff asking people for consent throughout our inspection. There were no mental capacity assessments in people's records. We discussed this with the deputy manager who had a good understanding of the Act. They told us there was currently no need to carry out MCA assessments as people currently living at the home had capacity to make decisions for themselves and no one required a DoLS authorisation.

Good

# Is the service caring?

## Our findings

People told us the staff were caring and treated them with respect. One person told us the staff "Always knock on the door. No one just walks in." They told us they could do things for themselves and had a lot of independence. One relative said "When you walk in somewhere you know straight away." They told us "They [staff] know him really well. They have a laugh and take him out. He's happy. I can visit anytime. I come at different times and he's always well dressed and clean." They told us "It's been a Godsend. [My relative] is very, very well looked after. Nothing's too big a problem." Another relative told us "It's amazing. Really good. Staff genuinely care about their wellbeing. They really do. It's a smaller home and enables them [staff] to have more time with people." A healthcare professional told us they had just visited a person to carry out a medical procedure. They commented that the deputy manager had re-assured the person before their arrival and that he had "Advised us that he [the person] was anxious in advance which was helpful"

The home was very welcoming and the atmosphere was relaxed and friendly. The environment was comfortable and informal with a homely feel. The deputy manager showed us the recent extension and said they had needed to improve the home "But keep the family feel." Care was centred on each person's choices, needs and wishes. Staff understood they were there to support people and do all they could to meet their needs as it was their home. People were valued and their rights to make decisions for themselves were respected.

It was clear from the way staff interacted with people that they cared about them and how they were feeling. Staff were sensitive to people's moods and responded with kindness, appropriate tone of voice, and gentle touch to offer reassurance. Throughout the inspection we observed staff treated people with dignity and respect.

Staff knew people very well and were able to explain their life histories, current health conditions, hobbies and interests. People's preferences on how they wished to receive their daily care and support were written in their care plans and their likes, dislikes and preferences had also been recorded. Staff encouraged people to do as much for themselves as they could. This led to some frustration for one person who told us that staff didn't help them enough. We discussed this with staff who confirmed the person was able to wash and dress themselves so they would not do this for them, but encouraged them and explained how important it was that they retained their independence for as long as they could.

People's bedrooms were personalised and contained pictures, ornaments, family photographs and other things that were important to them. People told us they could spend time in their room if they did not want to join other people in the communal areas. We saw this was the case, although staff also encouraged people to spend time in the lounge so they could enjoy the company of others. Staff respected people' privacy and confidentiality. One staff member told us "When [person's husband] visits, if they want to be together they can go to her room or sit in the dining room so they can have privacy."

Friends and relatives were welcome to visit at any time and staff made sure people had privacy and space to entertain their guests. During our inspection we saw a number of relatives visiting. They were made to feel welcome by staff who took an interest in how they were, and updated them on how their relative was feeling that day. One relative told us that staff always took an interest in them too and asked how they were feeling.

People's wishes about their end of life plans had been discussed and recorded in detail. Staff were aware of people's wishes and instructions.

Good

# Is the service responsive?

## Our findings

People and relatives told us support was personalised and their wishes were listened to and respected. One person said: "The staff look after me the way I want them to." A relative told us "They keep me informed and tell me quickly if there's a change to [my relative's] health. I'm confident they would call me if needed." One person told us they could do as they wished when they wanted to "I buy my own clothes and go shopping with my son. I go to the pub and meet my friends and go for walks in the afternoon." Feedback from relatives was written in a comments book. The entries were all positive and included comments such as "[My relative] has been at the home for a week now. They look brighter and happier in themselves which hasn't been there in a long time. Thank goodness".

Pre-admission assessments had been carried out which included a range of assessments relating to people's personal history, medical history, communication needs, medication, dietary requirements and any mobility issues. This provided information for the provider to make a decision about whether they could meet people's needs before they moved in to the home. Relatives told us the provider or deputy manager had visited people in person as part of the assessment process which they found re-assuring.

Care plans were detailed and individual to each person's needs and included information about their mobility, eating and drinking and personal care. Care plans were written in collaboration with each person and/or their relatives and relevant parties had signed to say they had agreed with the plan. Care plans were reviewed monthly and these were up to date. However, changes to people's care needs had not always been recorded. For example, one person's care plan recorded they were continent when they were no longer. Risk assessments were regularly reviewed and were up to date. Staff completed daily reports that documented the care people received and included information on the person's well-being, diet, preferences and professional interventions carried out that day.

Staff shared information about people's needs throughout each day. Staff told us they were a small team of two or three staff on duty most days. One staff member said "We see each other all the time. If there are any problems we talk to each other". Verbal handovers took place between shifts but these were not recorded.

People were supported to maintain their independence as much as possible. Staff supported people in a way that empowered them to live their life in the way they wished and to take informed risks. For example, one person liked to go out for a walk every day and staff reminded them to take their walking stick.

Staff provided a range of activities for people who chose whether they wanted to take part or not. For example, an organist came to the home and played music for people to listen to in the lounge. Staff encouraged people to get up and dance to stimulate their wellbeing and give them some gentle exercise. One person did not want to dance and their wishes were respected. Staff encouraged two people to dance together with them and we saw they enjoyed this and were laughing and smiling. Staff provided a creative Halloween activity of decorating ginger bread shapes, such as bats, with coloured icing and sparkly decorations. People seemed to enjoy the activity and got to eat their creations afterwards.

People and relatives told us they knew how to complain. Everyone told us they would speak with the provider or deputy manager if they had a concern and felt confident it would be taken seriously, but told us they had no complaints. One relative said "I would naturally speak to [The deputy manager]." Staff confirmed they would listen to any complaints and would inform the deputy manager who would investigate thoroughly, although they had not received any complaints.

Requires improvement

# Is the service well-led?

## Our findings

People told us the deputy manager was always available. One person said "He doesn't delegate. He always pops his head in to update me." They also said the deputy manager worked hard to make sure people were happy. There were other positive comments about how the home was managed. A healthcare professional told us "It has much improved here." Another healthcare professional said "I don't need much involvement. He manages really well." Feedback from relatives was written in a comments book and was all positive.

The registered provider was also the registered manager and a condition of their dual registration was that they must be in day to day charge of the home although it was apparent this was not the case. The deputy manager told us the registered manager did visit the home regularly and that they were involved and kept updated with people's care. However, we found the deputy manager ran the home on a daily basis. Their duties included managing the staff team, care planning and risk assessment, health and safety and monitoring the delivery of the care. All of the documentation we looked at in relation to people's care, staff management and the general running of the home had been completed and signed by the deputy manager. They told us the long term plan was for them to take over as registered manager but they were working towards their management qualification first. We discussed this with both the deputy manager and registered provider/manager to express our concerns that the registration requirements were not being met. The registered provider/manager confirmed that they had delegated full responsibility to the deputy manager and agreed to the deputy manager starting the process of registration immediately.

The philosophy of the home was to put people at the heart of everything they did and this was evident from what we saw during our inspection. However, due to the informal culture within the home, some systems, procedures and record keeping had not kept up with requirements under the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 and needed some improvement and updating.

There were insufficient systems in place to monitor the quality of the service and those that were in place were not always effective as we found errors and omissions in record keeping. Care plans checks were undertaken and recorded but had not identified some of the errors we found, such as changes in people's care needs or circumstances which had not been updated. Staff records in relation to supervision and observed practice were incomplete and appraisal records had been disposed of.

Falls records showed appropriate action had not been taken by staff on two occasions when discovering a person on the floor following a fall. For example, an entry in the falls book recorded that one person had fallen on their left side and complained to staff when they were found of pain in their left hip. However, records showed staff had moved them to a chair and did not call for appropriate medical advice. The deputy manager had recorded that they had assessed the person four hours later and then called for medical advice. We spoke to the deputy manager about this, who told us the person had not complained of pain straight away. However, this was clearly documented by the staff member who found them at the time of the fall.

Due to our concerns about the apparent delay by staff and the deputy manager in obtaining appropriate medical advice we referred this incident to the local authority safeguarding team. The local authority asked the provider to investigate and share their learning from the incident. The outcome of the providers investigation found that records did not reflect the actual incident as the person had not complained of pain until some hours later when they were in bed at which time paramedics were called.

There were no audits or checks in place to monitor other aspects of the home such as ensuring policies and procedures were up to date with relevant guidance or that action taken following falls was appropriate and safe. The registered provider/manager and deputy manager were unclear about what type of audits they should be completing. We referred them back to the HSCA 2008 regulations and explained they needed to assure themselves they were meeting the regulations so they would need to put in place checks that would confirm this.

The registered provider had not carried out appropriate checks to assure themselves the deputy manager was managing the service appropriately and meeting the requirements of the HSCA 2008. The deputy manager was not aware of the Department of Health Code of Practice for infection control in care homes. They had not carried out an infection control audit or completed an annual statement for infection control. We gave them the information and they said they would address this.

Requires improvement

# Is the service well-led?

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) regulations 2014, Good governance.

Staff were complimentary about the deputy manager. They told us that they felt listened to and ideas and suggestions were acted upon if appropriate. One staff member told us the culture within the home was "Like a family." They went on to say "I get on well with [the manager]. I can speak to them if I have any problems. I'd change my job if I felt it wasn't good here."

The deputy manager had an 'open door' policy which provided the opportunity for people who used the service and members of staff to discuss any issues with them at any time. Discussion with members of staff confirmed that policies and procedures for reporting poor practice, known as 'whistleblowing' were in place. Staff said they would not hesitate to report any concerns about the practice of their colleagues and were confident that these concerns would be acted upon immediately.

Staff told us they did not hold formal staff meetings or meetings for people but feedback was received informally on an on-going basis. They also showed us the comments book which captured the positive comments made by visitors. Comments in 2015 included "The staff are superb, as is the home."

The provider was a member of the Hampshire Care Association and the deputy manager attended monthly care home meetings organised by the local NHS Trust. They told us this helped them to keep up to date with care practices. They had also contributed to developing a hospital discharge form which enabled more effective transition between hospital and home.

The home had recently had an extension which added further bedrooms, ensuite bathroms, a laundry and a dining room. The deputy manager showed us the garden had been partly landscaped following the building work, to provide a large patio area next to the house. There were further plans to finish the remainder of the garden which would then be fully compliant with the Disability Discrimination Act 1995.

Health and safety within the home was managed well. Annual maintenance and servicing of appliances, such as the gas boiler, was outsourced to professional contractors and certificates retained.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
| --- | --- |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>The provider did not have systems or processes in place to assess, monitor and improve the quality and safety of service provided and had not maintained accurate and contemporaneous records in respect of each service user or for persons employed, or for the management of the regulated activity. |

This section is primarily information for the provider

# Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.