

Beach House Birchington Limited

Beach House

Inspection report

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Birchington
Kent
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Tel: 01843845922

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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

This inspection took place on 12 February 2016 and was unannounced.

Beach House provides accommodation and personal care for up to nine people who have problems with their mental health, such as bipolar or paranoid schizophrenia. The service is in a residential area near the centre of Birchington-on-Sea.

The service is run by two providers, one of whom is the registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The providers were present on the day of the inspection.

People told us that they felt safe living at the service. People looked comfortable with other people, staff and in the environment. Staff understood the importance of keeping people safe. Staff knew how to protect people from the risk of abuse and how to raise any concerns they may have.

Risks to people's safety were identified, assessed and managed appropriately. People received their medicines safely and were protected against the risks associated with the unsafe use and management of medicines. Accidents and incidents were recorded and analysed to reduce the risks of further events. This analysis was reviewed, used as a learning opportunity and discussed with staff.

Recruitment processes were in place to check that staff were of good character. There was a training programme in place to make sure staff had the skills and knowledge to carry out their roles effectively. Refresher training was provided regularly. People were consistently supported by sufficient numbers of staff. There was a small and well established staff team.

People were provided with a choice of healthy food and drinks which ensured that their nutritional needs were met. People were supported, when they chose to be, to prepare and cook meals. People's health was monitored and people were referred to and supported to see healthcare professionals when they needed to and positive feedback was received from health professionals.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm.

People and their relatives were involved with the planning of their care. People's needs were assessed and

care and support was planned and delivered in line with their individual care needs. Staff knew people well and reacted quickly and calmly to reassure people when they became agitated.

People were supported by staff to keep occupied to reduce the risk of social isolation. People, their relatives, staff and health professionals were encouraged to provide feedback to the provider to continuously improve the quality of the service delivered. People knew how to raise any concerns and felt that they would be listened to and that actions would be taken.

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. Staff were highly motivated to provide kind and compassionate care to people and felt it was very important to also support people's relatives. Staff told us it was essential for people to be supported to be as independent as possible.

The registered manager coached and mentored staff through regular one to one supervision. The registered manager worked with the staff each day to maintain oversight of the service. Staff were clear about what was expected of them and their roles and responsibilities and felt supported by the registered manager and deputy manager.

Services that provide health and social care to people are required to inform CQC of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us that they felt safe living at the service. People were protected from the risks of avoidable harm and abuse. People received their medicines safely.

Care plans and risk assessments gave staff guidance on potential risks and how to minimise risks to keep people as safe as possible. Accidents and incidents were recorded and analysed to identify any trends and reduce the risks of further events.

The provider had recruitment and selection processes in place to make sure that staff employed were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

People told us that staff supported them well and staff knew what to do to make sure they got everything they needed. Care plans had been written with people and their relatives. Staff worked closely with health and social care professionals to make sure people's physical and mental health care needs were met.

Staff completed training on, and understood, the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff acted in people's best interest.

There was regular training and the registered manager coached and mentored staff through one to one supervision and appraisals with staff to make sure they had the support to do their jobs effectively.

People were provided with a range of nutritious foods and drinks. The building and grounds were suitable for people's needs.

Is the service caring?

Good ●

The service was caring.

People told us that they were happy living at Beach House and this was reflected in the sounds of laughter and chatting we heard during our inspection.

People told us that they were treated with dignity and respect and that they valued their relationships with the staff. Staff had an in-depth appreciation of people's individual needs around privacy and dignity. Staff were highly motivated to provide kind and compassionate care to people and support to their relatives.

The registered manager and staff had a strong commitment to supporting people and their relatives to manage their mental and physical health care needs in a compassionate and dignified way.

Is the service responsive?

Good ●

The service responsive

People received the support, encouragement and care they needed and the staff were responsive to their needs. Care plans were reviewed and kept up to date to reflect people's changing needs and choices.

Staff had a good understanding of people's needs and preferences. A range of meaningful activities were available and people contributed their ideas of new things to do. There was a strong, visible person-centred care culture. People were relaxed in the company of each other and staff.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on. The provider used compliments, concerns and complaints as a learning opportunity.

Is the service well-led?

Good ●

The service was well-led

Staff told us that teamwork was really important. Staff told us that there was good communication between the team and that they worked closely together to ensure they were able to support people and meet their needs.

People, their relatives and staff were positive about the leadership at the service. There was a clear management

structure for decision making which provided guidance for staff.

The registered manager and deputy manager completed regular audits on the quality of the service. They analysed their findings, identified any potential shortfalls and took action to address them.

Beach House

Detailed findings

Background to this inspection

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

This inspection took place on 12 February and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using mental health service or caring for someone with mental health conditions.

The provider completed a detailed 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 other information we held about the service. We looked at previous inspection reports and notifications received by CQC. Notifications are information we receive from the service when a significant events happen, like a death or a serious injury.

We looked around all areas and grounds of the service. We met and spoke with five people living at the service. We spoke with three members of the care team, the deputy manager and the Registered Manager. During our inspection we observed how the staff spoke with and engaged with people.

We looked at how people were supported throughout the inspection with their daily routines and activities and assessed if people's needs were being met. We reviewed two care plans and associated risk assessments. We looked at a range of other records, including safety checks, three staff files and records about how the quality of the service was monitored and managed.

We last inspected Beach House in June 2013 when no concerns were identified.

Is the service safe?

Our findings

People felt safe living at the service. People told us that staff were always available to discuss any concerns they may have. One person commented, "I don't know what it is that makes Beach House different from other places I have stayed. I have had bad experiences elsewhere but here I feel calm, safe and respected. I feel it is the start of me being me as a person" and another person said, "I feel safe here". People were relaxed in the company of each other and staff. People said that the staff knew them well and understood their individual needs and preferences.

People were protected against the risks of potential abuse. Staff understood the importance of keeping people safe. Restrictions were minimised so that people felt safe but also had as much freedom as possible. People were protected from the risk of financial abuse. There were clear systems in place to safeguard people's money and these were regularly audited. People told us that they were very well supported by the staff to manage and access their money.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe. The provider had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising signs of abuse and how to report it. Staff told us that they had received regular training on safeguarding people, which was confirmed by the records we looked at, and were all able to identify the correct procedures to follow should they suspect abuse.

Staff were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly. Staff told us they were confident that any concerns they raised would be listened to and fully investigated to ensure people were protected. People were protected from discrimination and staff spoke of promoting people's individuality.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff reported any accidents, incidents and near misses to the registered manager and the registered manager raised concerns with the relevant authorities in line with guidance. Accidents and incidents were recorded on an accident form and were regularly reviewed and analysed to identify any patterns or trends. When a pattern had been identified action was taken by the registered manager to refer people to other health professionals and minimise risks of further incidents and keep people safe. An overview of accidents and incidents was monitored by the registered manager and discussed with staff.

Staffing levels were regularly assessed and monitored to make sure there were sufficient staff to meet people's individual needs, attend appointments or activities and to keep them safe. When a person moved into the service the registered manager completed a 'pre assessment' to check that they were able to meet this person's needs and the registered manager made sure that the staff on duty had the right mix of skills, knowledge and experience. There were consistent numbers of staff available throughout the day and night. The staff team was well established and no staff had left the service in the last 12 months. People told us that there were staff there when they needed them.

Occasionally people became upset, anxious or emotional. Staff knew people well and spoke with and supported people in a caring manner. Staff took time to care for people who became agitated. The staff knew how to distract people, or gently remove them from situations which could increase their anxiety. Guidance was provided to staff on how to manage people's behaviour. Guidance detailed what signs and symptoms to look for; what the possible causes of frustration or agitation might be. It also explained steps to take to prevent behaviours; what individuals may do when they display frustration and what actions staff should take to make sure people were safe. This guidance was incorporated into the risk assessments. Staff understood how to support each individual's behaviour and protect them from the risk of harm.

People were encouraged and supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. Risk assessments were in place to support people to be as independent as possible. These assessments protected people and supported them to maintain their freedom. A missing person's policy and procedure was in place, as part of the service's emergency plan, and included 'grab sheets' with people's photograph and important information. People told us that the management of risk was a balance between freedom and protection and that they understood this. Two people told us about the freedom of being able to 'come and go' but knowing that staff were always contactable if they needed them. One person said, "I feel free to do as I want and know that this is supported by the staff who make me feel comfortable about trying different things. I trust them to support me and help me".

People were kept safe from the risk of emergencies in the home. People were supported to live in a safe environment. There were corporate policies and procedures in place for emergencies, such as, gas / water leaks. Regular checks were completed on things, such as, portable appliance (PAT) tests and legionella tests. Fire exits in the building were clearly marked and regular fire drills were carried out. Fire alarms were tested weekly to make sure they were in good working order. There were arrangements in place to keep people safe in an emergency and staff understood these and knew where to access the information. This included agreements with other local services should there need to be a full evacuation of the service for a lengthy period.

The service followed safe recruitment practices and checks were made to make ensure staff were of good character and suitable for their role. The provider's recruitment and selection policies were robust and thorough. These policies were followed when new staff were appointed. Staff completed an application form, gave a full employment history, and had a formal interview as part of their recruitment. Notes made during interviews were kept in staff files. Two written references from previous employers had been obtained and checks were done with the Disclosure and Barring Service (DBS) before employing any new member of staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. DBS checks were carried out on staff every three years and any changes were discussed with staff. A disciplinary procedure was in place and was followed by the registered manager.

Peoples' medicines were managed and administered safely. We looked at the medicine administration records (MAR) for three people. Entries were clear and the MARs were completed correctly. People understood the reason and purpose of the medicines they were given. One person told us, "If I want to visit family and stay at short notice, the staff make me feel safe by ensuring my medication is prepared ready for me to take and they don't make me wait excessively" and another person commented, "If I want to spend time with my family, the staff don't make me wait to get my medication and prepare it in a dose box, so I feel comfortable and ready to go. This is very helpful and means that I can do different things when I want."

There were safe medicines administration systems in place and people received their medicines when required. Staff had completed training in medicines management. People were asked if they preferred to

manage their own medicines and some people were supported to do this. One person told us, "The staff are really good and help me with my medication when I need it". Medicines were handled appropriately and stored safely and securely. Medicines were disposed of in line with guidance. The medicines room was well arranged and tidy. Medicines were clearly labelled in secure cupboards. Staff were aware of changes to people's medicines and read information about any new medicines so that they were aware of any potential side effects. A copy of the British National Formulary (BNF) was also used for reference by staff. This is a pharmaceutical reference book containing a wide range of information and specific facts about medicines available on the NHS. Regular checks were completed on medicines stocks and records.

The temperature of the medicines room and medicines cabinet were not checked and recorded daily to make sure the medicines would work as they were supposed to do. The medicines room had a tumble dryer in it and the room was warm and staff told us that this had only been in place for a few weeks. The deputy manager arranged immediately for the tumble dryer to be removed to another area of the service and contacted the pharmacy to discuss any potential risks of adverse effects that may have been caused. By the end of the inspection a thermometer had been placed in the medicines room and medicines cabinet and a log to record daily checks was in place.

Is the service effective?

Our findings

People spoke positively about staff and told us they were supportive, caring and skilled to meet their needs. People said that they were able to talk to staff about any issues, concerns or feelings that they had. One person told us, "It took me time to settle in here and the staff were always there to support me and help me get used to feeling confident. I feel like myself now with a life ahead of me. Not always looking back."

Staff told us they had the training and skills they needed to meet people's needs. They said they had the training they needed when they started working at the service, and were supported to refresh their training. Staff completed training which included safeguarding, fire safety and moving & handling. We viewed the training records for staff which confirmed staff received training on a range of subjects.

People were supported by staff who had access to a range of training to develop the skills and knowledge they needed to meet people's needs. Training included specialist training relevant to their roles, such as, courses about behavioural management, learning disabilities, autism, diabetes and dementia. Staff were encouraged and supported to complete additional training for their personal development. This training included completing adult social care vocational qualifications. Vocational qualifications are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Staff were supported during their induction, monitored and assessed to check that they had attained the right skills and knowledge to be able to care for, support and meet people's needs. Staff shadowed other staff to get to know people and their individual routines. The registered manager told us that a new induction had recently been introduced and was modelled on the new Care Certificate. The Care Certificate has been introduced nationally to help new carer workers develop key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager had received training on monitoring and assessing staff competencies and evaluating the work completed by new staff working towards the Care Certificate. The registered manager told us that, as part of the improvements they planned to introduce over the next twelve months, they intended to introduce the components of the Care Certificate into staffs' on-going training.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff knew people well and chatted with people in a cheerful manner, communicating in a way that was suited to people's needs, and allowed time for people to respond. Staff adapted the way they approached and communicated with people in accordance with their individual personalities and needs.

Staff told us that they felt supported by the registered manager and deputy manager. The registered manager and deputy manager coached and mentored staff through regular one to one supervision. Staff told us that they undertook regular formal supervision and were able to discuss matters of concern and interest to them on these occasions. Staff had an annual appraisal to look at their performance and to talk

about career development for the next year. Staff told us that they all worked very closely as a team and that if they had any worries or concerns they would speak to the manager at the time and not wait for a formal meeting.

Staff told us that, because they were 'such a small and established team', that they communicated effectively. The management team worked with the staff team each day and told us that there was an open, family atmosphere where people and staff could speak their minds without any fear of reprisal.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. The Care Quality Commission monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. No-one living at the service was subject to a DoLS authorisation.

When people were unable to give valid consent to their care and support, staff acted in people's best interest and in accordance with the requirements of the MCA. Staff had received training on the MCA. Staff understood and had a good working knowledge of the key requirements of the MCA and how it impacted on the people they supported. They put these into practice effectively, and ensured that people's human and legal rights were protected.

If people did not have the capacity to make complex decisions meetings were held with the person and their representatives to ensure that any decisions were made in people's best interest. People and their relatives or advocates were involved in making complex decisions about their care. An advocate is an independent person who can help people express their needs and wishes, weigh up and take decisions about options available to the person. They represent people's interests either by supporting people or by speaking on their behalf.

The staff were all aware of people's dietary needs and preferences and the staff prepared fresh, home cooked meals. Staff told us they had all the information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. People told us that the meals were of a good quality and tasty and that they were able to make choices about what they had to eat. One person commented that there were always alternative choices available. Two people told us that staff encouraged and supported them to cook when they wished to do so and that they felt 'empowered' by this. Another person told us that they enjoyed going out for their meals in cafes and that there was a take away each week which everyone in the service shared. One person had suggested having chow mein for dinner and this had been arranged by staff. This led to a 'Friday lunch club' where people were supported to go to restaurants / cafes to try foods from various countries and cultures.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People had a health action plan which described the support they needed to stay healthy. People's care records showed relevant health and social care professionals were involved with people's care. Care plans were in place to meet people's needs in these areas and were regularly reviewed. People's changing needs were monitored to make sure their health needs were responded to promptly. One person told us how their health care had been looked after and had seen particular improvements relating to a long-term condition they had. They said how they were encouraged to look at alternatives regarding their lifestyle and this had helped them to manage blood levels along with the support of their GP and staff.

The design and layout of the service was suitable for people's needs. The service was clean, tidy and free from odours and one person told us, "The rooms are cleaned to a high standard. I know this is good, as in other places, cleaning wasn't as frequent". People's rooms were highly personalised. There were photographs of the people displayed in the hallway which supported this observed sense of communal environment. One person commented, "I feel this is our home. We all get on and it feels like an extension of a family, where all we all try to understand each other's needs and respect each other's differences. That's how it should be isn't it. Everyone is treated the same and as equals".

Outside clinical waste bins were locked and stored in an appropriate place so that unauthorised personnel could not access them easily. The building and garden were adequately maintained. Lounge areas were suitable for people to take part in social, therapeutic, cultural and daily living activities. There was a relaxed and friendly atmosphere at the service.

Is the service caring?

Our findings

People told us that they were happy and content living at Beach House and that the staff were caring. Throughout the inspection there was a lot of laughter in the service. We observed staff interacting with people with a caring and compassionate manner which was supportive of people's individual choices. It was clear from our observations that staff knew people very well and understood and responded to people's diverse cultural, spiritual and health needs in an empathetic way. A health professional had noted on a recent survey, 'I have always found the staff to be friendly, calm and caring' and 'All staff are approachable and take time to meet the needs of the residents'.

During our inspection staff spoke with and supported people in a sensitive, respectful and professional manner that included checking people were happy, having their needs met and if they needed anything. Staff had knowledge of people's individual needs and preferences and showed people they were valued. Staff we spoke with had an in-depth knowledge of people's mental health conditions and how their behaviour may change if there was a problem. Staff spent time with people when they wanted to talk, listened to people and were patient.

Staff ensured that people were involved with the day to day running of the service and, as far as possible, in the planning of their care and support. People told us that they were involved in making decisions about their care. Staff made sure that kindness, respect, compassion, dignity and respect were a priority. Our observations of staff interacting with people were positive. Staff were discreet and sensitive when talking to people about personal matters to protect and respect their dignity. People completed regular surveys about the quality of service they received. We looked at the responses to the surveys and found many positive comments. One of the questions asked if people felt they could have a say in the day to day running of Beach House and people all said that they were involved in this.

People's dignity was respected by staff. For example one person told us of an occasion when staff were making adjustments to meet people's individual needs. They told us that when one person felt they needed time to be alone, this was respected and supported by staff. Another person commented that staff were sensitive and respectful to people's needs in general, saying, "The staff always ask and knock before entering our rooms and also respect our space. When I was in hospital before, I was always woken up by people switching the light on and off. That isn't the way to treat people. Here it is totally different, I am lucky to have had the choice to stay here". Staff told us that they respected people's choices and embraced their differences. People were asked through regular surveys if their privacy and dignity was respected. One person had commented, "My privacy is important to me and that is respected".

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. For example, staff told us that one person had been having a couple of bad days and chose to spend time in their room. Staff regularly checked to see if they wanted to talk through the problems they were experiencing and said how important it was for the individual to know that they were not alone and that staff were there whenever they needed to talk. Staff had clear guidance to follow when people felt they needed to follow a strict routine so that they were able to give them the support they wanted in the way that

suited them best.

Staff recognised the importance of social contact and companionship. Staff supported people to develop and maintain friendships and relationships. People told us that they were supported to maintain wider support and regular contact with friends and family. One person told us, "I feel close to people I know and I feel supported to visit my family when I want. It makes me feel confident and I am able to talk about anything with staff". Another person said, "I am able to visit my family and stay sometimes. This makes me feel supported as I am nearby and able to spend time helping, while feeling I have space to be myself".

People could choose whether to spend time in their room or in communal areas. One person had noted on a recent survey that, "I feel able to control my own day". People were supported to make sure they were clean and smartly dressed. This promoted people's personal dignity.

Some people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments. Advocacy services and independent mental capacity advocates (IMCA) were available to people if they wanted them to be involved. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. They will sometimes support people to speak for themselves and sometimes speak on their behalf. Staff told us that everyone in Beach House had capacity to make decisions for themselves but explained that, in the past they, they had arranged for an independent advocate to support a person in making a decision about major dental procedures and to explain this to them.

Care plans and associated risk assessments were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them. Staff understood that it was their responsibility to ensure that confidential information was treated appropriately and with respect to retain people's trust and confidence.

Is the service responsive?

Our findings

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person. Staff told us that some people may become anxious if they didn't follow their routines. Staff had clear guidance to follow and were able to tell us how they followed this closely because they knew people so well.

People received the care and support they needed and the staff were responsive to their needs. The service had a strong, visible person-centred care culture and staff knew people and their relatives well. People were relaxed in the company of each other and staff and there was plenty of banter throughout the inspection between people and staff. Staff had developed positive relationships with people and their friends and families. Staff kept relatives up to date with any changes in their loved one's health. One person commented, "My sister lives nearby and she brings me things I like. I see her a lot and she is always made to feel welcome".

People received consistent, personalised care, treatment and support in the way that they had chosen. When they were considering moving into the service people and their loved ones had been involved in identifying their needs, choices and preferences and how these should be met. This information was used so that the provider could check whether they could meet people's needs or not. A pre-assessment was completed when a person was thinking about using the service. This was followed, if the person chose to live at Beach House, by a meeting with staff to complete an 'admission checklist' which gave people the opportunity to discuss the care and support they wanted in further detail. The provider had a specific procedure for when a new person moved into Beach House which staff told us was always followed to minimise anxiety and possible distress, caused by change, to both the individual and others living in Beach House.

People told us that they were encouraged by staff to participate in and contribute to the planning of their care. Each person had a detailed, descriptive care plan which had been written with them and / or their loved ones. Care plans contained information that was important to the person, such as their life history, likes and dislikes, what they could do independently and current and past interests. Plans included details about people's personal care needs, communication, mental health needs, physical health and mobility needs. Risk assessments were in place and applicable for the individual person. Person centred care plans documents clear guidance for staff on people's everyday support needs and how these should be met in a way that suited them best.

Changes in people's care and support needs were identified promptly and kept under regular review. When people's needs changed the care plans and risk assessments were updated to reflect this so that staff had up to date guidance on how to provide the right support, treatment and care. The deputy manager told us that, because there was a small staff team that they knew people well and were able to assess quickly if someone's behaviour indicated a relapse. Referrals to health professionals were made when needed. The registered manager told us that they worked very closely with the local mental health team to make sure people received the support they needed when they needed it. The registered manager supported people

to attend appointments with health professional. When guidance or advice had been given we observed that staff followed this in practice. People's needs were met because staff were aware of the content of people's care and support plans and provided support in line with them. One person had been having specific issues and staff told us how they had managed and supported them. Regarding this a health professional had noted, 'Fortunately at Beach House a good management plan has been put in place in relation to [person's] finances and they have signed up to this'. Another comment from a health professional on a recent survey noted, 'All staff are aware of the ongoing changes of mental health client's needs and address issues as they occur'.

People were very positive about the support they received from staff to manage their health needs. People said they had good access to the local GP and that they received co-ordinated and appropriate support which included help in making appointments. One person commented, "I feel able to say when things feel wrong or I feel unwell and I can see a doctor quickly".

During the inspection staff were responsive to people's individual needs, promoted their independence and protected their dignity. There was a good team spirit amongst the staff and a friendly manner towards people and between each other. Staff were very observant and responded quickly when they noticed anyone appearing agitated or needing support or reassurance.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. There was a very small and well-established staff team who had worked together for a long time. Staff told us that they worked closely together and always made sure that important information was clearly documented and communicated to others.

People told us that they knew how to complain. They said if they had concerns that they would speak to any member of staff and knew that they would be listened to and their concerns would be acted on. The complaints procedures was discussed with people when they moved into the service and there were copies explaining how to complain displayed in the service. The provider had a policy which gave staff guidance on how to handle complaints. A regular quality survey, completed by people living at Beach House, asked if people understood how to complain and if they had a copy of the complaints procedure. We looked at the responses and found that everyone had received the procedure and knew how to complain. One person noted, "It is easy because we can talk direct to staff if there is a problem".

People were supported to maintain their independence and access the community. People were empowered to make choices and have as much control and independence as possible. People were able to choose what they wanted to do each day and were also able to suggest activities they would like to complete. People were encouraged to be as independent as possible and supported by staff to attend external activities. People had been volunteers in local charity shops. Staff told us that they spoke to people about what they would like to do individually and as a group. A list of regular monthly activities was displayed on the notice board and staff supported people to access these. Group events included trips to the cinema, lunch clubs and beach walks. People were supported to have an annual holiday which they told us they had enjoyed. The deputy manager told us that staff were very flexible and they made sure that there was time spent with each person each day.

People received consistent, planned and co-ordinated care and support when they moved between services to make sure their individual preferences and needs continued to be met. There were clear records of the transition process.

People were encouraged and supported to develop and maintain relationships with people that mattered to them and avoid social isolation. The registered manager and staff team had looked for different ways for people to keep in touch with their loved ones, for example, buying a laptop and supporting people to use Skype. People told us that staff supported them to meet family and that loved one's were always welcome at the service. One person said, "I don't go out much and like to stay in but I have the choice to do what I want and my family visit and support me regularly". A relative had noted on a recent survey, 'Beach House is a good place for [my loved one] to be. It's always a pleasure to call in and see all the friendly faces'.

Is the service well-led?

Our findings

People knew the staff and management team by name. They told us that they would speak to staff if they had any concerns or worries and knew that they would be supported. There was an open and transparent culture where people, relatives and staff could contribute ideas for the service. People told us that they felt the service was well-led and that they could rely on the staff to help and support them.

The registered manager and deputy manager were role models and lead by example. They promoted a positive and inclusive culture with people, their loved ones and staff. The results of recent surveys all contained positive feedback and comments. The management team and staff focussed on a person centred, open, inclusive and empowering environment and people told us that they trusted the staff and were able to rely on them, particularly if they were 'having a tough time'. The management team worked with schools to provide work experience placements. One placement had recently finished and a 'thank you' letter had been sent to the registered manager and deputy manager. The note included, 'I wanted to briefly express my gratitude to you both. You have taught me so much that can simply not be gained from a text book and further solidified my career aspirations. You are both kind individuals who work hard to help others'.

Staff were encouraged to question practice and to suggest ideas to improve the quality of the service delivered. Staff completed surveys about the organisation, their training and development and on the quality of the service delivered. Staff told us that they and the management team all worked closely to make sure people received the support they wanted and needed.

Staff understood the culture and values of the service. Staff told us that teamwork was really important. Staff told us that there was good communication between the team and that they worked closely together. Our observations showed that staff worked well together and were friendly and helpful and responded quickly to people's individual needs. Staff told us that they were happy and content in their work and that the management team was very supportive. One member of staff said that they enjoyed working at Beach House "due to the relaxed and friendly nature of the home". Another member of staff commented, "I see us all as extensions of a family and it is important that we listen and try to understand each other." There was a family feel to the service and staff told us that it was the people's home and one staff said that it was their view that they were "privileged to be working in their home". The registered manager said, "It was lovely to see people accepting the experts by experience in their own home and feeling confident and comfortable to do so".

The registered manager welcomed open and honest feedback from people and their relatives. People, their relatives and staff were actively involved in developing the service. People and their relatives had taken part in questionnaires about the quality of the service delivered. Comments were all positive. People were supported to have good links with the local community. Staff told us that they encouraged people to use the local library and shops and that people were well known by local shopkeepers. People told us that they often walked to the local shops and that they went on local community organised walks and that they enjoyed being able to do this.

Staff were clear about what was expected of them and their roles and responsibilities. The provider had a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely. Staff knew where to access the information they needed. Records were in good order and kept up to date. When we asked for any information it was immediately available and records were stored securely to protect people's confidentiality. The management team monitored staff on an informal basis every day and worked with them as a cohesive team to ensure that they maintained oversight of the day to day running of the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

There was a system in place to monitor the quality of service people received. Regular quality checks were completed on key things, such as, fire safety equipment, medicines and infection control. When shortfalls were identified these were addressed with staff and action was taken. Environmental audits were carried out to identify and manage risks. Reports following the audits detailed any actions needed, prioritised timelines for any work to be completed and who was responsible for taking action.