

Black Swan International Limited

Beccles Care Home

Inspection report

St. Georges Road
Beccles
NR34 9YQ

Tel: 01502716700

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Ratings

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

Summary of findings

Overall summary

About the service

Beccles Care Home is a residential care service providing accommodation and personal care to up to 35 people aged 65 and over. It provides support to older people, and people living with dementia. At the time of the inspection there were 14 people living in the service.

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

People received safe care and support and they told us they felt safe living at Beccles Care Home. Staff understood safeguarding procedures and were confident in reporting any concerns. Risks to people's safety were assessed and well managed, and people's care plans detailed current risks and individual needs.

There were sufficient, safely recruited, staff employed to meet people's needs and staff responded to people's needs in a timely way. The registered manager and provider monitored accidents and incidents, which ensured staff learned lessons when things went wrong. Medicines administration records (MAR) confirmed people had received their medicines as prescribed and medicines were managed safely.

People were supported to eat and drink a balanced diet and had a choice of meals, snacks, and drinks.

Staff training was relevant and up to date. The staff team sought healthcare advice from a multi-disciplinary team of professionals when required to ensure people's needs were met.

The atmosphere within the home was friendly and welcoming and staff were warm and considerate towards the people they cared for. A relative told us, "I do appreciate all the care [family member] receives. The care staff are far more relaxed and happier in their jobs now. I think a lot of that improvement is down to [registered manager] who is approachable and encouraging to the staff team."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager and provider had worked hard to make the required improvements, this demonstrated their commitment to driving improvements in the safety and quality of person-centred care. All aspects of the service were regularly audited. There was a positive, person-centred approach to the planning and provision of people's care. People, their relatives and staff all spoke positively about the management of the service.

Staff felt supported by management and enjoyed working at the service.

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

Rating at last inspection and update

This service was registered with us on 4 January 2022, and this is the first inspection under the new provider and new service name of Beccles Care Home.

The last rating for the service under the previous provider, and the care home name of St Georges Care Home, was inadequate, published on 3 August 2022.

Why we inspected

This is the first inspection for this newly registered service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home 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.

The overall rating for the service is good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Beccles Care Home

Detailed findings

Background to this inspection

The inspection

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

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

[Care home name] is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beccles Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service about their experience of the care provided and 5 people's relatives. We also spoke with 8 staff, which included care staff, maintenance staff, the deputy manager, registered manager and the regional area manager. We also had email contact with a further 9 staff who provided their feedback.

We observed people's care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection, under the previous provider, we rated this key question inadequate. This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- At our last inspection, under the previous provider, we were concerned that the management of risk was inadequate. At this inspection, and under the new provider, we found extensive improvements.
- Risks associated with people's health and well-being were now being managed safely overall. These risks had been identified, assessed and records clearly guided staff on how to minimise risks to keep people safe. We found a few records requiring updating following health changes, the registered manager made these amendments straight away.
- People found at risk of skin breakdown were provided with pressure relieving equipment and were regularly supported by staff to reposition and prevent skin breakdown.
- Equipment was regularly serviced and well maintained. Clinical equipment checklists were completed each day to ensure equipment was in good condition and functioning correctly for immediate use.
- A range of environmental risks assessments had been completed. The fire risk assessment and associated safety checks were up to date. People had personal emergency evacuation plans (PEEPs) for staff to follow should there be an emergency.
- Incidents and accidents were recorded including an overview of actions taken so trends could be reviewed and prevent similar incidents from occurring again.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse and harm. Improvements had been made, by the new provider, in the oversight of safeguarding at the care home.
- Relatives considered their loved ones to be safe living at Beccles Care Home. One relative told us, "I think [family member] is safe- 100%. The security there is very good, the staff are all good and know what they are doing and if I ever have a concern, I know that the staff are approachable." Another relative explained, "Oh yes [family member] is totally safe. [Family member] has a lovely bedroom and I have no complaints at all. I have seen it with my own eyes, I know [family member] is safe."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns. One member of staff told us, "All information I need regarding safeguarding is found on our companies' hub. I find it easy to access and it is all in one place. I understand that safeguarding is everyone's responsibility and I know how and who to report to. If I suspected abuse or harm, I would speak to my manager immediately."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding

concerns were raised.

Staffing and recruitment

- At our last inspection we received feedback from relatives that there continued to be insufficient staff to ensure their family member received their care a timely manner. We found improvements at this inspection, under the new provider.
- The provider and registered manager ensured there were sufficient numbers of staff deployed to meet the needs of the people at the service. One person told us, "They [care staff] come when I ring my call bell. They come and see me, and they have time for a chat."
- Some relatives told us of improvements to the staffing deployment and that no agency staff were being used under the new provider. One person's relative said, "The main problem for me was that [previous provider] were not fully staffed, half of the carers were agency staff, but I believe they are fully staffed now and there are no agency and the regular staff do know [people] far better than the temporary workers."
- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. DBS 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

- At our last inspection, under the previous provider, we found people's medicines were not always managed and administered safely and as a result people were placed at risk.
- At this inspection, under the new provider, we found improvements. Medicines were managed safely and in line with good practice standards. This included how they were ordered, stored, administered, recorded, and disposed of if no longer required by the person.
- Medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- Where people had 'as required' medicines such as pain relief, protocols were in place for this.
- Staff received medicine training to ensure they were competent to carry out this task.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider's approach to visiting was in line with government guidance. Staff ensured visitors followed the government's protocols to minimise the risk of infection and or spread of COVID-19.

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 our last inspection, under the previous provider, we rated this key question inadequate. This is the first inspection of this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection, under the previous provider, we found that staff did not always work within the principles of the MCA.

- At this inspection, and under the new provider, we found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People's ability to make decisions about their care and support had been assessed and was recorded in their care records.
- Staff had received MCA training and demonstrated their knowledge by ensuring people were involved in making decisions and respecting their choices.

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

- People's needs were assessed in line with the protected characteristics under the Equality Act 2010 such as gender, ethnicity, and religion. People's care plans were developed from the initial assessment.
- Care and support was regularly reviewed, and care plans were regularly updated to ensure they remained accurate and relevant.

Staff support: induction, training, skills, and experience

- At our last inspection, under the previous provider, staff training was not up to date in all cases. There were gaps in the skills and knowledge of staff across areas of the service.
- At this inspection, and under the new provider, we found staff now had the skills and experience to support people effectively. Staff were receiving training relevant to the people they supported, for example, training in dementia care.
- Staff told us they were happy with the learning opportunities provided. One member of staff said, "I feel that I am supported with my job role and given enough training to do my job well. The training I have completed is advanced care, oral hygiene, fire safety, infection control, first aid, health and safety, medication, dementia, mental capacity just to name a few!"
- Staff had regular opportunities to meet with their manager via supervision meetings. These meetings were used to develop and motivate staff, as well as focus on their professional development.

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

- Previously, we found that the dining experience was poorly managed and this resulted in some people being restless and repeatedly leaving the table and others becoming verbally unsettled.
- We observed the mealtime during this inspection and found some improvements, however some further co-ordination was required as some people received their meals ahead of time before other people. The wait, however, was not significant no one appeared to be distressed. Once people had their meals, they ate their own pace and were not rushed.
- People were supported to have a balanced diet and had access to snacks and drinks throughout the day to maintain their weight and meet their hydration needs. Where people had specific dietary needs, this information was shared with catering staff.
- People were provided with choice through various means which included the use of pictorial, written and menus as well as show plates. The show plates were prepared with the meal options to provide visual support to inform people's choice.

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

- Relatives told us staff contacted health care professionals and kept them informed of any changes.
- Records included information about each person's health needs and guidance was in place for staff to show how these needs should be met
- We saw feedback that had been provided to the service by a healthcare professional which set out a number of improvements at the service.

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

- The environment was well maintained, clean and pleasantly decorated.
- Significant improvements and a programme of renovations was well underway with re-decoration and enhanced décor to all bedrooms and communal areas. Two bedrooms had been combined and structurally changed to create a new lounge area that people, and their visitors could enjoy. One staff member told us, "I feel the home actually feels like home now with the new decor and items provided." Another staff member commented, "The company [provider] have changed so many things for the good like redecorating the rooms and making another lounge for [people] so they have a quiet place to sit if they like."

Is the service caring?

Our findings

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

At our last inspection, under the previous provider, we rated this key question inadequate. This is the first inspection of this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People we spoke with told us all the staff treated them with respect. One person told us, "I wouldn't want to move. Staff are all lovely. I like it they are so kind. Nothing they could do better."
- Staff members showed warmth and respect when interacting with people.
- The change of culture and senior leadership meant that people were now being supported by kind and caring staff who knew them well. One relative told us, "I know my [family member] would always like to be dressed as they liked to be dressed, wearing their own clothes, all coordinated properly. I like it right for [family member] too but there were many times when I visited when this wasn't happening. It is so much better now."
- There was a calm and friendly atmosphere in the service throughout the inspection visit. We observed all staff, from care staff to ancillary staff, took the time to have a chat and spend time with people.

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

- People's care records included information about their personal circumstances and how they wished to be supported.
- Staff supported people to express their views using their preferred method of communication.
- Relatives were kept updated on their relative's wellbeing. One relative fed back to us that they did not feel they had been involved in care plan reviews, however, the registered manager said that all relatives were being involved in care planning as the plans were re-written under the new providers templates.

Respecting and promoting people's privacy, dignity, and independence

- People's right to privacy was respected. People could spend time alone in their rooms and staff did not enter people's rooms without seeking their permission first. We observed staff knocked on the door before entering people's bedrooms.
- People were supported to see their friends and family and staff respected their right to do so in private. One relative told us, "When I go to see [family member] we sit in [family member's] bedroom and once they [care staff] have given us a cup of tea and a piece of cake- they stay away and don't disturb us."
- People were encouraged to be as independent as possible. For example, people who ate slowly, were supported to maintain this skill with adaptive equipment. A member of staff told us, "[Provider] have even gone as far as supplying heated plates for some people who take a little time in eating."
- People's records were kept securely, and staff understood their role to maintain people's confidentiality.

Is the service responsive?

Our findings

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

At our last inspection, under the previous provider, we rated this key question requires improvement. This is the first inspection of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans had all been reviewed under the new providers templates and systems. Care plans were detailed and person-centred, containing people's likes, dislikes, and preferences.
- During our visit we saw staff were responsive to people's needs and care and support provided where needed, such as when a person attempted to mobilise independently.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us, where required, documentation could be provided in accessible formats, such as larger print.
- People's care records included information about how they communicated and guidance for staff in how to communicate effectively with people.

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

- People were supported by staff to take part in activities where this was their preference to do so. The majority of relatives we spoke to commented that their family member often opted not to take part in activities, preferring quiet time and spending time in the own bedrooms.
- People who had developed friendships whilst living at the service had these recognised and respected. We observed a member of staff assisting a person into the lounge and asked them if they wished to sit next to their friend.
- Relatives were able to visit the service when they wished. Visits could take place in people's bedrooms or in communal spaces.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and complaints were addressed in line with the provider's procedure.
- The registered manager had recorded any complaints received including verbal complaints. These had been investigated and people had been told the outcome within the timeframe specified in the complaints

policy. The registered manager had apologised if needed.

End of life care and support

- No one living at Beccles Care Home was receiving end of life care at the time of our inspection visit.
- People, and their relatives where appropriate, had been asked about their end of life wishes and for most people these had been recorded. However, further conversations were needed to understand everyone's preferences and wishes. Where end of life care plans had been completed, these were very detailed and considered the finer details.
- Some people had decided to have a Do Not Attempt Resuscitation order put in place. Where appropriate people had ReSPECT forms in place. The ReSPECT process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices. These recommendations are created through conversations between a person, their families, and their health and care professionals to understand what matters to them and what is realistic in terms of their care and treatment.

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 our last inspection, under the previous provider, we rated this key question inadequate. This is the first inspection of this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Under the previous provider this service had a history of failing to provide a good standard of safe care. The serious and extensive nature of the breaches of the regulations identified a failure of leadership and governance at provider level. Since the new provider took over the service, we found significant progress made.
- We received many highly positive comments from people who used the service, their relatives and staff about the improvements made at the service. One person's relatives told us, "[Provider] has been there for [number of] months and in terms of cosmetics and care for [people] there has been an improvement and you can feel it is on the way up." Another person's relative commented, "Yes there have been many improvements, the care is better, and everything is far more positive about the place."
- At this inspection we found systems were in place to monitor the quality and safety of the service. Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, infection control, incidents, accidents, and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported.
- Action plans were developed from quality assurance processes to ensure improvements required were monitored and completed.
- Staff were clear in their roles, regular meetings and supervisions were held to discuss changes in the service. Staff gave positive feedback regarding the registered manager, comments included, "The current managers are firm but fair, easy to talk to, approachable and listen to any queries I have and also listen to any ideas I have that can benefit [people]."

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

- The registered manager had been instrumental in bringing about many positive changes and much needed stability in the home along with the provider's support.
- Staff were motivated by the registered manager and provider to provide high quality, person-centred care and there was a passionate and positive culture within the home. One staff member told us, "I feel proud to work at Beccles Care home and for Black Swan. The positive changes that have occurred in such a short time are amazing, the home looks great, all staff seem happy, management is well structured and

approachable and most importantly [people] are safe, happy and living an excellent quality of life.

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

- The registered manager understood the duty of candour and was open and honest about any actions or improvements needed.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff. One staff member told us, "I really enjoy my job and I truly believe [people] come first and finally I can say this is happening. I only have positive thoughts for our future."

Working in partnership with others

- The provider was working in partnership with people's relatives, health professionals and the local authority to ensure that people were supported appropriately. One professional told us, "We have had no concerns with this service since the change of ownership. Staff morale improved immediately."