

Brighton and Hove City Council

Brighton & Hove City Council - The Beach House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Brighton and Hove City Council – The Beach House is a residential care home providing personal care to five people at the time of the inspection. The service can support up to 14 people living with a learning disability and/or a physical disability. The service provides short breaks or respite service where people can have weekend or midweek breaks. The service also provides emergency placements for people who are in crisis in the community.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People and their relatives told us they felt safe being supported by staff and that staff had the skills and experience to support them appropriately.

We identified some areas of practice that need improvement. Quality assurance systems had been introduced and were continuing to be developed and improved. This included audits of medicines, infection control, and health and safety. However other systems of quality monitoring had not yet been implemented, such as the monitoring of training, supervision and appraisal of staff. Further time was needed to fully embed these into day to day practice. Staff told us they were well supported and could speak with managers about any issues or concerns they had. However, the providers formal system for staff supervision had not been maintained, and routine supervision had not gone ahead for staff for some time.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture.

Right Support: Model of care and setting maximises people's choice, control and Independence
People were supported by staff to work towards their individual goals and objectives. During their stay at the Beach House, staff encouraged and supported people to live as independently as possible and to have control over their lives. People were encouraged to express their views using a variety of communication methods and staff actively sought feedback which was discussed with individuals.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights
People who used the service and their relatives told us they felt supported kind and caring staff. Staff knew people well and ensured they were supported with their social and care needs in a person-centred way.

Right Culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives
The culture of the service was open, inclusive and empowered individuals to express their views on how the service was run. People and relatives told us they felt confident and were supported to manage potential risks, for example when they accessed the local community. People who used the service and their relatives were complimentary of staff and the leadership of 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

The last rating was for this service was Good (report published 31 October 2019). The overall rating for the service has remained Good based on the findings of this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this 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.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

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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.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Brighton and Hove City Council – The Beach House 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. Brighton and Hove City Council – The Beach House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

Inspection activity started on 18 November 2022 and ended on 22 November 2022. We visited the service on

18 November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience and observed interactions between staff and people. We spoke with four members of staff including the registered manager, support workers and the cook. We looked at five care plans and reviewed other documentation used in the running of the service, including quality assurance and training records. We spoke with four relatives over the telephone about their experience of the care provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe at the service. A relative told us, "I have no concerns at all, [my relative] is perfectly safe."
- Staff had received training in how to keep people safe from abuse. They knew how to raise concerns both with the service and to external health and social care organisations.
- The provider took action to keep people safe. They had worked with the local safeguarding authority to investigate concerns.
- The registered manager had undertaken analysis of accidents and incidents. This included steps they could take to reduce the risk of the incident occurring again whilst acknowledging a person's right to be as independent as possible.

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk.

Staffing and recruitment

- The provider followed safe recruitment practices. This included requesting references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us there were sufficient staff deployed at the service. A relative told us, "There has never been a time when they've not met [my relative's] one to one staffing requirement."
- We observed there were sufficient staff on the day of the inspection. People were able to spend time with staff on a one to one basis so that they were in control of which activities they would like to undertake.
- People had their care reviewed regularly in order to establish if staffing levels were sufficient to meet their needs. Staff told us they felt there were enough of them to offer the appropriate support. The registered manager told us, "We have had some staffing issues, but we won't take anyone into the home unless we can

meet their needs. We have enough staff for the number of people we support." Our own observations supported this.

Using medicines safely

- People's medicines were managed in a safe way. Medicines were recorded in Medication Administration Records (MARs) and included a person's allergies, special requirements and a recent photograph to identify the individual.
- Where people were prescribed 'as required' (PRN) medicines, there was clear guidance for staff on when to administer this, the maximum dose and when to inform a healthcare professional.
- Staff had undertaken training and competency checks for the administration of medicines. One member of staff told us, "We're really on top of medicines now. We make regular checks to ensure people know what they are doing."
- We reviewed medicines audits which showed that the management team checked for any potential errors and lessons that could be learnt in relation to medicines. One member of staff told us, "We have systems in place now to minimise and act on medicine errors."

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

The provider was facilitating visits for people living in the service in accordance with the current guidance.

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 we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us they felt staff had the training, skills and experience to effectively support them. One relative told us, "They know my [relative] inside out and what makes him tick. They are very well trained at what they do."
- Staff told us they had received induction training and further training in looking after people. They were knowledgeable of relevant best practice and regulations. One member of staff told us, "I have done all the training I needed to do. It was very helpful." We observed staff supporting people confidently and competently and they were knowledgeable of key topics, such as infection control, moving and handling, medicines and safeguarding.

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

- People stayed at the service for varying lengths of time, depending on their needs. They were assessed before they moved into the service. This allowed the registered manager to assess risks to people and if staff were able to support people in a safe manner or identify if they required further training.
- The provider had up to date policies in place which reflected legislation and best practice. All staff knew how to access the policies and systems were in place to monitor that they kept up to date with changes. We observed that staff knew people well and encouraged people to live independent lives in line with national guidelines.

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

- People's ability to eat safely and maintain a healthy weight were assessed. Where needed, advice had been sought from healthcare professionals on how people's diets should be adapted to suit them. Information available in the kitchen to ensure people received appropriate drinks, meals and snacks.
- People were offered a choice of food from the menu. In addition, people were confident staff knew about any food allergies and would provide alternative meals if needed. One person told us, "They are making me a packed lunch. I get a lovely dinner here, I'm looking forward to dinner."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People told us they received effective care and their needs were met. A relative told us, "Beach House is a godsend for both me and [my relative]. The support they give changes both our lives."
- Staff liaised effectively with other organisations and teams. People received support from specialised healthcare professionals when required, such as GP's, psychiatrists and social workers. Feedback from staff

and documentation supported this. Staff recognised when people were poorly and had contacted the relevant professionals. Staff kept records about the healthcare appointments people had attended and implemented the guidance provided by healthcare professionals.

- People's individual needs around their mobility were met by the adaptation of the premises. Handrails were fitted throughout. Slopes and a passenger lift allowed people in wheelchairs to access all parts of the service, and there were adapted bathrooms and toilets.

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.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff understood when a DoLS application should be made and the process of submitting one. The provider used a DoLS tracker to ensure staff knew who was under DoLS, whether they had any conditions to their DoLS and when a new application should be made.

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 we rated this key question good. At this inspection the rating has remained 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

- Peoples' equality and diversity were respected. Staff adapted their approach to meet peoples' individualised needs and preferences. People were supported with kindness and compassion.
- We observed positive interactions, appropriate communication and staff appeared to enjoy delivering care to people. One person told us, "I'm happy here, that man [member of staff] is great, they're making me some good food today."
- Staff recognised that people might need additional support to be involved in their care. Information for people who required the assistance of an advocate was available. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

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

- Staff provided people with choice in the way their care was delivered. Throughout the inspection, people were given a variety of choices of what they would like to do and where they would like to spend time. A member of staff told us, "They are often here for a short time, so we make the most of that time and do what we can for them."
- People were supported to make their own decisions. People told us they were free to do what they wanted throughout the day. A relative told us, "The Beach House is respite for both of us and the good thing is they support [my relative] to do the things that I can't always do with him."
- Staff were committed to ensuring people remained in control and received support that centred on them as an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people and encouraged them to be as independent as possible, where they were able.
- Care staff informed us they always prompted people to remain active and carry out any personal care and day to day living tasks for themselves.
- People we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. A member of staff told us, "A lot of people come to the Beach House and look at it like a holiday. That's fine, we support them as we need to, but we always support people to do the things they want to do."
- People's privacy and dignity was protected, and we saw staff knocking on doors before entering and talking with people in a respectful manner.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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; 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; End of life care and support

- Person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences. These care plans were specific to people's arrangements around their time spent at the service and included people's choices around what they enjoyed doing during the day and their preferences.
- Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff.
- Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide person centred care.
- People told us that the service responded well to their care and recreational needs. People had allocated one-to-one support hours which were planned around their preferred schedules. The registered manager told us, "Where people are funded for social time, we support them to do what they want. We have also made the home as accessible as we can for people to do the things they are interested in."
- There was a varied range of activities on offer which included, arts and crafts, exercise, music, games consoles and specific events based around people's interests. A relative said, "[My relative] always enjoys his time at Beach House, they lay on the things he's interested in."
- People were given the opportunity to observe their faith and any religious or cultural requirements were recorded in their care plans.
- Whilst nobody was being supported with end of life care, we saw in care records that staff had discussed plans with people and respected their wishes where they chose not to discuss this.

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.

- People's communication needs were assessed and recorded in their care plans and other relevant records. Where communication needs were identified, these were reflected in records and appropriate formats were available, such as pictorial formats and easy-to-read guidance.

- Important documentation was available in different formats in line with people's communication needs. For example, staff had ensured people had access to up-to-date information such as policies, national guidance in relation to COVID-19.

Improving care quality in response to complaints or concerns

- Staff had explained the complaints procedure to people and provided them with this to ensure they knew how to make a complaint. The complaints procedure was available in different formats in order for people to have access to their preferred method. A member of staff told us, "I would always support somebody to complain, that would be fine." We saw that complaints had been responded to and actioned by the registered manager.



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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider undertook quality assurance audits which included medicines, health and safety and infection control. The provider had a system of audit and governance in place designed to show where shortfalls were, and to enable staff to take action. However, the full system of audits and governance for areas of practice such as care plan reviews, training records and the scheduling of supervision sessions for staff had not taken place for some time.
- We raised this with managers at the service and was told the full overarching systems of audit and analysis had not been routinely carried out, as the service had experienced a period of staff shortages and they were 'catching up' with certain areas of practice.
- The registered manager was aware that some audits were out of date and the areas for development and improvement that were needed. They showed us the system of audit and governance that was to be used. They presented evidence that a full system of audit was scheduled to be implemented. However, at the time of our inspection, this had not taken place.
- People had not come to harm in light of this. However, we were unable at this inspection to determine whether the current service provision could be sustained over time. This is because the systems and processes being put in place to ensure the sustainability of good care had not yet been fully embedded and assessed to ensure they maintain continuous improvement. We have therefore rated this key question as Requires Improvement.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.
- The provider had informed the CQC of significant events in a timely way, such as when people had passed away, where there had been suspected abuse and any significant injury. This meant we could check that appropriate action had been taken.

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

- We received positive feedback in relation to how the service was run. A relative told us, "The service is excellent, the Beach House has supported me and my [relative] for several years now."
- People, relatives and staff spoke highly of the service and felt it was well-led. Staff commented they felt supported and had a good understanding of their roles and responsibilities. The registered manager and staff told us the care of people living at the service was the most important aspect of their work and they

strived to ensure that people received high quality care. Our own observations supported this. The registered manager told us, "We provide great care to the people we support, we won't take anyone whose needs we can't meet."

- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the service suffered from any kind of discrimination. This was reinforced through training.

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

- People and staff were actively involved in developing the service. A relative told us, "I speak with the manager and they let me know what's going on."
- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Meetings were carried out, providing management with a mechanism for monitoring satisfaction with the service provided. A member of staff said, "The manager has an open-door policy."

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "I really like working here, we all work well together for the benefit of the residents."
- Up to date information was made available for staff including details of specific topics, such as infection prevention and control, COVID-19 and the Mental Capacity Act, to ensure they understood and had knowledge of how to assist people.

Working in partnership with others; 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 service liaised with organisations within the local community and was run by the local authority. Regular liaison with local charities and the Clinical Commissioning Group took place, to share information and to assist each other in investigating any concerns.
- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.