

The Beach House U.K Ltd

# The Beach House UK Ltd

## 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?

Good ●

# Summary of findings

## Overall summary

About the service: The Beach House provides care and support to people living in a supported living setting so that they can live as independently as possible. People's care and housing are provided under separate contractual agreement. CQC does not regulate premises for supported living; this inspection looked at people's care and support. The outcomes for people using this service reflected the principles and values of Registering the Right Support. These included promotion of choice and control, inclusion and independence. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service:

- There were safeguarding procedures in place and staff had a clear understanding of these procedures.
- Appropriate recruitment checks took place before staff started work and there was enough staff available to meet people's care and support needs.
- Risks to people had been assessed and reviewed regularly to ensure their needs were met.
- People received their medicines as prescribed by health care professionals.
- There were procedures in place to reduce the risk of the spread of infections.
- People's care and support needs were assessed before they started using the service.
- Staff had received training and support relevant to people's needs.
- People cooked for themselves and they were supported to maintain a balanced diet.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.
- People had access to health care professionals when they needed them
- Staff treated people in a caring and respectful manner.
- People had been consulted about their care and support needs.
- People were supported to participate in activities that met their needs.
- No one using the service required support with end of life care, however there were procedures in place to make sure people had access to this type of care if it was required.
- The provider had a complaints procedure in place and people told us they knew how to make a complaint.
- The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service.
- Staff enjoyed working at the service and said they felt supported by the registered manager.
- The provider had implemented a system for monitoring the quality of the service. We were not able to assess the impact of the system as it had not been fully embedded into the service. We will look at this again at our next inspection of the service.

Rating at last inspection: Good (Report was published on 12 May 2016).

Why we inspected: This was a planned inspection based on the last inspection rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit in line with our re-inspection programme. If any concerning information is received we may inspect the service sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

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?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# The Beach House UK Ltd

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: A single inspector carried out this inspection.

Service and service type: This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 2 days' notice of the inspection visit because it is small and the registered manager and people using the service are often out. We needed to be sure that they would be in.

What we did: Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with one person to gain their views about the support they received. We looked at one person's care file, staff recruitment and training records and records relating to the management of the service such as medicines, quality assurance audits and policies and procedures. We spoke with the registered manager, the registered provider and a member of staff about how the home was being run and what it was like to work there.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding adults' procedures in place. Staff told us they would report any concerns they had to the registered manager and to the local authority's safeguarding team and CQC if they needed to.
- The registered manager knew they had to report abuse to the local authority and CQC; however, there had not been any concerns of abuse since our last inspection of the service.
- Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.
- People told us they felt safe using the service.

Assessing risk, safety monitoring and management

- People's care records included risk assessments for example on cooking, bathing, showering and swimming. Risk assessments included information for staff about actions they should take to keep people safe and minimise the chance of accidents or incidents occurring.
- Staff told us they knew what to do in the event of a fire and training records confirmed they had received training in fire safety.

Staffing and recruitment

- Appropriate numbers of staff were available to support people's needs. One person said, "There is plenty enough staff. There is always someone around 24 hours a day to look after us."
- Robust recruitment procedures were in place. We looked at the recruitment records of the most recent member of staff employed at the service. These included a completed application form, employment references, evidence that a criminal record check had been carried out, a health declaration and proof of identification.

Using medicines safely

- Medicines were securely stored and managed safely. Only one person required support with their medicines. They had a medication administration record (MAR) that had been completed in full and there were no gaps in recording. These records indicated that the person was receiving their medicines as prescribed by health care professionals.
- Training records confirmed that staff had received medicines training and the registered manager told us they had assessed these staff as competent to administer medicines.

Preventing and controlling infection

- The provider had infection control procedures in place.
- Staff had access to personal protective equipment such as gloves when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- The provider had systems for monitoring and investigating incidents and accidents. The registered manager told us that incidents and accidents were monitored to identify any trends. If any trends were identified they would take appropriate action to reduce the same things happening again.

# 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. People's outcomes were consistently good, and a relative'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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's rights were protected. People told us staff asked their consent before providing them with any support.
- The registered manager demonstrated a good understanding of the MCA. They told us that the people they supported had capacity to make decisions about their own care and treatment. However, if they felt that someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA 2005.
- Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.

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

- Assessments of people's care and support needs were carried out before they started using the service. These assessments along with referral information from social workers and health care professionals were used to draw up care plans and risk assessments.

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

- People's care plans recorded the support they required from staff with shopping for food, cooking and eating and drinking.
- One person told us, "I can do most things for myself so I don't really need a lot of support from staff. I do my own food shopping and cook my own meals. The staff encourage me to eat healthy foods."

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision from the registered manager.
- Training records confirmed that staff had completed training that was relevant to people's needs. This



training included learning disabilities awareness, safeguarding adults, infection control, food hygiene, first aid, fire safety, health and safety, medicines administration, MCA and DoLS.

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

- Staff worked in partnership with GPs and other health and social care professionals to plan and deliver an effective service.
- Records of health care appointments and visits were kept in people's files.
- One person told us, "I get to see my GP and other health care professionals when I need to."

# 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. People were supported and treated with dignity and respect; and involved as partners in their care.

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

- Care records were person centred and included people's views about how they wished to be supported.
- One person told us, "The staff are here for me and they really care about me. I have regular meetings with staff and social workers and I have a care plan and I can say what goes in to it."
- We observed that staff knew people very well and communicated with them effectively.

Ensuring people are well treated and supported; equality and diversity

- People's care plans included a section that referred to their diverse needs.
- One person told us, "I am supported with all of my needs. There's nothing really different about me but I am sure the staff would support me if I had any diverse needs."
- Staff had received training on equality and diversity. They told us they were happy to support people no matter what their backgrounds or preferences were and they support people to do whatever they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- Staff made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. One person told us, "My privacy is totally respected. If I want to spend time alone in my room then staff leave me alone. If staff want to come in they knock on my door. I wouldn't let them in if they didn't knock."
- Staff promoted people's independence as much as possible by supporting them to manage as many aspects of their own care that they could. They told us that people managed their own personal care however where required, they prompted people to maintain good hygiene.
- One person told us, "I am very independent, and I am encouraged to be so by staff. I do everything for myself I don't need any help from staff with getting washed or dressed."
- Staff made sure information about people was kept confidential at all times and records about people was stored in a locked room.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. Staff understood people's needs and they were able to describe their care and support needs in detail.
- People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.
- Care plans reflected the principles and values of Registering the Right Support. They referred to promoting people's independence and inclusion within the local community. For example, there was information for staff for supporting people to learn new skills such as cooking, cleaning, looking after their hygiene needs. Care plans also referred to the support people required to access places of interest in the community.
- One person attended a local college, drama classes and visited local cafes. Another person told us, "I do a lot on my own, I go to the cinema and I like to spend time reading at the local library. I visit my family too."
- The registered manager understood the Accessible Information Standard. They told us information could also be provided in different formats [if required] to meet people's needs for example different written languages or in large print.
- A person using the service told us people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide and the complaints procedure.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. One person told us, "I know how to complain but I have never needed to. I would just speak with the registered manager or the staff if I had to complain and they would deal with it."
- The registered manager told us they had not received any complaints. However, if they did, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

End of life care and support

- None of the people using the service required support with end of life care. The registered manager said they would liaise with the GP, the multi-disciplinary team and the local hospice to provide people with end of life care and support if and when it was required.

# 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. 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.

- The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the office.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. Staff knew of the provider's values and we saw they upheld these values when supporting people.
- Staff told us they were well supported by the registered manager and management support was available for them during out of hours when they needed it. One member of staff said, "The registered manager works hand in hand with the staff, she is very helpful and supportive."

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

- The registered manager told us, "The aim of the service is to promote people's independence. The staff encourage people to learn new skills and develop existing skills so that at some point in the future people can live completely independently."
- The provider sought people views through regular consultations One person told us, "The staff are brilliant they encourage me to be independent and I am very thankful for that. We don't do surveys here or hold residents' meetings. There would be no point in those because I see the staff every day and I am able to tell them how I want the service to meet my needs."
- Regular team meetings took place at the home. A member of staff said, "The team meetings are a good place for talking about what people need and we get a chance to put our comments forward."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- People's needs were assessed and monitored and their rights protected.
- Information about people was written in a respectful and personalised way. Staff were aware of the rules on protecting and keeping people's information safe.
- The registered manager and registered provider understood their responsibility under the duty of candour was to be open and honest and take responsibility when things went wrong.

Continuous learning and improving care

- Peoples care plans and risk assessments were reviewed and kept up to date and medicines records were monitored and checked by the deputy manager.
- The provider had recently developed a new template for monitoring the quality of the service. This

covered areas such as complaints, incidents and accident's, staff training, residents' meetings, medicines audits and care planning. We were not able to assess the impact of the new quality monitoring template at the time of this inspection as it had not been fully embedded into the service. We will look at this again at our next inspection.

#### Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They told us they had regular contact with health and social care professionals and they welcomed their views on service delivery.
- We saw evidence during the inspection confirming that the registered manager and staff worked closely with health and social care professionals to make sure people's needs were being met.