

## Ark Care Homes Limited

# Beachfield

### 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

This inspection took place on 19 January 2019. We gave short notice as this service provides support for six younger adults and we needed to be sure people would be available. People living at this service live with autism and may therefore require some support to understand why we were visiting and time to process this information prior to our visit. People living at this service have autism and learning disabilities so some bedrooms required low stimulus. At the time of the inspection there were six people living at Beachfields.

Beachfields is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen." Registering the Right Support CQC policy

The service had a registered manager who was registered to manage this service and another one locally for six people. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection completed in April 2016 we rated the service as good in all areas. At this inspection we found the service continued to be good in all key areas. People were being supported by staff who were highly skilled, sensitive to their needs and who worked in a truly person-centred way. Each person was afforded opportunities to continue their interests and hobbies, but also to stretch themselves and try new things. This was inspirational as sometimes people with autism struggle to try new things or go to new places. With careful planning and skilled support, people were accessing community facilities and trying activities such shopping for their own groceries. Staff went the extra mile to find activities and social events to suit individuals wishes and preferences. They worked sensitively with people to ensure they had opportunities to live fulfilling lives.

The management team were inclusive and forward thinking. They ensured staff understood the core values and ethos of the service and provided training and support to enable them to provide the care in a way which respected people as individuals and celebrated their diversity.

There were sufficient staff with the right skills and understanding of people's needs and wishes. People said staff were kind and helpful. Our observations showed staff respected people's dignity and privacy and worked in a way which showed kindness and compassion.

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 supported this practice. People's consent to care and treatment was sought. Staff worked within the requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice.

Care and support was person-centred and well planned. Staff had good training and support to do their job safely and effectively. Risk assessments were in place for each person. These identified the correct action to take to reduce the risk as much as possible in the least restrictive way. People received their medicines safely and time.

Systems and audits ensured the quality of care and support were being reviewed and improved. People were enabled to have their voice heard.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Beachfield

## 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 19 January 2019 was announced. We gave short notice as this service is for five younger adults and we needed to be sure people would be available. People living at this service have autism and may therefore require some support to understand why we were visiting and time to process this information prior to our visit. The inspection was completed by one adult social care inspector.

We looked at all the information available to us prior to the inspection visits. These included notifications sent by the service, any safeguarding alerts and information sent to us from other sources such as healthcare professionals. A notification is information about important events which the service is required to tell us about by law. We also reviewed the service's Provider Information Return (PIR). This is a form that is completed at least annually. It asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with four people. We spoke with two visiting relatives. We spoke in depth to the registered manager, house manager, four care staff. We received feedback from two healthcare professionals and three families.

We looked at three care files including risk assessments, care plans and daily records. We reviewed medicines records, three recruitment records and a variety of records relating to the auditing of the environment and quality of care.

# Is the service safe?

## Our findings

People were unable to directly comment on whether they felt safe at Beachfields. It was clear through our observations throughout the day people were relaxed and felt comfortable in their own rooms and in communal lounge, kitchen and dining areas.

People's needs were well met because staffing levels were in line with their assessed needs. This meant that each person had one to one support throughout their day. This enabled them to have highly personalised care and support at a time which suited them. It also enabled staff to consider each person's needs and wishes and plan for outings in line with their assessed risks. For example, due to some people's health conditions or associated behaviours, they may require two to one staffing to access the local community. Staffing levels were always six staff plus additional if planned activities were happening. They also had two waking night staff. In addition, the home manager worked 40hrs supernumerary to the care staff. The manager told us that if needed they helped when there was staff sickness, or during a crisis such as someone needing additional support due to their healthcare needs.

There was a core of staff who knew people's needs well and had the right skills. This ensured care and support was safely and effectively delivered. Sickness was covered by staff either from the providers other homes locally or from their bank staff. All staff who worked at the service understood autism and had received breakaway training [Learned techniques for staff to deal with situations where they need to protect themselves or others] to ensure their own and other people's safety.

Medicines were well managed. There were robust systems in place for safe storage, recording and administering of all medicines. Staff confirmed they had received training in safe administering and recording of medicines. Their competencies were checked to ensure they followed the services policy and procedures. Regular audits were completed to check the records and amounts of medicines tallied.

When people went out, robust records were kept of the medicines they took out with them. This included any emergency rescue medicines needed in case of epilepsy. All staff had received training on administering this. Each person who had this type of emergency medicine had a pack to go out with them which included a stop watch to time the seizure activity.

All areas of the service were clean and free from offensive odours. The laundry area was domestic in style, but clean and well organised. The kitchen was clean and tidy with no obvious hazards. Staff received infection control training and were equipped with personal protective equipment (PPE) such as gloves and aprons. Support staff completed cleaning duties, encouraging people to be involved where possible. People were protected from risks because assessments had been completed to identify and minimise risks where possible. Risk assessments included accessing the community, health conditions. They were comprehensive and reviewed monthly. Staff confirmed the risk assessments were clear and they were able to identify specific risks for each person they worked with.

Recruitment practices helped to ensure people were cared for by suitable staff. Appropriate pre-

employment checks were completed prior to staff working with people. For example, a full employment history, with gaps explained had been obtained; reference checks from previous employers and Disclosure and Barring Service (DBS) checks had been obtained. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Staff understood how to protect people from abuse. They knew who and when to report any issues of concern. The registered manager was proactive in working with the local safeguarding team where issues of safeguarding and risk had been identified. There had been no new safeguarding alerts in the last 12 months.

## Is the service effective?

### Our findings

People were unable to comment on how effective they felt staff were, but our observations showed people were comfortable and secure in the home and in their interactions with staff. One relative said "We have every confidence in staff here and fell very lucky (name of person) is a resident here. They keep us fully informed of everything thing." One healthcare professional confirmed the service were effective in working with people with complex needs associated with autism and epilepsy.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Where people lacked the mental capacity to make decisions the registered manager and staff followed the principles of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The Care Quality Commission (CQC) monitors the operation of DoLS and we found the home was meeting these requirements. The registered manager was aware of their responsibilities in relation to DoLS and had made appropriate applications if they needed to restrict a person's liberties. Some of these had been authorised by the DoLS team. Staff had received training on the MCA and they demonstrated an understanding of people's right to make their own decisions. Staff worked with people to ensure their wishes were understood and respected.

Staff had a good understanding of working in the least restrictive way. To this end, risk assessments detailed how to support people in the least restrictive way. For example, providing one to one support but being mindful of people's personal space and need for privacy and expression of emotions.

People benefited from a staff group who were well trained and supported to do their job effectively. Staff said they had good opportunities to train and develop their skills on a regular basis. One staff member said "I feel the training is good, we are supported and have one to one supervisions. There are good protocols for dealing with people's behaviours and health issues. We all know what we are doing." The house manager described he types of training staff have regular opportunities to. This included all aspects of health and safety as well as more specialist areas such as developing positive support plans and dealing with behaviour which may challenge.

People were supported to maintain a healthy balanced diet. They were involved in choosing, planning and shopping for menus. If able, people were supported to help prepare their meals. Individual likes and dislikes



were taken into consideration when planning meals.

The design and layout of the building had fully considered people's needs. The home manager said they had recently installed a walk-in shower to assist staff to help people when they needed support with their personal care. Some bedrooms were purposefully designed to have low stimulus. This was in line with best practice for some people living with autism. The communal areas were homely and kept clean to a high standard.

## Is the service caring?

### Our findings

People said they liked staff and they were kind to them. Relatives and professionals feedback praised the caring and kindness staff showed to people. One relative said "We feel very fortunate that (name of person) is in such a good home where they are happy and very well cared for. Communication between us and Beachfield is good and we feel we are included and consulted about their care needs."

There was a strong, visible person-centred culture. The service ensured that staff in all roles were motivated and offered care and support that was compassionate and kind. For example, staff were trained in ensuring people get the right support when they had seizure activity. Staff knew people well and could tell some signs where they might be more likely to experience a seizure. This was the case for one person, during the inspection. Staff said they could tell from the person's mood that they were highly likely to experience a seizure. The person wanted to have a bath and the staff member assisted them but took an alarm as they were confident they would need to alert staff to come and support them. The person was not prevented from doing what they wished. They were supported to enjoy their bath despite the high risk of seizure activity. This showed staff did not restrict people's activities, understood what was important and gave people dignity and respect.

People were supported in a way which ensured their dignity and privacy was upheld. For example, when assisting someone with their personal care needs, this was done in a gentle and encouraging way. Staff understood the importance of offering people choice and respecting people's wishes. One person preferred to spend time on their own as they did not like noise. Staff respected their wishes but also took time to check they were okay. They also encouraged the person to come into the communal areas at quieter times and spend time with staff.

Caring and support was extended to staff. One staff member said "I have been really well supported through a personal issue. I have been given time off and given support. They are a really good team. We support each other well."

Staff cared for individuals and each other in a way that showed caring and compassion. Staff demonstrate a real empathy for the people they cared for. For example, when one person showed signs of distress staff understood they may need to spend time alone and assisted them to do this. Staff spoke passionately about people's achievements, such as new activities and new living skills people had mastered. For example, one staff member talked about someone being able to walk to the local shops chat with people and be part of the local community in a meaningful way.

## Is the service responsive?

### Our findings

The service was being responsive to people's needs. This was because care and support was well planned. Each person had a highly individualised care plan which outlined all aspects of the care and support, their wishes and their future aspirations if known.

Each care plan detailed how best to support the individual in leading a fulfilling life. This was made possible because staffing levels had been determined based on detailed assessment of needs. People had been assessed as needing high levels of one to one support due to their complex needs due to autism and healthcare needs. Each person had their full allocation and more if needed, of one to one support each day. Rotas clearly showed where each staffing hour was used to the best effect of meeting individual needs. This transparent approach was refreshing and demonstrating the high level of commitment from the provider to provide the best level of care to people.

The service understood the needs of different people and delivered care and support in a way that meets these needs and promoted equality. Diversity was celebrated and staff went the extra mile to ensure people's individual wishes were met. For example, some individuals had passions for collecting things, going to places that interested them and staff ensured these were included into people's daily lives. This culture of being highly responsive and supportive was embedded through key training. Staff had opportunities for learning, development and reflective practice on equality and diversity, both individually and in teams, which influenced how the service was continually developing.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included where staff needed to consider people's complex communication needs. Staff were highly skilled at interpreting people's non-verbal cues and emerging behaviours. This meant they could respond quickly when people were unhappy or distressed by a situation. The service has taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. Staff used signing, pictures and careful interpretation of people's non-verbal cues to respond quickly to meet people's needs.

The service had truly been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. Staff were passionate about delivering the right support to enhance people's daily lives. Staff described ways in which they encouraged people to be as independent as possible, try new things but also consider people's need for routines and objects of familiarity to give security. Some people had extended their friendship circles through being able to meet people at clubs and social events. This included accessing a local nightclub on evenings for people with particular needs.

Feedback from healthcare professionals showed the service were highly responsive to people's complex needs. One said, "I feel they understand people's needs, but do not see them as a barrier."

People were supported to be empowered, listened to and valued. For example, where there had been an issue about someone's future needs and where these should be met, the service ensured that an independent advocate was and continued to be involved. Each person had an individual time to meet with the house manager each week to express their views about how the home should be run, what changes they would like to see, what menu options they would like and what activities they would like to try. The service had a complaints process with written details of who people could make their concerns and complaints known to. This was in an accessible format to help people understand the process.

At the time of this inspection nobody was receiving end of life care. However, the registered manager understood how to ensure people would receive appropriate care at the end of their lives, with dignity and as much independence as possible. This meant that any people who needed end of life care in the future could be confident their needs would be met.

## Is the service well-led?

### Our findings

The registered manager was also registered to manage another similar service owned by the same provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager worked closely with the home manager. Both were passionate about providing the right service which was person centred and suited the individual. This ethos of caring and being person centred was fully embedded within the service and staff understood and worked in a way which supported these values. One staff member told us, "Our managers are caring; they and we want the best for people living here. We work as a team to make sure that happens." Good training underpinned ensuring staff had the right skills and knowledge to meet people's needs in a person-centred way. They staffing levels were flexible to meet people's needs.

The provider used various ways to gain the views of people and their families. This included surveys, meetings and one to one discussions. Staff meetings were also held to gain their views. They had tried holding house meetings but found these were not successful. They now documented a short meeting held each week with individuals at a time when they were relaxed and able to meaningfully contribute their thoughts and ideas. For example, changes to menus.

Staff said they felt valued and listened to. One said "They have really helped me out through a difficult personal time." Another said "I do feel we work very well, some staff need reminding about getting tasks done, but everyone works hard to ensure these guys have a good life, that's the most important thing."

Staff were motivated and hardworking. They shared the philosophy of the registered manager and home manager. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. This also provided an opportunity for staff to raise any concern or make comments on how the service was run. Staff were updated on any new issues and gave them the opportunity to discuss current practice. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service.

There was clear evidence of good partnership working with commissioning teams and other healthcare professionals to ensure the right service was delivered to people. For example, the local specialist learning disability team worked with staff and individuals to better understand people's complex behaviours. The consultant in learning disabilities had regular appointments to review and monitor people's medicines and behaviours.

Systems and audits were used to ensure the environment was safe and well maintained; records were kept accurately. The home manager completed monthly reviews of each care plan involving the person if possible.

