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Beachside Rest Home

Inspection report

Beachside
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East Sussex
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11 October 2016

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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 was unannounced and took place on 11 October 2016.

Beachside Rest Home is registered to provide accommodation and care to up to 11 people over 65 years of age. The home specialises in the care of people who have mental health needs. At the time of this inspection there were five people using the service.

The last full inspection of the service was carried out in August 2013 when we found care planning was poor and unorganised, with care plan reviews recorded as single words. People and care staff were not involved in the writing and review of care plans so were unaware of significant changes. Following that inspection the provider sent us an action plan and we re-inspected the home in February 2014 looking specifically at the issues raised. At this inspection we found there had been a marked improvement in the way care plans were written and reviewed, with people and care staff involvement.

There is a registered manager in post. 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.

People were supported to take part in activities and a hobby of their choice. A full activities programme was advertised and people's art work was displayed in the home. Resident meetings were held so people could decide what activities they wanted and where they would like to go on days out.

There were procedures in place to keep people safe. These included a robust recruitment process and training for all staff to make sure they were able to recognise and report any suspicions of abuse. People told us they felt safe at the home and with staff. One person said, "Yes I feel very safe living here, it is my home."

There were sufficient numbers of staff to keep people safe and to provide care and support in an unhurried manner. People told us staff were always kind and caring. Throughout the inspection there was a cheerful, relaxed and caring atmosphere. There was a consistent staff team with some staff working at the home for 20-25 years. This meant they knew people very well and people had been able to build trusting relationships with staff.

The management of the home was described as open and approachable and we were told by people and staff that they would be comfortable to raise any concerns. Where concerns had been raised within the home, appropriate action had been taken to make sure people were fully protected.

The registered manager's philosophy for the way they saw the support they provided was, "Primarily to look after the residents and treat them as you would your own father and mother. To ensure they are happy, well looked after and their physical and emotional needs are met." The registered manager explained how they ensured their staff also worked to the same philosophy and respected people's rights. Staff reflected this

philosophy in the way they spoke about people and the support they provided.

People were able to make choices about all aspects of their day to day lives. People were free to come and go as they liked and often spent time in town shopping or in their rooms following their own interests.

Everyone had a support plan which was personal to them, and people were involved in reviews of their care. Support plans gave information about people's needs, wishes and preferred routines. This meant staff had enough information to provide appropriate support to each individual.

Medicines were administered safely. Medicines were administered by staff who had received suitable training. Safe procedures were followed when recording medicines. Medicines administration records (MAR) were accurate. There were no unexplained gaps in the medicines administration records. Audits of medicines had been completed and appropriate actions taken to monitor safe administration and storage.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

There were sufficient numbers of staff to enable people to receive support in a relaxed manner.

People received medicines safely from staff who were competent to carry out the task.

Risk assessments had been completed to enable people to retain their independence with minimum risk to themselves and others.

Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme which included training specific to people's care needs.

Staff ensured people had given their consent before they delivered care.

Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and made sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good ●

The service was responsive

People received care that was responsive to their needs because staff had an excellent knowledge of the people they provided care and support for.

People were able to make choices about all areas of their lives.

People received care and support which was personal to them and took account of their preferences.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good ●

The service was well-led

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service.

There were systems in place to identify shortfalls and drive improvement through regular assessment and monitoring of the quality of service provided.

Staff were motivated, they worked as a team and were dedicated to supporting people in a person centred way.

Beachside Rest Home

Detailed findings

Background to this inspection

This inspection took place on 11 October 2016 and was unannounced.

The last full inspection of the service was carried out in August 2013 when we found care planning was poor and unorganised, with care plan reviews recorded as single words. People and care staff were not involved in the writing and review of care plans so were unaware of significant changes. Following that inspection the provider sent us an action plan and we re-inspected the home in February 2014 looking specifically at the issues raised. At this inspection we found there had been a marked improvement in the way care plans were written and reviewed, with people and care staff involvement.

This inspection was carried out by one adult social care inspector.

Beachside Rest Home is registered to provide accommodation and care to up to 11 people over 65 years of age. The home specialises in the care of people who have mental health needs. At the time of this inspection there were five people using the service.

During this inspection we spoke with all five people who lived at the home, two members of staff and the registered manager. We looked at the premises and throughout the day we observed care practices in communal areas.

We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, medication records, three staff personal files and records related to quality monitoring.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person said, "This is my home and I am very safe here." Another person told us, "I am happy here, I feel safe and they [staff] are all very nice to me." Throughout the inspection people were very relaxed and comfortable with staff.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. The provider had only employed one new staff member within the last year. Records showed all checks had been carried out.

To further minimise the risks of abuse to people staff received training in how to recognise and report abuse. Documentation held by the service showed staff had completed this during their induction before they worked with people. Staff confirmed they had all received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One staff member said, "I don't have any concerns but I know they would be dealt with immediately if I did have."

People were free to come and go, and staff were proactive in monitoring their well-being. They described how good relationships and communication helped them to recognise whether people were vulnerable and at risk. They told us, "It's important we listen and treat everybody as an individual. It's their home and we just need to be aware when things might not be going just right for them."

Staff managed risks to people by undertaking detailed risk assessments. They contained clear information about how to recognise when people were at risk, and what action staff should take. For example, for someone who had been at risk of absconding, staff had clear guidance to ensure they were aware of the person's history, mental health and possible triggers, to follow the service's missing person's procedure. The registered manager said that going "AWOL" had not been a problem for the person once they had settled into the home.

Some people could display verbal or physical aggression at times and there were risk assessments which showed how staff should respond in order to maintain people's safety. Risk assessments were personal to each individual and there was evidence that any control measures in place had been agreed with the individual. One care plan clearly showed what triggers indicated a person may have a urinary tract infection starting. Staff spoken to had a really good knowledge of the triggers and explained what they watched for.

Staff had a very good understanding of people and their needs, they would inform the registered manager if people's abilities or needs changed so risks could be re-assessed. This meant people could be reassured that any risk to their safety was assessed and dealt with in a timely manner.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One staff member explained how the staff team was very consistent with some staff members having worked in the home for 20-25 years. Both staff members spoken with said they were well staffed for the level of care and support people needed and the registered manager was open to requests for extra staff if people's needs indicated it. People spoken with said there was always enough staff in the home and they never had to wait for things to be done.

Systems were in place to ensure people received their medicines safely. All staff received medicine administration training and had to be assessed as competent before they were allowed to administer people's medicines. There were clear guidelines in place to make sure staff knew how each person liked to take their medicines. Some people were prescribed medicines on an 'as required' basis. Staff told us there were clear guidelines for when these medicines should be used.

There were suitable arrangements for medicines which needed additional security or required refrigeration. Clear records were kept of all medicines received into the home. We saw the medication administration records and noted they were correctly signed when administered or refused by a person. This ensured there was always a record of the amount of medication on the premises.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitor if changes to practice needed to be made.

Throughout the inspection we observed staff used personal protective clothing appropriately and washed their hands before preparing food this ensured people were protected from the risk of infection.

There were plans for responding to emergencies or untoward events. The registered manager carried out safety checks within the home. Including regular fire alarm/equipment checks and fire drills. People living in the home were also involved in fire drills and had a clear understanding of the action to take to remain safe.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "They [staff] are very good they are well trained and know exactly what to do."

There was a consistent team of staff some of whom had worked in the home for more than 20 years. This meant people knew the staff supporting them well and had been able to build lasting relationships. This meant people felt they could trust staff and could talk to them openly. This also meant staff knew the people very well. They were able to tell us how people preferred to live in the home and the level of care and support they preferred. Staff were able to monitor people's health needs and care plans gave clear information about how to recognise if someone was becoming mentally unwell. Daily records written about people showed staff liaised with other professionals to make sure people had the treatment and support they required to meet their healthcare needs.

The care records contained clinical/professional interventions which detailed the involvement and subsequent recommendations from external professionals. We saw staff promptly requested referrals to a variety of external professionals in the event of psychological or physical concerns for a person. This suggested that staff closely monitored people's physical and psychological wellbeing. One person said, "I think they look after us very well and I can go to the GP if I need to." The registered manager explained how they had been aware one person's mental health had deteriorated and they had arranged a reassessment with their consultant psychiatrist. He explained the home had a very good relationship with the doctor's surgery and the local mental health team.

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people safely. The registered manager told us future new staff would complete an induction programme that followed the Care Certificate which is a nationally recognised training programme.

All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, moving and handling, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and challenging behaviours. One staff member said, "There's always plenty of training [the trainer's name] comes in for some courses and there are some we do online." The registered manager maintained a clear record of staff training which enabled them to know when and who required an update. We saw a request for training to the external trainer and dates had been booked.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings or team meetings. One staff member said, "We do have staff meetings, but to be honest we talk with [the registered manager] every day. There's no point waiting until a meeting to discuss something."

People were supported to eat a healthy and varied diet. There was a four week rolling seasonal menu for people to choose from. Menu options were discussed at house meetings and people had made suggestions

for meals to include and meals they did not like. A staff member explained "It is not written in stone though, if they decide they want something different or a take away we do what we can."

People only received care with their consent. Care plans contained copies of up to date consent forms which had been signed by the person receiving care. Everybody living at the home was able to contribute to their care and consent to the care and support they received.

The 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Staff knew how to support people if they were unable to make a decision and respected people's legal rights to make choices and lifestyle decisions for themselves.

People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). There were appropriate policies and procedures and the registered manager had a good knowledge of the law in respect of people who lacked the mental capacity to make choices.

Is the service caring?

Our findings

People said they were supported by kind and caring staff. One person gave the thumbs up sign and said, "Yes they are all very kind and nice." Another person said, "The staff are all very good, they care about us and they know us, and I am very happy."

Everyone who lived at the home had a single room, privacy was respected and people were able to spend time alone in their bedrooms if they wished to. One person said, "I like to go to my room when the music person comes as I don't get on with noise very well." This person's care plan stated, "I like peace and quiet, when there is musical entertainment goes to room and uses ear protectors so is not disturbed." One staff member said, "[The person] does join in the music sometimes but other times takes time out. We just respect their decision and make sure they are ok."

Staff spoke knowledgeably about people's needs and some of the challenges they faced. They encouraged people to make positive, informed choices, at the same time acting to keep them safe when their behaviour put them at risk of harm. They developed open, honest relationships with people to allow them to work in this way, sharing any concerns about their physical or mental health needs. One staff member explained how care plans were developed after discussions with people and reviews of care plans were always done with the person so they could say how they thought they may have changed.

Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature within ear shot of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. When the registered manager spoke about people during the inspection they closed the office door.

People were treated with dignity and respect and their privacy was maintained. One person said, "I think the staff are really good at respecting me and my decisions. If I am in my room they always knock and ask if it is ok to come in."

Throughout the inspection visit we saw kind and friendly interactions between people and staff. When one person returned to the home staff welcomed them cheerfully and asked if they had had a good time.

To enable people to have a say in the running of the home there were resident meetings where people could share their views. People were asked their opinion about food and drinks in the home and their suggestions for trips out.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were supported to make choices about all aspects of their day to day lives.

Initial assessments were carried out with new people who wished to use the service. This enabled them to express their wishes and views. It also allowed the service to decide if they were able to provide the care requested. The registered manager explained how people would be offered the chance to visit the home before deciding if the service met their needs. They explained how the people living at Beachside had been there for many years and had built up a close relationship. They said they were very careful during initial assessments as they did not want to upset the routine and relationships in the home by accepting someone who might not fit in easily.

Everyone who lived at the home received care and support which was personalised to their needs and wishes. Each person had a care and support plan. We read three support plans and saw they were very personal to the individual and gave clear information to staff about people's needs and how they made choices. Support plans also contained information about people's preferred daily routines to ensure staff knew about people's preferences. People contributed to the assessment and planning of their care, as far as they were able to.

People were supported to make choices about all aspects of their lives and staff respected people's rights to make decisions which may not be in their best interests or socially acceptable. In some instances the staff worked with other authorities and professionals to minimise risks to people associated with their lifestyle choices.

Staff encouraged people to be independent and maintain their skills. Some people liked to go into the local town for personal shopping and leisure without staff support and this was respected. One person left for town when we arrived to start the inspection. Staff checked with them that they were appropriately dressed for the weather and that they would be back for lunch.

Staff had a good knowledge of the needs and preferences of people they cared for. All Staff spoken with were able to describe how they supported the people living at Beachside. People said staff understood their needs and looked after them in the way they wanted to be looked after.

Changes to people's support plans were made in response to changes in the person's needs. Staff said they knew everybody very well and would recognise when someone was not well. Staff confirmed people's support plans were reviewed with them and any changes were made immediately and agreed with them. Staff confirmed they were aware of changes made in support plans. One staff member said, "The care plans are up dated and have a lot of information, but we talk daily and to be honest any changes are very well communicated."

The registered manager was very responsive to people's changing needs. One care plan showed how one

person had become concerned about a physical condition and how this had affected their mental wellbeing. The registered manager had arranged an immediate appointment with the doctor and a diagnosis of a minor condition made. The person's keyworker then found information about the condition on the internet. Printed it out and gave it to the person so they could see for themselves it was a very minor condition and nothing to worry about.

Staff wrote daily diaries for each person which enabled them to identify how people had responded to things that had happened that day. The diaries enabled staff to see what activities people had enjoyed, what they had eaten and how they had responded to the member of staff who had been supporting them. This also helped to build a picture of people's likes and dislikes and any changes to their needs. There was very clear guidance on how staff should write in the daily diary following the findings at the last inspection when reviews were recorded as just single words. Staff used a system called SOAP. On the office notice board staff were reminded that daily diaries should include, State of mind, Observations, Assessments, and a Plan of action.

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs, and had information about what was important to the person. They were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about.

People were supported to take part in activities and hobbies that they were interested in. A regular programme of activities was displayed on the noticeboard. We saw people's art work around the home and people talked to us about the visiting music person and the arts and crafts they did.

People said they felt they could complain if they needed to and the service responded to their concerns. One person laughed and said, "I can complain if I want to. I tell them [the staff] if I am not happy but there is nothing to complain about. I am really happy." No complaints had been received since the last inspection. The registered manager explained that they spoke with people personally everyday so anything they were not happy about was dealt with immediately and did not become a complaint.

Is the service well-led?

Our findings

People were supported by a team that was well led. The manager was appropriately qualified and experienced to manage the service. They were supported by a team of staff who all said there were clear lines of responsibility. Staff also confirmed they always had access to the registered manager to share concerns and seek advice. One staff member said, "I have worked here for more years than I care to remember, they are lovely to work for and I have never felt unsupported."

People told us they found all the staff to be open and approachable. Throughout the inspection we observed people talking with staff and management. They had an easy, relaxed, and cheerful approach and nobody was ignored. One person said, "We are very lucky they are all very nice, well-educated and easy to talk to. I know I can go to [the registered manager] at any time and they take the time to will listen to me."

The registered manager's philosophy for the way they saw the support they provided was, "Primarily to look after the residents and treat them as you would your own father and mother. To ensure they are happy, well looked after and their physical and emotional needs are met." The registered manager explained how they ensured their staff also worked to the same philosophy and respected people's rights. Staff reflected this philosophy in the way they spoke about people and the support they provided. One staff member said, "I would only want the best for them and that is the same as any family member."

The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

There were effective quality assurance systems to monitor care and plans for ongoing improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked. People were involved in decision making and staff ensured their voice was being heard in the way the service was provided for them as individuals.

The registered manager explained how they spoke with people and asked for their opinions daily and in resident meetings. They had tried to use written questionnaires but found that for some people it had created a stressful situation and had raised their anxiety levels.

Staff personnel records showed they received regular contact with the management team. One to one meetings were carried out. Supervisions were an opportunity for staff to spend time with the registered manager to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner.

All accidents and incidents which occurred were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

The registered manager looked for ways to continually improve the service and keep up to date with current trends. People were supported by a service in which the registered manager kept their skills and knowledge up to date by on-going training, research and reading. They shared the knowledge they gained with staff at staff meetings/supervision.

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.