

# Regal Care Trading Ltd

# The Park Beck

## Inspection report

21 Upper Maze Hill  
St Leonards On Sea  
East Sussex  
TN38 0LG

Tel: 01424445855

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The Park Beck is a residential care home providing personal care to up to 37 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 14 people using the service.

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

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. There were enough staff working to provide the care and support people needed. Staff received regular training and supervision which helped to ensure they had the knowledge and skills to look after people safely. The home was clean and tidy. Regular cleaning helped ensure people were protected against the risk of infection.

Staff knew people well and understood the risks associated with their support. Care plans and risk assessments provided guidance about individual and environmental risks. People received their medicines safely, when they needed them. Recruitment procedures ensured only suitable staff worked at the service.

There was evidence of continuous learning. Following any accident or incident there was discussions with staff to identify if there were any themes or trends and what could be done to prevent a reoccurrence.

The culture of the home was positive and staff worked hard to ensure people lived happy lives. The quality of the service was regularly monitored through audits, meetings and feedback surveys. Improvements were made where needed and there was an ongoing improvement program for the home.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection The last rating for this service was good (published 7 August 2017).

Why we inspected

We received concerns in relation to the way in which an incident was managed. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Park Beck on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe..

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

# The Park Beck

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

The Park Beck 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. The Park Beck is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection:

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. This included feedback received from family and friends that had been sent to CQC during recent monitoring activity. 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

During the inspection we reviewed the records of the home. These included two staff recruitment files, medicine, accidents and incidents and quality audits along with information about the upkeep of the premises. We looked at three care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' two people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

At the inspection we spoke with three people, and seven staff members. This included the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spent time observing people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas, this included the lunchtime meals.

We sought feedback from the local authority and professionals who work with the service.

# 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. At this inspection the rating has remained Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and comfortable in the presence of staff. They approached staff freely and appeared to enjoy spending time with them. One person was able to tell us they felt safe at the home. They also said, "Staff are good."
- Staff received safeguarding training and this was regularly updated. Staff told us what they would do if they believed people were at risk of harm, abuse or discrimination. They told us they would report concerns to the most senior person on duty. Staff told us they knew they were able to escalate concerns outside of the organisation if this was required. One staff member said, "I know what to do but I'm not sure at the moment who that is but I know where to find the information if I need it."

Assessing risk, safety monitoring and management

- Risks to people were well-managed. Staff knew people well and understood their individual needs. Care plans and risk assessments contained information about how to support people safely. Some people had times when they displayed different emotions which included distress and anxiety. On occasions there were risks that these emotions could also have an impact on other people. There was guidance in the care plans for how to support people safely on these occasions. This included distraction techniques and informed staff what the person may like to talk about to assist with the distraction.
- There was information about how to support people to mobilise safely. This included the use of hoists and sensor mats to help reduce the risks associated with falling. During the inspection we saw one person walking through the lounge without appropriate footwear. This was identified by a staff member and the person supported to put on appropriate footwear.
- Some people had risks associated with maintaining their health. For example, seizures. Guidance informed staff how to support the person safely during and following a seizure. Due to their age and general frailty some people were at risk of developing pressure damage. Staff told us how they supported people to maintain good skin integrity. This included position changes and we saw this taking place during the inspection. During the inspection we identified some confusion around the settings for pressure relief air mattresses. This had not had a negative impact on people and is discussed in the well-led section of this report.
- Environmental risks were identified and managed. Regular health and safety checks were completed and actions taken when required. Personal emergency evacuation plans (PEEPs) were in place to ensure staff and emergency services are aware of people's individual needs in the event of an emergency evacuation. Servicing contracts included electrical equipment, gas and moving and handling equipment.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Staff received training in relation to mental capacity and DoLS.
- Where people lacked capacity to make certain decisions, mental capacity assessments had been completed to identify this. Any decisions made were in the best interest for the person. These assessments included the views of the person, their relatives and others involved in their care and support.
- Where needed, DoLS applications had been made to the local authority and a log was kept of when these applications were approved or needed to be renewed. There was also information about any conditions to ensure these were met.

#### Staffing and recruitment

- There were enough staff working at the service to support people safely. There was a visible staff presence around the home and people were attended to in a timely way. One staff member told us, "It's very good here, even though we have less people we still have the same staffing numbers." In addition to care staff there were maintenance, housekeeping and catering staff employed. This meant care staff were able to spend their time supporting people.
- When staff started working at the home they completed induction training and were supported by other staff to ensure they had the relevant skills and competence to support people safely. Staff received training and this was regularly updated. Training included moving and handling, infection prevention and control and first aid. They also received training relevant to the needs of people who lived at the home. This included mental health awareness, dementia awareness and dysphagia training.
- Training competency assessments to ensure staff had gained the knowledge and understanding required through the training. Where appropriate, for example, moving and handling, practical competency assessments of staff were completed. Observational supervisions took place where staff were observed during their working day and areas of good practice and those for development were identified.
- Staff were recruited safely. Relevant checks were completed before staff started work at the home. This included references and Disclosure and Barring Service (DBS) checks. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Systems were in place to ensure medicines were managed safely. Only staff who had received medicine training and been assessed as competent gave people their medicines. Medicines were ordered, stored, administered and disposed of safely. Medicines were given to people individually in a way that suited each person and medicine administration records were well completed.
- There were protocols in place for people who had been prescribed 'as required' (PRN) medicines and for when people may require homely remedies. A homely remedy is a medicine that can be purchased over the counter. They do not need to be prescribed. They are kept as stock in a care home to give people access to medicines that would commonly be available in any household. These can include medicines for mild pain



and indigestion.

- Not everybody was able to tell people when they were unwell or in any discomfort. The PRN and homely remedies protocols included information about how people would present if they were unwell or in pain. For example, facial expressions or other body language.

#### Preventing and controlling infection

- The home was clean and tidy throughout.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People were supported to receive visits from friends and family and visitors were welcomed to the home at any time.

#### Learning lessons when things go wrong

- Accidents and incidents were documented and responded to. Staff recorded and reported concerns they identified. People's risk assessments and care plans were updated. Information was shared with staff to ensure they were aware of any changes to care and support.
- Accidents and incidents were analysed and monitored to identify any trends or patterns which may show further actions were needed to prevent reoccurrences.

# 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 remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- During the inspection we identified two incidents where statutory notifications, which are required by law, had not been submitted to CQC or the local safeguarding team. The registered manager told us they were aware that these notifications should have been submitted and was responsible for their omission.
- The registered manager and nominated individual explained that at the time of these incidents the provider and registered manager were managing a challenging situation at the home. They believed that this had resulted in significant distraction which resulted in the notifications not being submitted.
- As soon as this was identified the registered manager submitted these appropriately.
- Before this the registered manager had submitted notifications with all the necessary information. The PIR had been submitted, this was well completed and detailed. The registered manager was aware of their responsibilities and regulatory requirements, including those under duty of candour.
- The registered manager was responsible for the day to day running of the service, they were supported by the nominated individual and a deputy manager. They had good oversight of the service and were aware of the improvements and developments that were needed. Care plans, risk assessments and other care documentation was well completed and provided detailed guidance for staff to follow.
- There were a range of audits that helped identify areas where improvements and development were needed. There were action plans to monitor the progress and confirm where actions were completed. For example, a recent audit had identified a lack of personalisation in some daily care notes. This had been discussed with staff at a meeting and examples of changes made were provided in the action plan. This was highlighted as an area the registered manager would continue to monitor.
- We found that when PRN medicines had been given staff had not always recorded whether the medicine had been effective. We discussed this with staff and the registered manager and they told us they would remind staff to complete this to further develop record keeping and improve consistency of information. However, this did not impact on people because there was a limited staff team who gave medicines, staff knew people well and information about people was recorded in the daily notes.

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

- There was a positive culture at the home. The registered manager worked hard to ensure the culture was also open, honest and transparent. They knew people well and understood them as individuals in addition

to their care and support needs.

- Staff supported people with kindness and patience, giving them choices and allowing them time to make their own decisions. A healthcare professional told us, "Park Beck enjoys a steady team and have worked together for many years. This is the rock of the service."
- There was a relaxed working environment across the whole staff team. Staff told us they were well supported by the registered manager, they felt able to talk with him or the deputy manager at any time. They told us in the absence of the registered manager and deputy manager they would also feel comfortable to contact the NI. We observed a new staff member being supported by colleagues to work as part of the team for the benefit of people.

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

- Staff worked to ensure people were engaged and involved with what was happening at the service. There were regular meetings where people were introduced to new members of staff, they were told about improvements that were being planned for both inside and the exterior of the home. They were reminded of upcoming celebrations and given opportunities to discuss how they would like to celebrate them or if there was anything else they would like to discuss.
- Quality assurance surveys had been sent to people, relatives and staff in February 2022 and these had returned positive comments. CQC had undertaken monitoring activity in July 2022 and relatives had been asked for their feedback through the 'Give Feedback on Care' section on the CQC website <https://www.cqc.org.uk/give-feedback-on-care>. This feedback was positive about the care people received and communication with the home.
- Staff had meetings and supervision. Meeting minutes showed they were updated about what was happening at the services, changes in people's support needs and improvements required at the service. Supervision was used as an opportunity to identify areas for staff to develop.

Continuous learning and improving care

- The registered manager promoted learning for all staff to improve care for people. There was evidence that incidents were reflected on, discussed and shared with staff through meetings, supervision and general discussions.
- A recent situation at the home had resulted in a high level of external scrutiny. There was evidence of reflection and discussion. The registered manager and staff shared what they had learnt from the experience and how they would manage anything similar in the future. The registered manager had reviewed staff training to ensure staff continued to receive the training they needed to support people and identify any further training that may be of benefit.

Working in partnership with others

- The registered manager and staff worked with others to help improve people's health, well-being and general experiences at the home. This included district nurses, GP's and dieticians. During the inspection we saw good evidence of staff working with the district nursing team to resolve some confusion about settings for pressure relieving air mattresses. The registered manager told us how this joint working would hopefully benefit not just people at The Park Beck but others in the local area. A visiting professional who provided feedback about the service told us, "Engaging with health care professionals and tenacity in ensuring residents get the care they need is also apparent."