

Brighton and Hove City Council

Brighton & Hove City

Council - The Beach House

### Inspection report

29 Westbourne Villas  
Hove  
East Sussex  
BN3 4GQ

Tel: 01273295288

Date of inspection visit:  
23 September 2019

Date of publication:  
30 October 2019

### 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:

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

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

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

People and their relatives told us the service was safe. Risks were well managed, and the provider learned from previous accidents and incidents to reduce future risks. The registered manager and staff understood their responsibilities about safeguarding. Arrangements were in place for the safe administration of medicines.

Appropriate recruitment checks took place before staff started work. There were sufficient staff available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision. Training was ongoing, and staff spoke highly about their access to training. Staff received training specific to people's needs which included how to support people safely.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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.

People received support that met their needs and was in line with care plans and good practice. People's right to make their own decisions was respected. People were encouraged to maintain good diet and access health services when required.

Healthcare professionals spoke highly of the service and its ability to provide flexible and personalised care to people in crisis. Relatives praised the staff team and their adaptability in understanding and meeting people's care needs.

People were supported to access community services and to participate in activities of their choosing that met their needs. Staff knew what was important to people and ensured people had care that met their needs and choices. People's dignity, confidentiality and privacy were respected, and their independence was promoted.

The provider had a complaints procedure and people were aware of how to make a complaint. An effective quality assurance process was in place. People, family members and staff were regularly consulted about the quality of the service.

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 was for this service was Good (report published 8 July 2016)

Why we inspected::

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect 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?

The service was Safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

# Brighton & Hove City Council - The Beach House

## **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 Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and a specialist learning disability nurse.

#### Service and service type:

Brighton and Hove City Council – The Beach House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

This inspection was unannounced.

#### What we did before the inspection:

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

During the inspection:

We used a number of different methods to help us understand the views of these people, who had complex needs, which meant they were not always able to tell us about their experiences. We spent time in the service observing the care provided. We spoke with the registered manager, one person using the service, two visiting healthcare professionals, a domestic assistant, deputy manager and three care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incident and accidents, complaints and safeguarding records were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. Further information was sent to the inspection team after the inspection via email. This included the training matrix, policies and procedures and a range of audits. We also gained feedback from two relatives via telephone.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- Staff understood how to protect people from the risk of abuse. Staff had received training and described how they could identify potential abuse and what action to take. Staff's competency on safeguarding was regularly assessed to ensure training was embedded into practice. One staff member told us, "Anything that I see that would cause my concern, I would go straight to my line manager."
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised. Where required safeguarding concerns had been raised and statutory notifications submitted to the Care Quality Commission.
- People received sufficient support to keep them safe. The registered manager had developed a strong culture of open discussion and staff regularly liaised with healthcare professionals, people and their relatives on safeguarding concerns.
- Relatives told us that they felt safe staying at the Beach House. One relative told us, "I can go to bed at night and not worry. I know they feel safe there and staff also make them feel safe."

Assessing risk, safety monitoring and management:

- Risk assessments were carried out to protect people from avoidable harm. These identified specific risks with details of actions to be taken to mitigate the risks. For example, risk assessments considered key risks such as finances and accessing the community.
- People's records had information about how to reduce causes of behaviour that may distress them or put others at risk. Where risks were identified there were plans in place to guide staff on how to manage these.
- Where required some people's plans contained detailed positive behaviour support plans (PBS). PBS is a way of working with people whose behaviour challenges to recognise and pre-empt incidents as well as support during and after an incident. These plans identified causes of stress and anxiety for people and how to manage these to keep people and others safe. Staff were knowledgeable about how to support people during times of crisis or if they displayed behaviours which challenged. One staff member told us, "We try and pre-empt anything. We might notice a look or notice that the person is using a certain type of language which is a sign that something has distressed them. That's a sign to offer diversion techniques."
- Care and support was provided to some people living with epilepsy. Clear protocols were in place which included guidance on the signs of a seizure and the steps to take, including when to administer emergency medicines. Seizure monitoring charts were in place alongside measures to manage the risk of seizures during the night.
- Regular safety checks were completed on the environment and the equipment people used to ensure it remained safe. Personal Emergency Evacuation Plans (PEEPs) provided guidance for staff to safely evacuate people in an emergency.

#### Staffing and recruitment:

- People were cared for by a sufficient and consistent staff team. Staff members felt staffing levels were sufficient and provided them with time to spend with people. Observations of care demonstrated that staff responded to people's needs in a timely manner. Staff took time to interact with people.
- Relatives confirmed that staffing levels appeared safe. One relative told us, "(Person) receives one to one care when they stay at the Beach House. I know that level of support is always in place whether its outside or inside the service."
- Staffing levels were reviewed on a weekly basis and staffing levels varied dependent upon the needs of people accessing the service. The registered manager told us, "When people are placed here on emergency respite, we provide one to one care initially, whilst they settle into the service and it allows us time to assess what care and support they need." Staffing levels considered how many people required one to one, the activities planned for the need, people's level of care and support alongside the skill mix of staff. Rota's demonstrated that staffing levels were based on the needs of people.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. This demonstrated that appropriate checks were undertaken before staff began work in line with the organisations policies and procedures. This was to help ensure staff were safe to work with people.

#### Using medicines safely:

- Medicines were managed safely by appropriately trained staff whose competency was regularly assessed. Medication was administered in conjunction with guidance and instructions; medication administration records (MARs) were appropriately completed. With permission we shadowed a staff member whilst they supported a person with their morning medicines. The person was able to tell us what their medicine was for and the staff member was observed to administer medicines with diligence, patience and care.
- Guidance was in place for staff to safely administer 'as required' medicines to ensure people were only given medication when needed. Medicines were ordered, received, stored and disposed of safely.
- Audits were undertaken to ensure people were receiving their medicines as prescribed.

#### Preventing and controlling infection:

- The service had recently experienced an outbreak of D&V (diarrhoea and vomiting). The registered manager and staff took appropriate measures to control the outbreak. Input was sourced from Public Health England; the service was closed to new admissions and people experiencing symptoms were cared for separately. Staff told us how they followed hand hygiene and cleaning procedures.
- Staff had undertaken training in infection control and knew the importance of protecting people from the risk of infection. An infection control champion was in post and infection control audits were regularly undertaken. All areas of the home were clean and well-maintained.

#### Learning lessons when things go wrong:

- Accidents and incidents were reported, recorded and investigated. Action was taken to mitigate the risk of a reoccurrence. This included referrals to external professionals where appropriate.
- The service promoted an open culture where learning was derived from incidents, accidents or safeguarding's. The registered manager told us about a recent incident which was raised as a safeguarding, whereby the service learnt the importance of ensuring people's respite provision was reviewed when required.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A clear referral and admissions process was in place which ensured that staff and the registered manager had clear information about people before accepting emergency placements.
- People's needs, and choices were regularly assessed and reviewed during their placement or respite stay. For people who were admitted to the service due to a crisis in the community, staff worked in partnership with the person to help them settle into the service and assess what ongoing support they might require. A member of the management team told us, "We recognise that it can be unsettling for people when they first come in, especially if they've not been away from home previously. We therefore provide initial one to one support to help the person settle and adjust."
- Evidence based guidance such as NICE guidelines were used by the provider to plan and deliver effective care to people. This included the use of positive behaviour plans that set out the steps that should be taken to help people change their behaviour in a positive and meaningful way and improve their quality of life.

Staff support: induction, training, skills and experience:

- Staff told us they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. Training was provided for staff throughout their employment to maintain up-to-date skills and knowledge.
- Additional training was provided to staff which was appropriate to the needs of the people living at the service. One staff member told us, "We've previously supported one person whose first language was Arabic, so we received training on how to communicate in Arabic. Where we've supported people with diabetes, we also receive updated diabetes training."
- The registered manager told us how they considered the skill set of staff when accepting emergency placements and whether staff would benefit from additional training when supporting a person with specific care needs. Staff and the registered manager confirmed that access to training was very good.
- New staff completed an induction to the service and staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities.

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

- People were supported to maintain a healthy balanced diet and had access to regular food and drinks throughout the day.
- Staff were knowledgeable of people's individual dietary needs and preferences and meals and snacks were provided accordingly. People spoke highly of the food provided and told us that they could contribute to menu ideas.

- People were supported to prepare meals independently and whilst people had the opportunity to eat their meals together, meal times were flexible, and people could eat at times suitable to them.

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

- Staff worked in partnership with people, relatives and healthcare professionals to ensure that people received consistent, timely, person centred care and support when they received respite care at the service or moved on from the service. The registered manager told us, "For people receiving respite care here for the first time, we work in partnership with them and their parents to support the transition. For example, we worked with one person who hadn't received respite care previously. We worked with them for six months to assist with the preparation of coming here. They visited on multiple occasions and met their key worker. We changed the key worker's shifts to ensure that they would be working when the person was due to come for respite. We planned the activities they would do beforehand with them. We worked hard to make it a positive experience and they now come here for regular respite."
- Where people were being supported to move onto permanent accommodation, staff worked in partnership with the person and healthcare professionals to ensure a smooth transition. Staff told us how they would support people to visit potential placements. Where future placements were found, staff then provided a detailed handover to ensure the provision of ongoing person-centred care.
- People had regular access to health and social care professionals to improve their wellbeing. Staff told us about one recent emergency placement whereby input from the GP and district nursing team were required.
- Staff worked in partnership with external healthcare professionals to ensure people's ongoing health and social care needs were met. Feedback from two healthcare professionals demonstrated that the staff and service were effective in identifying any health or social care needs and taking action.

Adapting service, design, decoration to meet people's needs:

- The building was purpose built and was designed with the needs of people living with a learning disability or physical disability. Lower ground floor bedrooms had overhead ceiling hoists in place and all bedrooms had access to en-suite facilities.
- The building was on three floors with lift access to all floors. Each floor contained communal spaces, including games room, lounges, sensory room and art room. On the top floor was a self-contained flat which promoted independent living skills for the person living in the flat.
- People's art work and photos of them enjoying activities were displayed on walls around the home.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were trained in the MCA and understood the importance of seeking consent before supporting people. Staff always asked for people's consent before providing them with care and support and we saw this in practice during our inspection. Staff told us that they assumed people could make decisions unless assessed otherwise, and always supported people to make independent decisions where appropriate.
- Where required DoLS applications were made and the registered manager regularly reviewed when DoLS applications expired and renewals were required to be sent.
- Some people required the support of restrictive practice to promote their safety. For example, some people had monitors in place to alert staff in the event of a seizure and some people had sensors on their bedroom doors to also alert staff in the event of them leaving their bedroom. Where restrictive practice was in place, consideration was given to whether the person had been assessed by the behavioural support team, if they understood why the restrictive practice was in place and whether it could be demonstrated that the practice was the least restrictive option. Whilst the restrictive practice paperwork hadn't been reviewed recently, the registered manager told us that it was regularly discussed and always considered as part of the DoLS authorisation.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- Observations of care demonstrated that staff were skilled in giving people reassurance and comfort. People responded well to staff with gentle humour and banter and staff interactions were good humoured and caring. People and their relatives told us that staff were consistently caring. One relative told us, "The staff are so very good and so very caring."
- Staff were patient, had time to support and talk to people, and there was a relaxed atmosphere in the service. During the inspection, staff were heard asking two people if they wanted to go to the games room. Staff were also heard asking how people's day was and how they wanted to spend their time.
- It was clear that staff had spent time getting to know people well and valued them as individuals. They used their understanding of people to support them with empathy and understanding. This included supporting people when they became anxious.
- Relatives we spoke with were consistent in their praise of the staff who supported their family members. Healthcare professionals also spoke highly about staff and how they interacted with people. One healthcare professional commented, "How they adapt to each person's individual need is amazing."
- Staff promoted people's equality, diversity and ensured their human rights were upheld. For example, staff recognised how choice was important to people to ensure their individuality.
- People were supported to maintain their relationships with their loved ones. The registered manager told us how they often accepted emergency placements to help prevent breakdowns at home. One staff member told us, "One person was supported to attend on emergency respite as things weren't working out too well at home. We worked with the person and their relatives and managed to support them back home but with the right support."
- Support was available to people to support them to visit their loved ones during their respite or emergency placement. One relative told us how their loved one was supported by staff on a regular basis to visit them whilst they were unwell. They commented, "It enabled me to check that they were ok and vice versa."

Supporting people to express their views and be involved in making decisions about their care: Respecting and promoting people's privacy, dignity and independence:

- Staff adopted a positive approach in the way they involved people and respected their independence. We observed how staff involved people in their care and supported them to make decisions. Staff also empowered people to be independent with day to day skills. For example, staff asked one person if they would like a cup of tea. Staff then prompted the person to pick out their favourite mug and talked through the process with the person encouraging them to pour the milk.

- Staff were observed being respectful towards people. One person spoke to the inspection team and advised that they wanted a new dress. Staff then came up with a plan on how to support the person with buying a new dress.
- Staff showed an understanding of the need to encourage people to be involved in their care. For example, one person enjoyed staff talking to them about things of interest to them and what was going on in their life; this provided them with reassurance.
- Relatives spoke highly about how staff supported their loved ones to make their own decisions and be involved in their care. One relative told us, "Staff actively support (person) to make their own decisions. They are allowed to decide what they want to do and staff are always very thoughtful."
- Staff showed a commitment to working in partnership with people. Staff spoke about the importance of involving people in their care to ensure they felt consulted, empowered, listened to and valued. They explained that it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.
- People were supported to maintain their independence and learn new skills. Whilst goal setting was not formally recorded, staff told us how they supported people to maintain and promote their independence. One staff member told us, "For people who come here following a crisis and are then awaiting a permanent placement, we work with them to identify what's important to them and identify how we can promote their independence. With one person, we've been working with them to support them with cooking skills. We've also been supporting them out in the community and managed to reduce the level of support from two members of staff to one dependent upon what they are doing in the community."
- Confidentiality was supported. Information was locked away as necessary and computers and electronic devices used by the provider and staff were password protected to keep information secure

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- People received personalised care that was tailored around their wishes, preferences and routines. The service had the ability to support up to six people who might be experiencing a crisis in the community and required an emergency placement. Staff and the registered manager told us how they strived to provide a personalised responsive service that prevented people from being moved out of county. The registered manager told us, "One of the key strengths of the service is our ability to provide responsive care. Recently we were able to support a person who was in crisis and from referral to the person being here was two hours."
- During the inspection and subsequent to the inspection, the registered manager told us how they were able to provide responsive yet personalised care to this individual. They commented on how information was gathered from the Social Worker to inform the pre-admission assessment and to also understand how the person felt about coming to the service. Staff and registered manager then looked at staffing levels and identified that the registered manager would stay on shift later to ensure staffing levels were sufficient and to also support the person during their first night at the service. A key worker was identified and was assigned time to read the person's preadmission assessment and draft their care plan.
- The registered manager feedback following the inspection that since coming to the service, they had identified that the individual had not accessed the community in over a year. With support from the staff they began to support the person to access local cafes initially and staff have reported that they have enjoyed this experience. Staff were working in partnership with this person to promote positive outcomes.
- Healthcare professionals spoke highly of the service's ability to support people in a crisis and provide person centred care. One healthcare professional told us, "People have arrived with minimal information and it's a testament to the staff team. They think on their feet and are adaptable to people's needs. People who have come here in an emergency are now accessing the community and their wellbeing has improved."
- Staff spent time getting to know people and this information formulated the basis of the care plan. Care plans included key information on people's social, emotional and health care needs.
- People had their own key-workers. This was a named member of staff who had a central role in their life and would oversee their support needs and care plans. Key-workers worked in partnership with people to help plan and devise their care whilst they stayed at the service. A member of the management team told us about the positive work one key-worker was doing with a person. They commented, "They've been implementing social stories with the person to help them understand specific situations and improve their independence." (Social stories are used to teach particular social skills, such as identifying important cues in a given situation)."
- The provider and registered manager also worked flexibly and creatively to ensure people received ongoing personalised care to enhance their wellbeing. For example, one person's placement at their local

day centre had broken down, so the person was now accessing the service three days a week as an alternative to their day centre. Staff understood the importance of working in partnership with professionals, people and relatives to ensure people's needs were met.

- Staff recognised the importance of supporting people to maintain their routine whilst having their respite stay. Relatives also spoke highly of staff's skill and ability to support people with maintaining their routine whilst also supporting them to engage with activities that they enjoyed. One relative told us, "They are great at promoting a normal routine but also they supported (person) to attend a theatre show that they really wanted to see."

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences.
- Easy read documentation was available for people, with pictures and simple language to help them understand information. This included complaints, what to do in the event of a fire and weekly menus. Some people using the service communicated using Makaton (Makaton is designed to support spoken language, signs are used with speech). Staff had received training on Makaton and information on different Makaton signs were also displayed throughout the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- People were supported to access activities which reflected their hobbies and interests. These included outings and trips, attendance at day centres and clubs.
- Staff were knowledgeable about people's hobbies and interests. One staff member told us, "One person we support loves playing football, enjoys going to the pub and for trips out. Also enjoys going out for meals."
- Every Friday, people and staff would discuss what activities they would like to do over the weekend and the week ahead. People were supported to try new activities and to access the community. One staff member told us, "Activities are good, people go to the local pub, bowling, cinema, to local gigs and in the summer, we've been to lots of festival events."

Improving care quality in response to complaints or concerns:

- Effective systems were in place to investigate and respond to complaints. Information was available in an easy to read format. The provider had received three complaints in the past 12 years. Whilst documentation did not consistently record the outcome of the complaint, the registered manager was able to explain the outcome and the learning derived from the complaint.
- People and their relatives told us they felt confident and comfortable in raising any concerns. Various forums were in place for people to raise concerns including key worker meetings, 'resident' meetings and 'carer meetings.' One relative told us, "Staff or the manager are always accessible, and I know I can talk to them and they will address any concerns I have."
- People, relatives and visitors could also use this process to leave positive comments. We saw that letters and feedback had been received from several relatives and visitors complimenting staff and the service about their caring nature and the positive effect this had on people's wellbeing.

End of life care and support:

- No-one at the service was receiving end of life care at the time of our inspection. A provider wide policy on end of life care was available and a policy specific to the Beach House was in the process of being developed.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now 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.

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

- Staff demonstrated a strong commitment to provide person-centred high-quality care by engaging with relatives and professionals. Feedback from healthcare professionals on the ethos and purpose of the service was positive. One healthcare professional told us, "The service is very responsive whilst being clear about their approach. They are a very empowering service which can be difficult in a respite service."
- People and relatives were complimentary about the registered manager and staff team. One relative told us, "They are my sanity and (person's) second home." Staff also spoke highly about the service. One staff member told us, "The staff are incredible, they go above and beyond. Put a lot of passion into their work."
- Staff told us that they worked closely as a team and were constantly communicating with each other and the registered manager. Relatives and healthcare professionals also praised communication within the service. One healthcare professional told us, "They are very good at managing complex needs and communication is excellent."
- Staff reported that they were inspired with the leadership of the service. They told us there was a good sense of team working, cooperation and celebrated good practice.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- The registered manager demonstrated an open and transparent approach to their role. They told us how as a staff team they regularly learnt from safeguarding's, incidents and complaints.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The deputy managers demonstrated an in-depth knowledge of people's needs and the needs of the staffing team.

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

- The provider had effective quality assurance processes to monitor and improve standards. Audits were in place and there were visits by the organisation's quality team. Any actions identified from audits were acted upon and regularly reviewed. Audits covered areas such as medicines, infection control, health and safety and care plans.
- The registered manager and management team had devised a CQC audit folder which considered the key lines of enquiry and how they were meeting them. This considered how the provider and service could demonstrate that they were providing a good level of care. Each member of the management team were

assigned a key line of enquiry. For example, one member of the management team considered the KLOES under the safe domain and as part of their audit gathered and reviewed evidence to assess how the service was meeting those KLOES.

- Management meetings took place on a regular basis. These provided the management team at Beach House with a forum to discuss ideas, new ways of working and ensure actions identified at previous meetings were actioned.
- Due to the nature of the service and accepting emergency placement, an emergency placement working group was in place. This working group met on a regular basis to review the process of emergency placements and consider how the process could be improved. For example, minutes from a meeting in May 2019 discussed the importance of allocating staff administration time to draft the care plans and review the documentation.
- The service had notified the CQC of all significant events which have occurred in line with their legal responsibilities. The provider had also met the legal requirements to display the services latest CQC rating in the service.

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

- People's views and suggestions were taken into account to improve the service. For example, surveys had been completed by relatives and staff. Feedback was then used to drive improvement. The feedback from the recent relative's survey was positive with comments including, 'We are kept up to date with any changes, 'and 'our daughters independence is always encouraged.'
- Regular meetings were held with staff, people and relatives which acted as a forum to gain feedback and suggestions. One person told us meetings were available every Friday to discuss activities and to make suggestions.
- Daily staff handover meetings took place to ensure important information about people using the service was communicated between the staff team responsible for providing their care and support. The provider also utilised a shift planner which provided clear information to the staff team on who they were supporting that day, the care needs pertinent to people alongside any plans for the day.

Continuous learning and improving care: Working in partnership with others:

- The registered manager was passionate about ensuring people received personalised care and that the service could be responsive to people's needs. They told us, "It's nice to work in a service where we can prevent people from being hospitalised or placed out of county away from their family."
- Staff spoke highly of the service and how they were always learning. One staff member told us, "We don't know who we might receive a referral from and therefore our skill base is always being updated to ensure we have the right skills and training to support people."
- Healthcare professionals praised the flexibility and adaptability of the service and the staff. One healthcare professional told us, "They also use the building flexibly. For example, people can come here for day service, I've held training here. They are very accommodating."
- The service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. One healthcare professional told us, "There is good partnership working with other healthcare professionals."
- Links with the local community had been established. Staff told us how they regularly visited a local café whereby the owner and staff had got to know people alongside their likes and dietary requirements.