

Mr & Mrs Allison

Beachville West End

Inspection report

Beachville Care Home
West End
Newbiggin-by-the-sea
Northumberland
NE64 6XD

Tel: 01670817345

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18 November 2019

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Beachville West End provides personal care and accommodation for up to 13 people. Accommodation was spread over two floors. At the time of the inspection, 12 people were living at the home, some of whom had a dementia related condition.

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

People were complimentary about living at the home. One person told us, "It's like home from home." Systems were in place to safeguard people from abuse. People told us they felt safe.

People were cared for by a consistent and stable staff team. Safe recruitment practices were followed. Staff were suitably trained and supported to enable them to meet people's needs.

People lived in a homely environment that met their needs. The home overlooked Newbiggin Bay. The fantastic views out to sea and passing ships were a constant source of conversation between people throughout our inspection.

People were supported to eat and drink enough to maintain their health and wellbeing. There was an emphasis on home baking. Staff assisted people to access healthcare services and receive ongoing healthcare support.

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 personalised care which reflected their needs and preferences. People were supported to continue their hobbies both within and outside of the home.

A complaints procedure was in place. No complaints had been received.

There was a cheerful atmosphere at the home. Staff told us they felt valued and said morale was good.

A range of audits and checks were carried out to monitor the quality and safety of the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 May 2017).

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 ●

Beachville West End

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.

Service and service type

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

The 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The registered manager completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived at the home, the registered manager, the deputy manager, two senior care workers and a care worker. Two staff contacted us by email following the inspection to provide feedback about what it was like to work at the home. We looked at one care plan, recruitment checks for one member of staff, medicines administration records and records relating to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate the evidence found. We also contacted a member of staff from the district nursing team. The owner/nominated individual wrote to us with their feedback about the home. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

- Systems were in place to safeguard people from abuse.
- People told us they felt safe. Staff were knowledgeable about what action they would take if abuse were suspected. They said they had confidence that management staff would take immediate action if any concerns were raised.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored.
- We spoke with the registered manager about the falls and pressure ulcer risk assessments. These were subjective and not based on a recognised assessment tool. The registered manager addressed this immediately and introduced new assessment tools which were based on best practice guidelines.
- Checks and tests were carried out to ensure the premises and equipment were safe.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. People were cared for by a consistent and stable staff team.
- Safe recruitment procedures continued to be followed.

Using medicines safely

- Medicines were managed safely. People told us they received their medicines as prescribed.
- We noticed that the controlled drugs cabinet did not meet with legal requirements. This was immediately addressed at the time of the inspection.

Preventing and controlling infection

- Systems were in place to prevent infection.
- The home was clean and there were no offensive odours.
- Safe infection control practices were followed.

Learning lessons when things go wrong

- There was a system in place to record and monitor accidents and incidents. These were monitored to check for any themes or trends.

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 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

- People's needs were assessed. These assessments were used to devise a plan of care.

Staff support: induction, training, skills and experience

- People were cared for by staff who were supported and trained.
- Many of the staff group had worked at the service for a long period of time. This experience contributed to the efficiency and skill with which staff carried out their duties. One person said, "They're very efficient."
- Staff told us there was sufficient training to enable them to meet people's needs.
- A supervision and appraisal system was in place. Staff told us they felt supported.

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

- People were supported to eat and drink enough to promote their health and wellbeing.
- People spoke positively about the meals. There was an emphasis on home cooking and freshly baked produce. The cook emailed us following our inspection and stated, "I have no restrictions on my budget or menus and love the freedom to create a nutritious and varied menu."
- We spent time with people at lunch time. It was a happy and sociable experience.

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

- Staff supported people to access healthcare services and receive ongoing healthcare support.

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

- People lived in a homely environment which met their needs.
- The bath on the first floor was not being used. Staff told us and people confirmed that they preferred a shower. The registered manager told us they were going to consult with people, relatives and staff about the first floor bathroom and whether a better use for this room could be suggested.

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 followed the principles of the MCA, although records did not always evidence this. The registered manager addressed this issue immediately.
- The registered manager had submitted DoLS applications to the local authority. There had been a delay in the review/authorisation process. This was due to external factors and was not due to any oversight by the provider.
- Staff asked for people's consent before they carried out care and support.

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 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

- People were treated with kindness. We read compliments from relatives thanking staff for the care they had given to their loved ones. Staff were described as "thoughtful," "so caring," "kind" and like a "family."
- We observed positive interactions between staff and people. One person said to a staff member, "I think you have been my friend all day - in fact all year," the staff member smiled and said, "I have." Another staff member gave a person a hug. They told us afterwards, "Sometimes they just need a cuddle."
- Staff supported people to establish and maintain friendships both within and outside of the home. We heard one staff member say to a person, "Are you going to bingo on Thursday? It's nice to keep in touch with your friends."
- Staff spoke in a caring and respectful manner about the people they supported. They talked about caring for people like members of their family. Staff told us that they would be happy for a friend or relative to live at the home because of the standard of care provided.

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

- Staff respected people's privacy, dignity and independence.
- Care plans described what a person could do independently and what they needed support with.
- Each person's care needs were diverse and individual to them. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.
- People were involved in their care. Care plans documented people's likes and dislikes which demonstrated they had been written in conjunction with people, and where appropriate, their relatives.

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 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 which reflected their needs and preferences.
- Care plans guided staff on how to deliver person-centred care. Staff were knowledgeable about people's needs and preferences and could describe these to us. One staff member told us, "There are some words [name of person] likes us to say like 'grandma' and 'baby.' These words are important to her and because they are important to her, they are important to us because hearing those words makes her happy and when she is happy it makes us happy."

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.

- The home was meeting the AIS. People's communication needs were recorded in their care plans. The registered manager told us that if information was required in a different format, then this would be provided.
- One person had a voice activated electronic gadget. They used this to listen to music and access other information.

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's social needs were met.
- People were supported to maintain their hobbies and interests. One person told us, "If you want to do anything they organise it."
- Staff recognised the importance which animals and children had on people's wellbeing. A local children's group visited the home following our inspection. The registered manager wrote to us and stated, "It was the most uplifting enjoyable experience for everyone, all but one of our residents attended and really enjoyed it. The interaction between the children and residents was amazing and at times emotional, we have agreed to hold these sessions once weekly."
- A local activities charity visited and facilitated a number of different events at the home. Entertainers also visited. Staff spent time with people on a one to one basis undertaking activities which interested people such as reading the newspaper and reminiscing. One person was on holiday with staff at the time of the inspection.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. No complaints had been received. Nobody raised any concerns with us during our inspection. One person told us, "There's no faults."

End of life care and support

- End of life care was provided. Staff liaised with health care professionals to ensure people received care which met their needs.
- Staff explained the importance of remembering and respecting people after they had died. They told us they attended people's funerals. Staff explained that they wanted relatives to know how valued the person was to staff.

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 requires improvement. At this inspection this key question has now improved to good. 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

- Staff were clear about their roles and responsibilities. The registered manager had submitted the required statutory notifications to CQC.
- People and staff spoke positively about the registered manager and deputy manager. Staff explained they were approachable and supportive. One person said, "She [registered manager] never misses anything."
- A range of audits and checks were carried out to monitor the quality and safety of the service. We spoke with the registered manager about reviewing their auditing system to ensure it highlighted the issues we had found regarding the storage of medicines and the MCA documentation. The registered manager told us that this would be addressed.
- The registered manager understood their responsibilities in relation to the duty of candour.

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

- People told us they were happy and spoke positively about living at the home. One person said, "I'd recommend it." The registered manager told us, "My aim is for people to feel at home and comfortable."
- There was a cheerful atmosphere when we visited. Staff told us they felt valued and said morale was good. One staff member said, "It's just so relaxed and there's a lovely atmosphere and the residents are lovely."
- The owner/nominated individual contacted us following our inspection. He stated, "As the proprietor, I would like to express that the service is managed very well and I have 100% trust in my manager and deputy manager...The staff team at Beachville are all trained to carry out their job roles and I see this on every shift pattern. I have an honest open and friendly relationship with management and staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were involved in the running of the home. Meetings and surveys were carried out. We looked at five completed relatives' questionnaires. These gave positive feedback and described the "best things" about the home as, "lovely staff," "great communication," "lovely surroundings" and good care and food.

Working in partnership with others

- The service worked with health and social care professionals to make sure people received joined up care.

- There were links with local schools, churches and businesses to help ensure people were involved in their local community.