

Regal Care Trading Ltd

# The Park Beck

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Park Beck is a residential care home providing personal care to up to 37 people. The service provides support to people, some of whom were 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

We found improvements were needed to ensure risks to people, for example moving and handling, were managed safely. Care plans and records did not always contain all the information staff needed to support people. An audit system was in place, but this had not identified all the shortfalls we found. The registered manager and provider had oversight of the service and had implemented improvements which needed further time to be embedded into everyday practice. They were proactive in making the required improvements. One relative told us, "I appreciate changes are being made."

There were enough staff who had been recruited safely to support people each day. Medicines were managed well, and recent improvements had taken place following a concern. Only staff who had received the appropriate training and been assessed as competent gave people their medicines. Systems were in place to ensure people were protected from the risk of abuse.

People had enough to eat and drink throughout the day. They were offered a choice of meals that suited their individual needs and choices. People were supported to maintain and improve their health through regular reviews with health and social care staff.

Staff received training which was regularly updated. When concerns were raised staff received extra training to remind and refresh their learning. Staff were supported and updated through regular staff meetings and supervisions.

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.

The home was clean and tidy throughout. There was an ongoing plan to improve the physical environment of the home through decoration and maintenance.

The registered manager had identified improvements were needed to the culture. Through observations and discussions, we identified a positive culture. Staff engaged well with people and each other.

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 3 November 2022).

### Why we inspected

The inspection was prompted in part due to concerns received about the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, effective, 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. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

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).

### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, and good governance.

Please see the action we have told the provider to take at the end of this report.

### 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?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

**Requires Improvement** ●

# 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

This inspection was undertaken by 2 inspectors.

#### 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post. However, only 1 was working there at the time of the inspection.

#### 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 sought feedback from the local authority. 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 a range of records. These included 2 recruitment records, accidents and incidents and quality assurance audits. We looked at medicine administration records, 4 care plans and risk assessments along with other relevant documentation to support our findings.

We spoke with people who lived at the home. However, they were not all able to provide feedback about their experiences. Therefore, we observed people in areas throughout the home and could see the interaction between people and staff. We watched how people were being supported by staff in communal areas, this included the lunchtime meals. We also gathered feedback from the relatives and representatives of 6 people. We spoke with 9 staff members; this included 1 registered manager and the nominated individual. 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people were not always safely managed. We saw one person being moved in a wheelchair with only one foot plate on and the person having difficulty keeping their feet on the plate. The person was then sat at a table and left on their own. Staff had not put the person's foot plate down so the person was at risk of receiving an injury from the foot plate or tipping the wheelchair if they tried to stand.
- Staff were not supporting people safely following a fall. Staff had recorded that a handling belt had been used to pull someone up from the floor. This method was described to us by a staff member. This put people and staff at risk of injury. There was no information within the person's care plan about how to manage the person following a fall. Guidance in the falls policy stated staff would identify mechanisms to assist the person from the floor. There was no information about how the decision to use a handling belt had been made.
- There was a lack of information about how to support a person to manage their catheter. Staff gave us conflicting information about the support given. This left the person at risk of receiving support that was unsafe or inappropriate.
- On occasions some people expressed distress and anxiety. There was no guidance for staff to follow to support people during these times. Although staff told us what actions they would take this did not ensure people received consistent support.
- People were not always protected from the risk of pressure damage. There was no information to ensure people's air mattresses were on the correct setting. Whilst some mattresses adjusted automatically to the person's weight one person had an airflow mattress that should have been set to their weight. The person's most recent recorded weight did not match the setting the mattress was on. There was no information in care plans about the correct mattress settings.

Risks to people's health and safety had not been assessed and action had not been taken to mitigate any such risks. This is a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection the provider told us care plans for people with catheters and those expressing distress and anxiety were updated to ensure staff had the information they needed to support people safely.
- Risks to people from the environment were assessed and measures put into place to protect people. Equipment was used appropriately to support people who were at risk of falls. For example, some people had bed rails or crash mats and a lowered bed. These decisions had been assessed as the least restrictive

and safest option for people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding concerns had not always been identified and referred to the local authority safeguarding team appropriately or in a timely way. Incidents and concerns reported to the registered manager had not always been identified as safeguarding concerns or acted on in a timely or appropriate way. For example, 3 allegations of abuse had not been reported. Although systems were in place to ensure people were protected from the risk of harm from abuse or discrimination these processes had not always been followed at that time.
- When these concerns had been identified, the provider took the appropriate measures to ensure investigations, analysis and referrals to safeguarding were made and measures put into place to minimise risks to people. This also helped to ensure lessons had been learnt from the incidents that had occurred and help prevent a reoccurrence.
- Staff had received information about reporting concerns during staff meetings and further training was planned. Staff told us what actions they would take if they were concerned people were at risk of harm through abuse or discrimination.

#### Staffing and recruitment

- There were enough staff working each shift to ensure people's needs could be met.
- Relevant pre-employment 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

- Some people had been prescribed 'as required' (PRN) medicines when they were anxious or distressed. Protocols were not in place for these medicines. This is an area that needs to be improved and is further discussed in the well-led section of this report. Only staff who had received medicine training and been assessed as competent gave medicines. They were familiar with people's needs so were able to offer these medicines appropriately.
- Before the inspection concerns related to medicines had been identified by staff. Changes had been made to reduce the risk of this happening again. Staff were aware of these changes.
- There were systems in place to ensure medicines were ordered, stored, administered and safely. Medicines were given to people individually in a way that suited each person. Medicine administration records (MARs) were completed after the medicine had been given.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- The home was clean and tidy throughout. 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.

- Family and friends were able to visit the service whenever they wished to.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good.

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 and choices were assessed before they moved into the home. This helped to ensure staff had the appropriate knowledge and skills to look after the person. Before the inspection the provider had identified an issue with the admission process. Changes had been made to improve the process. This included additional checks by the registered manager when the person was admitted.
- Care plans were reviewed and updated as people's needs changed. Recognised tools were used to assess people's level of risk of skin damage, malnutrition and oral health needs.

Staff support: induction, training, skills and experience

- When staff started work at the home, they followed an induction program in which they shadowed a more senior member of staff until they were competent and confident to work on their own.
- Staff received training in areas that were relevant to the people they supported. They completed an online training program. To pass the training they were required to complete an assessment, this gave the provider assurance they had learnt from the training. Where training included a practical element, such as moving and handling, then this was provided face to face.
- Supervision took place regularly, this included discussion with staff and observational elements. In light of the concerns highlighted in relation to safeguarding, and moving and handling, the provider told us this training would be refreshed and regularly discussed with staff at supervision and meetings.

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

- People's nutritional needs were met. People were supported to enjoy a variety of food and drink that met their individual choices and nutritional needs. People told us they enjoyed the food and had enough to eat and drink. People told us they enjoyed the food. We saw they were offered choices. Staff provided appropriate support at mealtimes, sitting with people, prompting and encouraging appropriately.
- The cook and staff understood people's individual needs. For example, if they required a specialist diet such as pureed or were at risk of weight loss and needed a fortified diet. These were provided appropriately. One staff member told us, "We fortify [person's] food such as adding cream to their drinks and using full fat ingredients in their meals and make sure they have regular snacks."
- People's weights were regularly monitored and when required their nutritional intake. If people were found to be at risk of weight loss or malnutrition appropriate steps were taken which included a discussion with the GP for consideration of a dietician referral. Although staff knew what to do, people's care plans needed to contain more information around how staff should support people with weight loss. This is discussed in the well-led section of this report.

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

- People were supported to maintain and improve their health needs. Staff made relevant referrals to health care professionals, for example, when people had lost weight. This included to the dieticians and SALT team. Where professionals had given advice, this had been recorded through the person's care plan.
- Relatives told us staff contacted healthcare professionals appropriately when needed. One relative told us their loved one's health had improved since living at the home. They told us this was due, in part, to referrals and engagement with appropriate healthcare professionals.

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

- The provider and registered manager had recognised that improvements were needed to the physical environment of the home. Decoration had commenced and was ongoing. There was an action plan to show what improvements were needed and when this would be done by. One relative told us they were impressed with the changes that had been made so far.
- People's bedrooms had been personalised to reflect their own choices and personalities. When people had been assessed at risk of falls or were unable to use call bells, sensor mats were put in place to help keep the person safe.
- A passenger lift provided access throughout the home. Bathrooms and toilets had been adapted with rails and raised seats to help people retain their independence. There was level access throughout the home and to the outside. There were seating areas in the garden which people were able to access when they wanted to.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had been completed to identify if people lacked capacity to make certain decisions. Where people were deemed to lack capacity, any decisions made were in their best interests and included the views of the person, their relatives and others involved in their care and support. People made choices about all aspects of the day to day lives, including where they spent their time and what they did each day.
- Where a person had been assessed as lacking capacity, a DoLS referral had been made to the local authority and any DoLS conditions were being met. The registered manager had oversight of DoLS applications, authorisations and conditions.

# 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 changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had identified some concerns about the reporting of incidents and the management of the home. To help address the issues the registered manager from a nearby sister home became the second registered manager at The Park Beck. Their role was to support, improve and develop the service. Through observation and discussions further concerns were identified and raised with this registered manager. The registered manager was supported throughout by the nominated individual.
- Some care plans lacked information and others contained conflicting information. Staff told us how they supported a person who was at risk of weight loss, but this information was not in their care plans. Another person's dietary needs had changed and although one part of their care plan had been updated to show this, a further section referred to a different diet type. Staff were aware of the correct diet type, and this was provided. However, the lack of consistent and accurate records meant people were at risk of receiving care that was inconsistent or inappropriate.
- One person had sustained a bruise and a skin tear. Staff told us how the person had obtained the injury. Although there was an incident form for the skin tear, there was no corresponding body map or recorded information about how these had been sustained or whether they were improving. The provider had identified this as an area that needed to be improved and a meeting had been arranged to remind staff about recording and reporting incidents.
- Records had not always been stored securely which meant staff had access to information that was confidential. When the provider was made aware, this was addressed immediately, security measures were improved, and an investigation commenced.
- There was a quality assurance system in place. The registered manager completed regular audits which included care plans, medicines, accidents and incidents. These were overseen by the nominated individual through regular visits to the service and through the computerised systems. The provider had identified a number of areas where improvements were required and work had commenced to address these. However, we identified areas where further improvements were needed to the quality assurance system. We found that some incidents had not been reported. Where incidents had been reported, we found the incident forms themselves contained details that indicated further incidents had occurred. These had not been identified or reported.
- Medicine audits had not identified the lack of relevant information within PRN protocols.
- Areas that had been identified as needing improvement had not always been addressed in a timely way.

At the last inspection we identified that pressure relieving air mattresses had not been set correctly and there was no information about the correct settings. Following that inspection, we received assurances that this was being addressed. However, this had not happened and there was no information about what mattress settings should be.

The provider systems did not effectively monitor and improve the quality and safety of the service. Records had not been stored securely and care records were inconsistent and did not always detail the needs of people. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- Following the inspection the provider told us changes had been made to the care plans we identified to ensure they reflected the care and support people required.
- As soon as concerns had been identified, one of the registered managers had contacted CQC and the local authority safeguarding team to make them aware. The provider and registered manager ensured actions were taken to address concerns and these were put into place promptly. They also continued to work to review the service and identify and address any further areas of concern.

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

- One of the registered managers had identified some improvements were needed to ensure there was a consistently positive culture at the home. Observations and discussions with relatives and staff showed a positive culture. Interactions between people and staff were positive. Staff were engaging and interested in people and how they were. We saw examples of staff supporting people in a kind and caring way. ● Achievements of people were celebrated by staff. For example, we saw one staff member supporting a person with a wordsearch. Staff did this at the person's pace and matched the support they provided to the person's ability. One relative told us, "It's a lovely place, a lovely team." Another relative said, "All staff are lovely they're working to meet [name] needs."
- Staff were positive about the culture. They told us they worked well together as a team and could talk to the registered manager or colleagues at any time.
- Following incidents, accidents or safeguarding concerns the registered manager included 'lessons learned' section. This demonstrated what changes would take place at the home to prevent a reoccurrence. This included changes to admission processes and clear registered manager responsibilities. This information was shared with staff during meetings, supervision or an individual basis if this was required.

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

- Before the inspection the provider had identified relevant statutory notifications had not been sent to the CQC when required. As soon as this was identified appropriate steps were taken and statutory notifications were now being received.

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

- People, relatives and staff were kept updated about what was happening at the home through regular discussions, meetings and surveys. Relatives told us they were kept up to date with about their loved one's care and support needs or any changes in their health. One relative gave us an example. They said, "[Name] fell the other week but didn't have an injury they informed us straight away. We can call anytime."
- There were meetings for people where they were able to discuss what was happening at the home including any feedback about meals and activities. Staff attended regular meetings which were detailed,

ensuring staff were aware of changes at the home. Meetings were also used as an opportunity to remind staff of their individual roles and responsibilities for example in relation to safeguarding and incident reporting.

#### Working in partnership with others

- Staff told us, and records showed, that staff worked with external health and social care professionals to improve and develop the service and help meet the needs of people living there. People's care plans contained information about the journey people had taken with the support of different health care professionals. For example, care plans detailed what professionals had been involved in their support and tracked their experience of being unwell to being healthy.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were at risk of harm because systems were not robust enough to demonstrate safety was effectively managed. 12(1)(2)(a)(b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. The provider had not maintained accurate and complete records for each service user. 17(1)(2)(a)(c)(d)