

Beachlands Care Limited

# Beachlands Residential Care Home

## Inspection report

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Date of inspection visit:  
05 November 2018  
12 November 2018

Date of publication:  
14 February 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 5 and 12 October 2018. The first day was unannounced. Beachlands 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. Beachlands is registered to provide care and accommodation to 29 people. There were 27 people living in the service when we visited. People cared for were mainly older people who were living with a range of care needs, including arthritis, diabetes and heart conditions. Some people were also living with dementia. Some people needed support with their personal care, eating, drinking or mobility.

Accommodation was provided mainly on the ground floor, with a few rooms on the first floor. The service is situated in a quiet residential street in the East Sussex town of Seaford.

The last inspection of Beachlands was on 19 and 20 February 2018. At that inspection, the service was rated as Inadequate and the service was placed in special measures. This was because some people's risk had not been appropriately assessed and the provider had not assessed if there were enough staff deployed to meet people's needs. The provider had also not ensured the requirements of the Mental Capacity Act 2005 (MCA) were being followed and some people did not receive the support they needed where they had additional healthcare or nutritional needs. Also, staff had not been trained in relevant areas and people's privacy, dignity and independence were not always supported. Some people's care plans did not clearly set out how they needed to be cared for, some staff did not follow people's care plans and although there were recreational activities provided, these were not accessible to all of the people. We also found systems for monitoring quality and safety were not effective and some records were not accurately completed.

After the last inspection, we followed our enforcement procedure to ensure the provider made the required improvements. We undertook this unannounced comprehensive inspection to check on the improvements made by the provider. We found the provider had been successful in making some improvements and the key question Caring is now rated as Good. The provider had also met regulations in relation to people's safety and meeting the requirements of the MCA. The provider is no longer in special measures. However, the provider still needed to undertake further work to ensure people's care plans set out how they needed to be cared for and they were followed by staff. Further improvements were needed to ensure the safety and quality of the service. This means, although improvements have been made, the service remains in breach of two Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service is now rated as Requires Improvement.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider for the service also owns another service as a separate legal entity. That service is also rated as Requires Improvement.

As at the last inspection, the provider had not ensured all people had person-centred care plans to outline how their individual needs were to be met and these were followed by staff. This included care plans for people who were living with dementia and people who chose not to leave their own rooms.

As at the last inspection, the provider's audit systems did not identify a range of areas to ensure safety and quality of care for people. This was because the provider's audits did not cover all areas of care delivery, including the accurate and full completion of people's records and day to day maintenance of the service.

The provider needed to make improvements so staff were supported in developing the skills they needed to meet people's individual care needs. Staff were not being supported as they needed through regular supervision.

Although the provider had made improvements in ensuring people's safety from risk, some areas required further development, this included reducing tripping risk and prevention of pressure damage.

Some people's needs for fluids were not being consistently planned for. Some areas relating to offering choice for people with eating and drinking, including people who were living with memory loss, needed improvement.

The provider had taken action in other areas and people's privacy and dignity was now fully respected. The registered manager consistently emphasised the importance of supporting people in being independent. Staff showed an empathetic, kindly approach to people.

The provider had been successful in recruiting more staff, so the service's reliance on agency staff was now much reduced. All newly employed staff had a full induction to support them in their role.

People told us they felt safe at the service. Staff had an understanding of how to safeguard people from risk of abuse. Where people may not have had capacity to consent to care, assessments of their mental capacity took place. These were in accordance with the Mental Capacity Act 2005 (MCA).

Staff supported people with their medicines in a safe way. People were also appropriately supported with healthcare needs, this included where people had urinary catheters. People who went to the lounge could participate in a range of activities.

The provider had drawn up action plans in some relevant areas, this included a major plan to improve and develop the building and home environment. People said they were confident action would be taken if they raised concerns.

This is the third consecutive time the service has been rated as either Inadequate or Requires Improvement. This service will continue to be kept under review and, if needed, further enforcement action may be taken. You can see the actions we have told the provider to take at the end of the report.

## 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.

Some people's risks were not always appropriately assessed. Other areas of risk for people had been identified and relevant action taken.

The provider had been successful in recruiting more permanent staff and there were now sufficient staff deployed.

People said they felt safe. Staff were aware of how to ensure people were safeguarded.

People were supported in taking their medicines in a safe way.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff were not consistently trained and supported through supervision in all relevant areas. Newly employed staff had received an induction into their role.

Some people had not received the support they needed where they had additional healthcare or nutritional needs.

People said how much they liked their meals and commented favourably on their quality.

The requirements of the MCA were being followed.

The provider was aware parts of the home environment needed improvements and had a plan to address this.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People's privacy and dignity was supported.

People's individual wishes were followed by staff and their independence supported.

**Good** ●

Staff showed a kindly and caring approach to people.

People commented on how much they liked the staff.

### **Is the service responsive?**

The service was not always responsive.

Some people's care plans did not clearly set out how they needed to be cared for.

There were recreational activities provided, but these continued not to be accessible to all of the people.

There was a complaints procedure. People said they had no reason to raise complaints about the service.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Systems for monitoring quality and safety continued not to be always effective.

Some records continued not to be accurately completed.

People and staff spoke favourably about the inclusive nature of the provider and registered manager, and the homely service provided.

**Requires Improvement** ●

# Beachlands Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 5 and 12 November 2018. The first day of the inspection was unannounced. The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the service, including previous inspection reports. This included the provider's action plans, any safeguarding alerts and any notifications they had sent us. Notifications are information about significant events that the provider is legally obliged to send to the Care Quality Commission. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

We met with 15 people who lived at the service and observed their care, including at lunchtime, and support with medicines. We spoke with one person's relative and four external professionals. We inspected the service, including the laundry, bathrooms and some people's bedrooms. We spoke with three of the permanent care workers (one of whom was also the activities worker), a chef, a domestic worker, the registered manager and the provider.

We 'pathway tracked' seven of the people living at the service. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the service and made observations of the support they were given. It is an important part of our inspection, as it allowed us to

capture information about a sample of people receiving care.

During the inspection we reviewed records. These included the service's training and supervision records, medicines records, risk assessments, accident and incident records, quality audits and policies and procedures.

# Is the service safe?

## Our findings

At the last inspection we found people were not always safe. We judged this key question to be Inadequate and followed our enforcement procedure in relation to breaches in Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some people's risks were not appropriately assessed. Where people had risks identified, relevant steps were not always being taken to reduce their risk. Additionally, the provider had not assessed if there were enough numbers of staff deployed to meet the needs of people living in the service. By this inspection, the provider made improvements in service provision, they had met the breaches in regulations; a few areas continue to Require Improvement.

At the last inspection, we identified the service was not following guidelines in relation to reducing risk to people from pressure damage. The registered manager had addressed this by ensuring all people who had been assessed as at high risk of pressure damage had care plans to set out how their risk was to be reduced. Staff we spoke with were aware of these people's risks and outlined how they supported them to reduce their risk during the day but said they did not know about actions taken by staff at night. People's records indicated that at night, they were not supported to change their positions when in bed. People's risk of pressure damage does not reduce when they are in bed. There was no indication in people's records as to why this was, whether the person could move themselves independently when in bed, whether they had asked not to be disturbed at night or any other matters which affected them. We discussed this matter with the registered manager who said they would review the situation with the night staff. This is an area which requires improvement so the provider could fully ensure people's risk of pressure damage was reduced at night.

One person had been assessed as being at high risk of falling. They had a care plan about reducing their risk, however it did not take into account all of the risks for the person from their own room. The person told us, and staff confirmed, they liked to have the door to their balcony open at times and opened it independently themselves. However, there were a range of objects on the floor in front of the door to the balcony, including trailing wires, which could have presented a tripping risk to them. The person's care plan had not taken such individual risks for them into account.

The provider now performed monthly audits of accidents in order to identify risk factors. These audits required some improvement. This was because while the accidents outlined which person had sustained an accident and what action had been taken by staff, some of the records did not document the time of day, and none documented what had happened or if the accident had been witnessed or unwitnessed. This means that trends, such as if accidents were more common at certain times of the day, if most happened when people were alone and other such matters could not be assessed and used to reduce risk factors for people.

Where risk had been identified, the provider had addressed other areas. The service had been inspected by the East Sussex Fire and Rescue Service since the last inspection. Their inspection had identified a range of issues relating to fire safety. Both the provider and Fire and Rescue Service confirmed to us that these issues have now been addressed in full to ensure the safety of people and reduce risks to them in the event of a

fire.

At the last inspection, we identified issues relating to appropriately supporting people who used urinary catheters, to ensure their risk of infection was reduced. All people who had catheters now had care plans about supporting them. These included key areas such as the changing of catheter drainage leg bags. Staff we spoke with knew about how to appropriately support these people, to reduce their infection risk. There were clear and fully completed records about supporting people with their catheters.

Staff reported that none of the people living in the service needed physical aids to help them to stand up and move around. Staff supported people to stand up from chairs by verbally supporting them. They did this in a safe way, encouraging people to be independent and praising them throughout the time they were with them. Although aids, such as hoists, were not currently needed for people, the provider had ensured all hoists had been regularly serviced in case they were needed in the future. They also performed regular checks on water temperatures to reduce risk of scalds to people, made sure electrical appliances were safety checked and other key areas such as gas and Legionella checks took place.

At the last inspection, issues were identified in relation to staffing levels, including a high usage of agency staff. The provider had now managed to significantly reduce their reliance on agency staff and there were no agency care workers being used on either of the inspection days. People commented favourably on staffing levels. One person told us they were impressed because, "If I ring at night, they come at once." This was echoed by staff. One member of staff told us, "Staffing numbers seem right for the number of people and what their needs are, we are well backed up with kitchen and cleaning staff."

Staff told us about the recruitment drive since the last inspection. One member of staff told us the registered manager had been, "Building a team. She is good at getting the right people, she won't have just anyone." We looked at the files of three recently employed people. They were complex to audit because records were not maintained in an orderly way. This made it difficult to assess if all newly employed members of staff had all relevant checks made before they were employed. For example, one recently employed member of staff's records indicated they had received a letter offering them employment a month before they had applied for their job. All these staff files had been reviewed and re-ordered by the second day of the inspection to show all relevant checks, including proof of identity, working history and Disclosure and Barring Service (DBS) check had been made. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. This showed only suitable staff had been employed to work at Beachlands.

At the last inspection, people were supported in taking their medicines in a safe way. This continued at this inspection. All people's medicines were stored safely and full records maintained. Records complied with national guidance. People had individual directions about how they wanted to take their medicines. All people who were prescribed skin creams had clear directions about their use. Records of supporting people with their skin creams were accurately maintained. Where people were prescribed 'as required' PRN medicines. There were clear individually drawn up protocols about their use.

People told us they felt safe at Beachlands. One person told us warmly, "I do feel safe," another told us they had fallen at home and, "I'm safe here because I'm not in my place." All of the staff we spoke with understood their responsibilities for safeguarding people from risk of abuse, this included ancillary workers. Staff told us they also knew who to go to if they needed to take any matters further. The service had safeguarding and whistleblowing policies which correctly referenced contacts and the local authority's policy.

## Is the service effective?

### Our findings

At the last inspection, we found the service was not always effective. We judged this key question Requires Improvement and followed our enforcement procedure in relation to breaches of Regulations 9, 11 and 12, 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the requirements of the Mental Capacity Act 2005 had not always been followed. Also, some people had not received the support they needed where they had additional healthcare or nutritional needs. Staff were also not trained in all relevant areas, particularly in relation to supporting people with their healthcare needs. By this inspection, the provider made improvements in service provision and had met the breaches in the regulations. However, improvements were still required in relation to staff training, certain aspects of supporting people with eating and drinking and some aspects of their healthcare support.

At the last inspection, the provider had not ensured staff had the skills and knowledge to meet people's needs and reduce their risk. At this inspection, we asked staff about their training and support. We received favourable comments, this included one member of staff who told us, "I've done all the training." Staff told us they felt they could go to the registered manager with any queries or concerns. However, although we were given positive comments about staff training and support, some of the staff we spoke with were not aware of certain aspects of meeting people's care needs. When we discussed meeting the needs of people living with dementia with staff, they were not aware of the wide range of guidelines about supporting people who were living with dementia. This included the importance of supporting people's engagement, for example by actively using their personal life histories in day to day care. Some people spent most of their time on their own in their rooms. Staff were not aware of the range of guidelines on strategies which can be used to support older people, including people living with dementia, so they were not at risk of isolation and disengagement.

The provider had begun to develop their training programme, but a range of areas still needed to be addressed. The training records were complex to audit because some records of training had not yet been included on the main training record and this made it appear that some staff had not been trained in key areas, such as safe moving and handling and Control of Substances Hazardous to health (COSHH). The registered manager confirmed that staff had been trained in these areas but records had not yet been updated. The registered manager also told us about some training which was planned for, this included falls prevention. The registered manager confirmed staff had not been recently trained in some key areas, including First Aid and supporting people who were living with dementia. The registered manager also confirmed training in the principals of equal opportunities and human rights was not currently provided to staff. This meant the provider could not evidence all staff had received necessary training to support them in their role.

The provider had a record for supporting staff through supervision. This had not been completed in any part. We asked the registered manager about this. They said most staff supervision happened on an 'ad hoc' basis and also staff could come and see her at any time if they wanted support. We outlined to the registered manager that supervision can be used as a way of monitoring staff performance and understanding of key areas in care provision. It can be informal or informal, but it is an effective way of

supporting staff through identifying training needs, enabling verification of if training received has been embedded, and to enable staff to discuss concerns. The service was not ensuring it effectively supported staff through the use of such systems.

The lack of appropriate support for staff by training and supervision is an area that Requires Improvement

The registered manager had introduced an induction plan for both permanent staff and the agency workers they did use, since the last inspection. This also included monitoring and supervising their performance when they were on duty. We met with one newly employed member of staff. They told us their induction had been over three days and they had not been on shift as a care worker during this period. They told us the first thing they had learnt about was fire safety. They also said they had opportunity to go through all the policies and procedures and were able to begin learning about the people living at Beachlands.

People gave us mixed responses about the meals at Beachlands. One person's relative commented to us on the lack of choice, particularly for people who had concerns about their weight. However another person told us, "The food's very good here," another, "The food's wonderful" and another told us warmly, "We have very nice soup here." The chef had a full knowledge of people's meal preferences, including one person who was on a specific diet and another who liked to have their meals given to them in a particular way.

However, despite these positive findings, some areas required improvement. One person's monthly review documented they needed encouragement to drink enough fluids. They also had other records on their file relating to urine infections. Despite this, they had no care plan or any other record to ascertain if they were drinking enough fluids. When we visited them in their room, they had no fluids left to hand with them. Where people did have their fluid intake documented, records were not kept in a way which enabled assessment of if the people were drinking enough. One person's fluid intake records were not completed every day, and when they were, their records were they not accurate. For example, on one of the days of inspection, one person who remained in their room all the time had a record documented their last drink had been at 7am and their record had not been completed by 4:30pm. This person was frail and not able to inform us if they had been given drinks during the day. Where people were having their fluid intake documented they did not have their fluid intake totalled every 24 hours, so it was not possible to assess if the person had drunk enough or not over time.

Other issues about the meals experience for people required improvement. At lunchtime, staff gave people their meal in the dining room before going on to give meals to the people who chose to eat in their rooms. This meant for a period of about a quarter of an hour there were no staff available in the dining room to assist people, this included people who needed support with cutting up their meals or with remembering to eat their meal. Several of the people at Beachlands were living with memory loss and some people's records included references to their difficulties with recalling and weighing up information. One of these people told us before lunch that they did not know what they would be given to eat that day. Such people's needs had not been taken into account when supporting them with making meal choices. There are a wide range of guidelines available on appropriate ways of supporting people who are living with dementia with making meal choices. These include, among other areas, ensuring people have access to pictures of meal choices for the day or showing people choices of meals at table. The service had not used such information to make improvements to choice for people at mealtimes.

The provider did ensure people's experiences of eating and drinking were met in other areas. People could freely choose if they ate in their rooms or the dining room. People were offered a choice of drinks with their meals and drinks were available to people throughout the day, when they wanted them, not just when the drinks trolleys were taken round. Meals were plated up individually for people, according to what each

person wanted. One person sent their meal back to the chef because it was not quite how they wanted it. The chef was happy to re-present their meal for them. We met with one person who looked as if they were clearly enjoying their meal, they smiled and described it as, "Lovely." If people did not want the choices available, alternatives were offered. For example, one person was given three scoops of ice cream as they did not want the desert.

One person's relative told us they felt the service could be more prompt in calling in medical support for people. Some areas relating to supporting people with certain medical conditions required improvement. The service had introduced a computerised care planning system. This provided base-line care plans, which could then be further developed. One of the people was living with diabetes. Their care plan only documented generic information about low and raised blood sugar levels. Staff did not know about what they should do for the person if their diabetes was not stable. The registered manager told us about information they had been given about how they were to support the person. This was not documented, to ensure all staff were aware of these directions. The person's care plan also did not outline the symptoms the person felt or showed if they experienced low or high blood sugar levels or actions to be taken by staff if the person experienced such instability in their diabetes.

People were supported appropriately in other areas. One person became suddenly unwell during the inspection. Staff helped the person in a sensitive and appropriate way, making sure they were supported in the way they wanted and needed. We met with a district nurse during the inspection. They told us members of their team visited the service regularly and most issues were dealt with in the way they anticipated. The registered manager told us about their good working relationship with local GPs and other healthcare professionals, including the pharmacist.

At the last inspection, the provider was not meeting the requirements of the Mental Capacity Act. 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. Under the MCA, people can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was now working within the principles of the MCA.

Several of the people had difficulties with consenting to care. Where they did, an assessment of their mental capacity had taken place and where applicable, there was full information available on who was acting as a power of attorney on their behalf. Applications for DoLS had been made where relevant and the service was awaiting outcomes from the local authority. Several people told us there were no restrictions on their movements and how they lived their lives. One person told us about having, "No difficulty," with going in and out of the service as they wanted. One person had chosen to have a bed rail by their bed because they were concerned they might roll out of bed. Their records showed they had made the decision about the bed rail themselves and it was what they had chosen.

The premises was built some time ago. The provider was aware of this and they had planning permission granted for a major refurbishment. They told us they were currently going through the local authority's building procedure, before work was started on site. The refurbishment would include rebuilding parts of the building and the provision of improved facilities for people who were living with a disability, such as wet rooms. It would also include developments to the laundry and provision of a sluice room. Most of the rooms were on the ground floor and there was a lift for the people who lived on the first floor. The provider had

recently re-carpeted one section of the building and told us they would shortly be replacing the worn carpets in other parts of the building.

## Is the service caring?

### Our findings

At the last inspection, we found the service was not always caring. We judged this key question to require improvement. This was because some systems did not fully support people's privacy and dignity. Also, some people's individual wishes were not always followed by staff. By this inspection, the provider had made improvements in its service provision and this key question is now rated good.

Everyone we spoke to told us how kindly and caring staff were to them. One person told us, "Staff are lovely here," another, "All the staff are very nice," and another, "I just ask and they help me. Staff showed a kindly and caring approach to people. One member of staff supported a person with coming into the lounge. They said, "Is there anything else I can get for you?" in an approachable way, before they left them. Another member of staff took time to make sure the person they were with was comfortable before they left them, not rushing them in any way.

Staff were supportive of people in the way they wanted. One member of staff was leaving a person's room, they said they'd come back later. The person then asked the member of staff to stay so they could share with them about a phone call they had had that morning. The member of staff did so and didn't leave until they were sure it was appropriate for them to do so. They also undertook to discuss the phone call further at later time, if that was what the person wanted. One person who was living with dementia was unsure of themselves. A member of staff went and got them a magazine to look through. They showed them pictures which might interest them and we saw, due to this supportive attitude from the member of staff, the person remained contentedly looking through the magazine for a period of time.

Staff clearly knew people as individuals, stopping to have a chat with them as they passed. We saw one person laughing happily with a member of staff about a comment they had made. Staff were respectful to people, always using their preferred name. Two of the people we met with preferred to go by a name other than their first name. Staff respected this, consistently talking to them and referring to them by their preferred name.

Staff supported people's privacy and dignity. They always knocked and awaited a reply before entering people's bedrooms. When they left, they quietly closed people's doors in a gentle and respectful way.

People's independence was supported. One person told us they had a preferred place they liked to sit in the lounge and would choose between the lounge, their own room, and outdoors in good weather. They said they were fully independent at night and so could go to bed when they chose. One member of staff told us, "There's a big emphasis on supporting people to do things independently. So, we encourage people to walk rather than use a wheelchair, even though it may take longer. The same with eating and personal care, we encourage what people can manage to do themselves." We saw this was the case throughout the inspection, with staff verbally supporting people when they wanted to get up or sit down, not giving any impression of rush or hurry to people, even at busy times of the day. The registered manager had a very supportive approach to people, sitting and talking easily with them, offering them choice about what they wanted to do next and also offering them the support they needed at that time.

People were supported in personalising their rooms if they wanted to. One person told us how pleased they were they had the ornaments and soft toys they wanted placed around their room. Another person chose to live with a range of clutter, which clearly helped them feel at home. They told us they appreciate being able to live like that, as it was what they wanted.

People's relatives came in and out of the home as they wanted throughout the inspection. Some people sat with their relatives in the lounge, others preferred to go to their rooms. Staff were welcoming and approachable to people's relatives and they were on first name terms with a lot of the people who visited. The registered manager told us some people's relatives lived at a distance away from the home. Where that was the case, they tended to keep in touch via emails.

## Is the service responsive?

### Our findings

At the last inspection, we found the service was not always responsive. We judged this key question Requires Improvement and followed our enforcement procedure in relation to a breach of Regulation 9. This was because some people's care plans did not clearly set out how they needed to be cared for. Some staff did not follow people's care plans. Recreational activities had been developed, but these were not accessible to all of the people. The provider had put work into making improvements in this area, including completion of the introduction of a computerised care planning system. However, a range of areas had not yet been addressed, so the provider remained in breach of the regulation.

This electronic care planning system generated outline care plans for people, which could then be added to. The advantage of the system meant staff were prompted to consider relevant areas, however, the interventions generated by the system were generic and not person-centred. For example, we reviewed care plans for two people who were living with dementia. Although both these people presented with differing needs in relation to their dementia care, both their care plans documented the same interventions. They stated they needed 'assistance such as reminiscence therapy, memory albums and similar may help (the person) maintain a sense of selfhood.' Neither of the people had 'memory albums' visible in their rooms and when we asked staff about people's past lives, they did not know about matters such as where they had lived in the past or what their occupation was, so they could appropriately support people with 'reminiscence therapy.' Staff also did not know about any other interventions they used to support these people's individual dementia care needs. A different person had a computer generated care plan about a medical condition they lived with which documented 'I must be careful about what I drink' but, did not document any further about why this was or in what way they should be careful. Such generic information does not support individualised care planning.

One care worker told us they had not looked at the electronic care plans. We asked this member of staff and others how they used people's care plans. They told us for day to day care, they used people's daily records and information sheets included in the daily records file about people's needs. They also said they used the information they were given verbally at handover about how to meet people's needs. This means because the electronic care plans were not consistently being used to plan and review care, they were not yet an effective means of assessing and responding to people's care needs.

While some people spent much of the day in the lounge and so could access any activities provided there, many people chose to remain in their rooms. Some of these people told us they preferred to remain in spaces which were familiar to them so did not like going down to the lounge. Some of the people who remained in their rooms for most of the time were also living with dementia, so needed additional support with engagement. When we visited the people who remained in their rooms most of the time, they told us how much they enjoyed being visited. One of them told us, "Staff don't pop in enough."

Where people remained in their rooms most of the time, their care plans did not ensure staff had the information they needed to appropriately support them. One person's records documented the person, 'Loves company' however their care plan did not outline any interventions staff were to undertake to

support the person. None of the staff could tell us about any intervention they used to support the person, to prevent loneliness and isolation or provide them with company, as documented in their care plan. People had detailed life histories completed, but this information had not been used to develop care plans and the staff did not know about this information. Information was not specific to the person. For example, one person's records documented that they liked 'classical music', with no information on the type(s) of music they liked, or their preferred composers. They did not have any music playing in their room when we visited them and staff did not know about the person's documented liking for music. We looked at people's daily records, they included information about matters such as personal care but no information about how they had been supported with engagement or activities. This meant where people chose to remain in their rooms, the provider had not ensured staff responded to people in the way they wanted and needed to reduce risks of loneliness and disengagement.

People's care continued not to be planned to ensure their individual needs were met, and there continued not to be enough meaningful activities for people to participate in to meet their social and welfare needs. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had met people's needs in other areas. From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. All people who needed them, had care plans about accessible information. One of the people we met with had both hearing and visual difficulties. They had a care plan about this. All of the staff we spoke with were very aware of this person's disabilities and how it affected their daily life, including making sure the person was appropriately informed about matters which could affect them.

Staff showed a responsive attitude towards people and were keen to support them, so they could continue to live their lives as they wanted to. One person told us how staff made sure they could walk about their own room, using aids so they could remain independent using the toilet. Another person spent much of their time engaged with a particular activity in part of the lounge. Staff told us the person had only started doing this activity since they had moved into the home. They also told us how engagement with this activity had improved the person's well-being and engagement with others. Staff knew people's individual needs and about how they wanted to be supported with their personal care and the assistance they needed, this included telling us about how they supported certain people with their continence needs.

One care worker led on the activities, which took place in the afternoons in the lounge. Since we last inspected, the service had further developed their activities programme. They told us they had done this in conjunction with the people who attended for activities. They were enthusiastic in their role and supported people with engagement. At one point we could hear gales of laughter from the member of staff and people in the lounge, due to one of the activities they were leading. The registered manager was also supportive of activities, joining and supporting people with engagement.

People gave us mixed responses about if the provider responded to them when they raised issues. One person's relative told us the registered manager did not always respond to them when they contacted them about matters which they thought ought to be considered for their relative. Other people told us they were confident if they had any concerns or complaints, they could go to the registered manager. One person told us, "I'd talk to [the registered manager's first name], she'd do something." There was a complaints procedure. People knew how to raise a concern or make a complaint but also said they had no reason to. The provider had a complaints procedure which was displayed in the main entrance area. The registered

manager showed us their complaints records. This showed no formal complaints had been received for several years. We asked the registered manager how they reviewed smaller concerns which people might raise. They told us they were dealt with at the time and they did not keep a record of such matters. We discussed with them that their management of such concerns or issues should be recorded, so they could verify all matters brought up by people had been responded to and also so they could identify any themes where they needed consider action.

The service has not recently cared for people at the end of their lives. The registered manager told us if this should happen in the future, a key area would be working closely with the district nurses, the person's GP and other supports from the community, including local churches, if that was what the person wanted.

## Is the service well-led?

### Our findings

At the last inspection, we found the service was not well-led. We judged this key question to be Inadequate and followed our enforcement procedure in relation to Regulation 17. This was because people continued to be put at risk as systems for monitoring quality and safety were not effective. Also, some records were not accurately completed. The provider had put much effort into making improvements in this area, including by employing an external company to support them in service development, so by this inspection this is now rated as Requires Improvement. However, not all areas had been addressed in full and the service remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider's system for audit continued not to identify a range of areas for action. We asked the registered manager how their care planning systems and care records were audited. They told us they did not have a system for doing this. The lack of audit meant some areas had not been identified and relevant action had not been taken. For example, one person's risk assessment for pressure damage had not considered two factors which, if they had been correctly included, would have meant their risk would have been assessed as high. It had also not been identified that the information sheets outlining people's daily needs, included in with people's daily records, had not been dated. This meant the provider could not assess if timely review of people's needs was taking place. It also meant it had not been identified that one person had two undated information sheets in with their daily records; these outlined different matters about their daily care needs. We met with a district nurse who told us they were there to meet a specific treatment need for a person. The person's records did not include any documentation about the person's specific treatment need, to make sure all relevant staff were aware of the need and any actions they needed to take.

The lack of audit meant the provider had not identified other areas relating to records. Where people had records such as fluid intake charts, food intake charts and repositioning records, they were not stored in an orderly fashion so people's support needs could be assessed over time. When we looked through people's records, they were not consistently being completed every day. This included one person who had no records completed for the weekend days before the inspection. Records were not being completed at the time care was given. One person had all their records for changes of position after 8am onwards, completed at 4:30pm. By 4:30pm, one person who was having their fluid intake recorded had no records of what they had drunk documented after 7am. One person who was having their food intake recorded did not have the actual amount eaten documented, for example their record just stated, 'bread and butter' with no information on the number of slices and 'yogurt' with no information on the actual amount given to them.

The auditing system had not identified other areas. Several people used commodes at night. There was no policy on how commode buckets were to be appropriately cleaned after use. The registered manager told us how they cleaned commode buckets but a member of staff told us a different way of doing it.

The provider told us they did not currently have a maintenance worker in post. The provider had a maintenance book for staff to record matters which needed attention, however, the last record had been made in June 2018. We saw a range of small matters which needed attention, including a toilet door which

was stuck on the flooring, so was hard to close properly to ensure privacy for people and a bathroom door on a corridor near the lounge area where the inner door lock was missing. Some areas could have presented a tripping risk, this included a carpet join where the carpet was coming away from the flooring and some taping coming away between a carpet and hard flooring. The provider had not ensured such areas of risk were addressed.

This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was auditing other areas. Their most recent audit had identified shadow inductions were not being documented appropriately, that staff files did not always include a recent photograph of the member of staff, developments to the separation of dirty and potentially infected laundry and improved storage systems for potentially contaminated waste. In all these areas, action had either been taken or was in progress, with a date for completion. Response times when people used call bells were being regularly monitored. These showed no issues of concern. The provider had identified that some of the building, including carpets needed improving while they were awaiting approval from the Local Authority to start their planned major building works. They were painting areas and replacing carpets as part of their on-going maintenance of the building and told us about their plans for further improvements.

The service had a registered manager in post, she was supported by senior care workers, care workers and ancillary staff. The provider owned another service as a separate legal entity. This service was rated as Requires Improvement.

People commented favourable on the management of the service. One person told us the service was, "Homely" and another said they felt, "Included" by management. We saw the registered manager discussing with people about what they thought or wanted. She had an open, approachable manner with people and they clearly felt comfortable talking with her. The registered manager told us they felt being open with people was an important area. They told us they had held individual meetings with people after the last inspection, to inform them about the service's rating and to ask them for any comments they would like to make about how the service operated. They told us this had been appreciated by people.

Staff were also positive about the management of the service. One member of staff told us, "We do have staff meetings sometimes, [the registered manager's first name] always refers everything to [the provider's first name] because of costs. He is here two or three times a week and every Saturday evening." Another member of staff told us the registered manager was, "Exceptionally caring to residents and staff. She was fully open about the home's rating. She has been supportive." Another member of staff described the registered manager as, "Amazing" and that she, "Is a good role model for staff."

Staff also commented on the ethos of the service. One member of staff told us, "We work well as a team here," and another told us, "It's very well run here," this was because of "The teamwork." We saw staff engaging with each other throughout the day, for example to check up on how a person who had not been feeling unwell was feeling now and when a person was to go out with a family member for an external appointment. All of the staff we met with were open to new ideas and keen to develop and improve the care they gave to people.

The service is situated on the sea front, but is also not too far from corner shops and other facilities. Staff told us they were keen to feel part of the community. The provider told us, "We've had great support from the community." Staff told us the local GPs, district nurses and pharmacists were supportive of them. They also told us they had received support from the local falls team and were looking forward to further contacts

in the near future so they could improve the service provided to people.

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 9 HSCA RA Regulations 2014 Person-centred care  The provider had not ensured that the care of people was appropriate because they had not designed their care to ensure all of their needs were met
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people. The provider had not maintained an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided to the person and of decisions taken in relation to the care provided.