Beachlands Care Limited

Beachlands Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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 8 and 15 December 2016 and was unannounced. A third day of inspection took place on the 20 January 2017 and was announced. Beachlands Residential Care Home provides care and support for up to 29 people with care and support needs related to age, who may also have a diagnosis of dementia. There were 21 people living in the home at the time of our inspection.

The home 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.

Care plans did not all reflect people's assessed level of care needs as they changed. The lack of meaningful activities for people, specifically those who lived with dementia, at this time impacted on people's well-being.

The registered manager demonstrated empathy for the people who used the service and worked hard to deliver good care. However, the quality assurance systems did not show how they reflected on their practice and drove continuous improvement.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, registered manager and staff did not all have a good understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Where people's health needs had changed, such as not eating and drinking, care plans did not always reflect the changes and demonstrate the actions staff had taken to ensure their health. Information was not always readily available on people's life history and there was no evidence that people were involved in their care plan.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. During the inspection process, immediate improvements had been made to the medicine documentation by securing the assistance from the dispensing pharmacist.

Risks associated with the environment and equipment had been identified on the first day of the inspection and these were immediately managed to mitigate the risk of harm to people.

Accidents and incidents were recorded appropriately and steps taken by the home to minimise the risk of similar events happening in the future. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place. Staff retention was good and most staff we spoke with had worked at Beachlands for many years.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as diabetes and dementia. Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. One person said, "I like the food, its nice food." There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People we spoke with were complimentary about the caring nature of some of the staff. People told us care staff were kind and compassionate.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this 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?

Good

Beachlands Residential Care Home was safe.

Environmental risk assessments to ensure that the premises and equipment had been progressed to ensure peoples safety.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

Comprehensive staff recruitment procedures were followed.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Medicines were stored and administered safely.

Is the service effective?

Requires Improvement

Beachlands Residential Care Home was not consistently effective.

Staff had some understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However, the use of mental capacity assessments for people who had limited capacity were not always followed or reflective of individual needs.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision

Is the service caring?

Good

Beachlands Residential Care Home was caring.

Staff communicated clearly with people in a caring and supportive manner.

people's individual preferences and differences were respected.

Staff knew people well and had good relationships with them.

Is the service responsive?

Requires Improvement

Beachlands Residential Care Home was not consistently responsive as care plans were not reflective of peoples individual health and social needs.

People told us that they were able to make everyday choices, but we did not see this happening during our visit. There were not enough meaningful activities for people to participate in as groups or individually to meet their social and welfare needs.

A complaints policy was in place and complaints were handled appropriately. People felt their complaint or concern would be investigated and resolved.

Is the service well-led?

Requires Improvement

Beachlands Residential Care Home was not consistently well-led, People were put at risk because systems for monitoring quality were not always effective.

Statutory notifications were not always submitted as required.

Incidents and accidents were documented and analysed. There were systems in place to ensure the risk of reoccurrence was minimised.

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure.

The registered manager had not send us notifications of incidents that had occurred as required by law,

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 inspection took place on 8 and 15 December 2016 and was unannounced. A third day of inspection took place on the 20 January 2017 and was announced. The inspection team consisted of two inspectors, an inspection manager and an 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 the inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 15 people who use the service, four relatives, nine members of staff, the registered manager and the nominated individual who is also the owner and a director of the provider's limited company. We observed staff providing care and support to people and spoke to two health professionals that visit the service.

We reviewed seven people's care plans and associated risk assessments, the recruitment and training records for three members of staff, quality monitoring audits and other records relating to the management of the home.

Good

Is the service safe?

Our findings

Everyone we spoke with said they felt safe and secure living in the home. People told us, "It's my home and they make sure I'm safe," and "Very clean, and safe." One relative told us, "I am very happy with the home, the staff are very vigilant, very attentive."

Environmental risk assessments to ensure that the premises and equipment was safe. On the first day of the inspection, hot water used for bathing was found to be above the recommended temperature of 43 degrees Celsius. Following the inspection in December 2016, the provider had introduced a procedure that ensured staff checked temperatures before people bathed or received showers. This meant that the risk of scalding had been mitigated.

On the first day of the inspection concerns had been identified regarding the risk of handwritten dosages of a specific medicine not being correct as they had not been countersigned by a second staff member. Advice had been sought immediately from the dispensing pharmacist in respect of recording systems. The pharmacist had produced new recording sheets and these were now in place and the risk had been mitigated. Medicine practices whilst now safe require time to embed practice and ensure people's continued safety.

There were systems in place to manage medicines safely. Medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. MAR charts included people's photographs, and any allergies they had. The MAR charts were up to date, completed fully and signed by staff. We observed staff when they gave out medicines. We saw medicines were given to people individually, the trolley was closed and locked each time medicines were removed, and staff signed the MAR only when people had taken the medicine. Medicines were kept in locked trolleys, which were secured in a locked cupboard. As required medicines (PRN) such as pain relief were supported by a clear protocol as when to give it and the reasons why it might be required.

Individual risk assessments, which covered areas such as mobility, continence care, falls, nutrition, pressure damage and an overall dependency profile of each person were in place. They looked at the identified risk, made a judgment of the level of risk such as low, moderate or high and included a plan of action. However they did not include sufficient guidance for care staff to provide safe care. The staff however were very knowledgeable of the people they supported and were able to tell us how they provided safe care. One person had had two falls a month from January 2016 until September 2016. The person was able to make their own decisions and had declined bedrails as they wanted to be able to get up when they wanted to. They also wanted to independently get up to use the bathroom. The registered manager had identified trends and timings and following a discussion with the person and their family had moved to a larger room. Staff had put a sensor mat by the side of the bed/chair to alert them the person may need assistance. The registered manager provided evidence that they had also contacted the GP and the community falls team. This was supported by the documentation in the person daily notes and in the GP records. As a result of these interventions the falls had halved from September 2016 to present day. The staff told us that "We check on the person every half hour."

Moving and handling techniques were safe and appropriate. Staff had received training in May 2016 and the manager was observing staff to ensure poor practices were not being used. We observed staff supporting and assisting people as they required in a safe and confident manner. One person told us, "I get around on my own but staff are there if I need a bit of help." Another said, "They help me get up sometimes as I get stiff, they do it well."

Incidents and accidents were reported and recorded, we saw evidence that they had analysed to assess if there was any action that could be taken to prevent the incident from happening again. For example, there had been a high number of falls in the home. Falls were well recorded, and action had been taken to investigate a possible cause of the falls. The care documentation however did not fully reflect the actions taken by staff but had been recorded in the monthly review. There was evidence to show that learning had taken place as a result of these incidents but this needs to be documented clearly in their care plan. The registered manager had assessed the risks to people's health and safety, and had taken action to ensure people's safety and reduce the risk of the incident happening again.

Each person had a personal emergency evacuation plan (PEEP) in place. A PEEP is a bespoke 'escape plan' for individuals who may not be able to reach a place of safety unaided or within a satisfactory period of time in the event of any emergency, such as a fire or flood.

There were sufficient suitably qualified and experienced staff to provide safe care. There were 21 people living in the home. We were told that the staffing levels were set at three care staff in the morning and two in the afternoon until a third member of staff arrived at 5pm. There were also separate ancillary workers such as domestic and laundry team, kitchen staff and the registered manager was additional. At night there were two care staff. The rota showed that this was consistent from December 2016.

People told us during the January visit that the staffing levels were sufficient to meet their needs. One person told us, "Oh yes the staff are around and always answer when I ring for them." Another said, "The staff are busy sometimes but they never leave me waiting." Staff and visitors told us there were sufficient staffing level to meet with the needs of people. One visitor said, "I have no concerns about the staffing levels, I would be the first to raise an issue I assure you." A staff member said, "We can be very busy, if someone is poorly but we manage really well." At the time of our inspection, the majority of people living in Beachlands Residential Care Home were classified as having low to moderate care needs. Only two people needed two staff for personal care and moving and handling. Other people needed support and encouragement. Staff were kept busy but the pace was calm and no one was hurried. People were supported to walk at their own pace with staff supervision. Staff were observed sitting and chatting to people either in their bedrooms or in the communal areas. The registered manager also spent time individually with people during the day. The staffing levels at this time were sufficient to meet people's needs. The observation over the three days of inspection told us that the presence of staff in communal areas could be varied. Different factors contributed to this, however on the last day of the inspection, staff were seen in communal areas for much of the day. Staff also took their breaks in the conservatory and were seen to respond to people during this time. However it was discussed that there was no call bell facility in the communal areas should staff be required. This was addressed during the inspection with the introduction of a hand bell.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work, the provider obtained references and carried out a Disclosure & Barring Service check. We checked three staff records and saw that these were in place. Each file had a completed application form listing their work history as well as their skills and qualifications.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep

them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

Environmental risks had been properly managed, such as legionella, gas and electrical safety certificates and fire alarm systems and equipment. Regular maintenance had been completed on other equipment such as bath hoists. Portable appliance testing (PAT) was also up to date.

Requires Improvement

Is the service effective?

Our findings

People who spoke positively about the home. Comments included, "It's a good place to live, good food and a comfy bed," and "Nice here –they make sure I see the doctor, and I see an optician too." However, we found Beachlands Residential Care Home did not always provide care that was effective."

Although staff had received training in Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs), the registered manager had not. Staff and the registered manager did not have had a good understanding of the MCA in practice. This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLs aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The registered manager was not clear about when a DoLs referral would be necessary and was not sure if some people living in the home required a DoLs referral to be made. The registered was aware that training was needed and had committed to this.

The registered manager and staff had had an introduction in to the principles of the Mental Capacity Act 2005. The registered manager told us they had had training in January 2017. The care plans however lacked any reference to people's capacity for day to day decisions. This was discussed in full during the inspection. The registered manager has booked further training which would be undertaken in July 2017.

There was a lack of clarity in respect of when the lasting power of attorney (LPA) should be introduced. Staff were not clear what decisions could be made on behalf of the person, and they had not asked to see the LPA to make sure they protected the person as much as possible. There was a risk that some decisions would be made by next of kin or family members who did not have an appropriate LPA in place. We also found that some Do Not Attempt Pulmonary Resuscitation forms were not correctly completed. For example one referred to advanced directives but no-one was sure who had possession of the advanced directive or what it stated. Another stated that it had not been discussed with person despite them having full capacity and that it had been agreed with family. Care and treatment of people was not always provided with the consent of the relevant person. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The meal time experience was seen to be enjoyed by people. 17 people ate in the dining room on the day of the January inspection. There was a nice atmosphere and people were interacting with each other and staff. There was chatter and laughter heard. Staff serving lunch were friendly and kind and the food was fresh and hot. The menu for the week was on each table and evidenced that if the main meal was not wanted they could choice from alternatives, such as salads, omelettes and jacket potatoes. Vegetarian options were always available. The chef told us that the same main meal was offered, for example sausages and mash, but it would be a meat free sausage. There were no other special requirements needed by people at this time, such as sugar free, gluten free or purred and soft. However he said that the kitchen staff would be able to meet these requirements if necessary. The meal was attractively served, and people enjoyed their meal.

There was little returned.

There was no one at this time that needed assistance from staff in eating, one person required their meal cut up which staff did. Staff were attentive to people during the meal and monitored their appetite to feedback to the chef.

People who were served their meals in their room were well supported. One person had been seen by the doctor was unwell and staff had attempted to tempt them with different options but the was not well enough. Staff went back at intervals to check the person. Following the inspection we heard that this person had improved and was now eating and drinking well.

People were well supported with their hydration needs. Older people are at particular risk of dehydration especially those in care homes. People often need support to ensure they get enough to drink. We observed people being offered drinks regularly through the day, and people had a jug of water and a glass in easy reach.

Staff received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were competent to work unsupervised. They received additional training specific to peoples' needs, for example dementia care and end of life care. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, "All the staff get training. I have completed an NVQ 2. We all complete mandatory training, really good training lots of it." We saw that staff applied their training whilst delivering care and support. Staff also showed that they understood how to assist people who were living with dementia and demonstrating some behaviours that were challenging. One staff member said, "It's part of our job to make life good for residents, we prompt people to remind them of things." Another staff member said, "Some people help to fold laundry, clear tables and clean their rooms

Staff received supervision regularly. Feedback from staff confirmed that formal systems of staff development, including an annual appraisal was in place. The manager said, "It's important to develop all staff as it keeps them up to date and motivated." Staff told us that they felt supported and enjoyed the training they received. Comments included, "really interesting and the manager is with us on the floor to make sure we do things correctly."

People received effective on-going healthcare support from external health professionals. People commented they saw the GP, chiropodist and optician when they needed to. Relatives felt staff were effective in responding to people's changing needs. One relative said "I can't fault them, on top of everything." There was a concern in December 2016 found that hearing aids were not always checked that they were working correctly. This had been acknowledged by the registered manager and all staff have been reminded that they need to ask and check hearing aids daily. A visiting heath professional told us, "Staff know their residents, the home is always clean and tidy. Good manager."

There was a refurbishment programme in place, it is recognised that some areas in the home had décor and carpets that was tired and worn. Plans for the planned refurbishment were shared with the inspectors along with the plans for the new extension. One person talked of their newly furnished and decorated room which they were very happy with. People had been supported to personalise their rooms and we saw many personal objects and photographs.

Good

Is the service caring?

Our findings

People gave us positive feedback about how caring the service was. One person said, "They are all nice. We have a laugh together" and another, "The staff do listen and are very caring". Another person said that since they had arrived they had "Not regretted it for one moment" and "This is the place for me. I wouldn't want to be anywhere else."

People felt they were treated with kindness and compassion. People told us that staff ensured that they were always warm enough, that their clothes were clean and in good repair. One person said, "I like to look smart, and they help to ensure I am."

We saw that people's individual preferences and differences were respected. We were able to look at all areas of the home, including peoples own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. People were supported to live their life in the way they wanted. One person told us, "I am happy in my room, I have all my things around me, my photos and bits and pieces." Another told us, "I can do what I want to really."

We saw staff strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, "Most of the staff have a great sense of humour, and I think they are lovely."

One person told us they felt listened to. Two people we spoke with wanted to be as independent as possible and felt that they had the opportunity for this. They reported that the manager would always listen to their point of view and explain if things could not be done. The registered manager told us, "We support people to do what they want, it might worry us but we support them to go out and about independently." We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, "A resident wants to do things for themselves for as long as possible and our job is to ensure that happens. When someone can't manage to dress themselves any more without support we encourage them to do as much as they can, even if it means taking a while." We saw staff encourage people to walk and with eating and drinking. We saw that people of an incredible age were immaculately dressed, mobile and supported to come down to the communal areas.

People told us staff respected their privacy and treated them with dignity and respect. One member of staff told us how they were mindful of people's privacy and dignity when supporting them with personal care. They described how they used a towel to assist with covering the person while providing personal care and when they had a bath. This showed staff understood how to respect people's privacy and dignity.

People received care in a kind and caring manner. Staff spent time with people who had decided to spend their time in their room. There was always a member of staff in the lounge and dining areas. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty. One member of staff was seen to be gentle with one person, putting on a clothes protector, whilst talking to them all the time very softly.

People's care plans contained personal information, which recorded details about them and their life. Staff told us they knew people well and had a good understanding of their preferences and personal histories. The registered manager told us, "People's likes and dislikes are recorded, we get to know people well because we spend time with them."

Care records were stored in a lockable room which acts as a staff office. Confidential Information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

The registered manager told us, "There are no restrictions on visitors." There is an 'open house' policy for visitors and we saw that it visitors around throughout the day.

Requires Improvement

Is the service responsive?

Our findings

People told us that the service responded to their needs and concerns. Comments included, "I only have to mention a problem and it's dealt with" and "We can talk to staff at any time, about anything." People told us they were happy with the standard of care provided and that it met their individual needs, and our observations identified that staff were responsive to people's individual needs. However there was a lack of meaningful activities for people to participate in. We were told by one person, "A lot more could be offered, it is rather boring in here (lounge).

People's care plans and risk assessments were brief and did not provide staff with all of the information they needed to meet people's care needs in a consistent way. Care was not always centred on the individual and there was little evidence of how they had been involved in developing their care plan.

Daily care records were kept by staff, but needed to be developed to become more meaningful and inform the care plan. On several occasions, where the daily records showed a person had a change in their health needs or social needs, there was no evidence of what action had been taken. For example, one person had been feeling unwell for several days and was not eating as well as they usually and spent most of their time asleep. When we asked staff about what action had been taken about the person who had felt unwell, they could tell us from memory but had not documented it within the care plan or developed a short term care plan to identify this change to their health.

Activity staff were caring and communicated well with people. However, activities offered to people were limited and did not reflect people's hobbies or interests. Some people we spoke with told us they were bored. People told us they were not supported to do simple daily activities such as walk along the seafront, or go to the local shops.

an activity programme was on the notice board in the main entrance of the home. Staff told us, "We have a basic activity plan and people are encouraged but it's up to them if they want to join in. The activity programme showed activities such as scrabble, exercise classes and people could choose what they did every day. We also saw that visiting entertainers were arranged occasionally. During our inspection, only two people were engaged in an activity. The other people were happy to listen and talk to care staff. One person told us, "I spend time doing what I enjoy, we have activities if we want." When discussing activities a care worker we asked if there were any improvements the provider could make they replied, "In the summer, someone to come in who could actually take them out".

People we spoke to with said they would like to go out more, but seemed to think this was not possible. Two people said this for their "own safety" and another person said it was because there were not enough staff available. People said there used to be trips but these were now just 'occasional.' One person said they, "Would love to go into the garden but that there was nowhere to walk, just the patio" and they, "Would enjoy a change of atmosphere." Whist another person would like to grow some flowers. There were some very able people at Beachlands Residential Care home who would benefit from person centred activities.

The above were breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not made sure the care people experienced met their needs and reflected their personal preferences.

We asked people if they had ever needed to make a complaint. One person told us, "No, I've nothing to complain about". The provider had a complaints procedure in place, which staff were aware of and knew how to use. The registered manager told us that no formal complaints had been raised with the provider. The staff and registered manager had received many compliments, and we saw a large selection of thank you cards commending the kind and caring staff.

Requires Improvement

Is the service well-led?

Our findings

People gave us positive feedback about the registered manager and nominated individual such as, "Oh, they work so hard" and "They know us well and the registered manager is very with it." A member of staff said, I think the registered manager does a very good job".

The registered manager demonstrated empathy for the people who used the service and worked hard to deliver good care. However, the quality assurance systems did not show how they reflected on their practice and drove continuous improvement. Through regular audits, providers can compare what is actually done against best practice guidelines and policies and procedures. This enables them to put in place actions to improve the performance of individuals and systems. The systems currently used consisted of tick boxes but did not show plans for improvement.
Environmental risk assessments to ensure that the premises and equipment had not always considered all possible risk was appropriately mitigated for each person. Hot water used for bathing was found to be above the recommended temperature of 43 degrees Celsius. Following the inspection in December 2016, the provider had introduced a procedure that ensured staff checked temperatures before people bathed or received showers. This meant that the risk of scalding had been mitigated.

The use of portable heaters whilst discussed with the family and the person concerned had not been appropriately documented and risk assessed by staff. For example, one was found placed very close to a person and was a possible trip and scald hazard. We were told by the registered manager that a family member had brought it in as an extra source of heat as their relative loved to by the large balcony doors to see the view. The provider addressed this immediately and the risk was removed.

The care documentation did not describe the care delivered. The registered manager, nominated individual and the staff team were very knowledgeable of the people they supported and had ensured that they received the care they required. However the lack of care plans and associated risk assessments meant that there was a possibility that important changes to health and welfare needs may be missed and impact on safe care delivery. The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of people and had not maintained accurate and complete records.

Registration requirements were not always met. The registered manager had not sent us notifications of incidents that had occurred as required by law including one occasion when a safeguarding concern had been raised with the local authority. This meant that we did not have the opportunity to assess if the events affecting people who used the service needed CQC to take further action if required. This was an area that requires improvement.

Everyone knew the registered manager and referred to her when describing their experiences of life at Beachlands Residential Care Home. One person said "The manager always pops in to see me, very knowledgeable and honest, is always here."

The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure.

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of activities and menus. People told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, "There are opportunities to make suggestions. But I'm quite happy so I leave things alone."

Staff meetings were held regularly to provide a forum for open communication. Staff told us they were encouraged and supported to bring up new ideas and suggestions. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue about the kitchen. They said; "I felt listened to, although the process could not be changed at the moment, I now I have a better understanding behind the reason we need to do certain things in the way we do."

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 service users was appropriate, met their needs or reflect their preferences. The provider did not carry out collaboratively an assessment of needs and preferences for the care and treatment of service users.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where people did not have the capacity to consent, the registered person had not acted in accordance with legal requirements.

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 service users. The provider had not maintained an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;