

Mr & Mrs Allison

Beachville West End

Inspection report

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

Tel: 01670817345

Date of inspection visit:
12 April 2017

Date of publication:
18 May 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 12 April 2017 and was unannounced. A previous inspection undertaken in January 2016 found two breaches of legal requirements. These related to Safe care and treatment and Good governance. The provider subsequently sent us a plan detailing what action they would take to meet the breach in regulations.

At this inspection we found the matters related to these previous breaches of regulations had been addressed and the requirements of the regulations met.

Beachville West End is a residential care home based in Newbiggin-by-the-sea, Northumberland which accommodates up to 13 older people, some of whom are living with dementia or a cognitive impairment. There were 13 people living at the home at the time of our inspection.

The home had a registered manager in place and our records showed she had been formally registered with the Care Quality Commission (CQC) since October 2010. A registered manager is a person who has registered with the CQC 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.

Checks were undertaken on the safety and security of the home. We saw there were appropriate testing of small electrical items, lifting equipment, assessments for legionella risk and an assessment of any asbestos risk at the home. Regular fire drills and checks on fire safety equipment had also taken place.

The home was clean and tidy. We noted the soaking of commode pots was taking place in a shower area, but the registered manager told us infection control staff had not raised an issue about this, when they had visited the home as part of the last local authority review. We have made a recommendation about this.

The home had a safeguarding policy in place. There had been no recent safeguarding incidents at the home. Accidents and incidents were recorded and reviewed. Staffing and staff recruitment continued to be managed in an effective manner. We found some minor issues with medicines and the deputy manager said these would be addressed immediately.

The home continued to work within the requirements of the Mental Capacity Act and where people did not have capacity to make their own decisions best interests processes had been undertaken. Staff continued to have access to a range of training and development opportunities and there was regular supervision and an annual appraisal.

People continued to be supported to access health and social care services to help maintain their health and wellbeing. There was good access to a range of food and drinks and people told us they were happy with the meal choices offered.

People told us they were happy with the care they received and we saw there were good relationships between staff and people who lived at the home. People and their relatives were involved in determining their care needs, as appropriate. An annual questionnaire sent to relatives of people living at the home was overwhelmingly positive. People were supported to maintain their independence.

Care records contained good information about people as individuals. Care plans were in place that addressed people's needs, had good information for staff to follow and were reviewed on a regular basis. Some of the reviews of care plans lacked detail. People had access to a range of activities and were supported to follow their own interests. Staff understood about the risk of social isolation. There had been no formal complaints received by the provider in the last 12 months.

A range of audits and checks had been put in place since the previous inspection. When we first arrived at the home the current quality rating was not displayed, although this was rectified by the registered manager. The registered manager confirmed the home had not notified the CQC about people who had a DoLS authorisation in place, as they were legally obliged to do so. Arrangements were made to immediately address this.

Staff told us they felt well supported by the management of the home and said they enjoyed their jobs. With the exception of care plan reviews, records were up to date and daily records contained good detail.

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 ●

The service was safe.

Action had been taken to address a previous breach of regulations. Systems were in place to monitor safety at the home.

Staffing levels were maintained and recruitment was safely managed. We recommended the home seek further advice on one aspect of infection control, but found the home was clean. Medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

Staff had access to a range of training, regular supervision and annual appraisals. The provider was working within the requirements of the MCA.

People had access to health services to maintain their wellbeing. They were happy with the quality and range of food and drink available at the home.

Is the service caring?

Good ●

The service was caring.

People told us they were happy with the staff at the home and we saw good relationships between staff and people living there.

Relatives had responded with positive comments to a questionnaire from the provider. Staff respected people's privacy and supported their independence.

Is the service responsive?

Good ●

The service was responsive.

Care records contained good information about people as individuals and clear information for staff to follow when delivering care. Care plans were reviewed monthly, although

some lacked detail.

There were a range of activities and events taking place at the home. There had been no formal complaints within the last 12 months.

Is the service well-led?

Not all aspects of the home were well led.

The provider required prompting about the need to display the current quality rating. The home had failed to notify the CQC about people who had been subject to DoLS restrictions.

Staff said they felt well supported by management and were happy in their work. With the exception of care plan reviews, records were up to date and contained good detail.

Requires Improvement 

Beachville West End

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 12 April 2017 and was unannounced. This meant the provider was not aware we were intending to inspect the home.

The inspection team consisted of one inspector.

Before the inspection, the registered provider completed a provider information return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home, in particular notifications about incidents, accidents, safeguarding matters, DoLS and any deaths.

During our inspection we spoke with four people, the provider, the registered manager, the deputy manager, one care worker and the cook. We looked at two people's care records, seven medicine administration records, two staff records and a range of documents related to care delivery and the operation of the service, including health and safety records and training files.

Is the service safe?

Our findings

At the previous Inspection of the service in January 2016 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to a range of risk factors at the home that had not been assessed or mitigated, such as small electrical items not being tested, no paperwork to confirm a five year fixed electrical system check, no asbestos assessment and no legionella checks in place. We had also raised some issues about fire safety system at the home and had contacted the local fire service, who had subsequently made their own inspection of the premises and listed actions.

At this inspection we saw action had been taken to address these matters. Small electrical items had been subject to Portable Appliance Testing (PAT), an asbestos survey of the building had been undertaken and a legionella assessment report was also available for scrutiny. Fixed electrical systems had been subject to testing in March 2016, hoists and a stair lift in use at the home had been subject to Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) inspections and gas boilers and systems had up to date safety checks. Fire systems, such as alarms, emergency lighting and extinguishers had been subject to regular check, both by staff at the home and by outside contractors. The provider had complied with the requirements of the action plan set out by the local fire service. There was evidence regular fire drills were undertaken at varying times of the day.

This meant the provider had taken action to address the previous concerns raised at the inspection in January 2016 and was no longer in breach of Regulation 12. Safe care and treatment.

At the previous inspection we had noted the home as clean and tidy and had found no concerns about infection control. At this inspection we found the home continued to be maintained in a clean and tidy fashion. We saw there was a separate laundry area for dealing with soiled clothes, away from the main laundry and both areas, along with toilets and bathrooms were kept clean. We noted a number of people used a commode during the night, as there were no en-suite rooms. We saw commodes were kept in a clean state but noted commode pots were left steeping in a large tub in one of the shower rooms. We spoke with the provider and registered manager about this. They said the previous year's local authority inspection had included input from the local infection control team and they had accepted this method of maintaining commodes. We viewed the local authority inspection report which gave the home full marks for cleanliness and infection control and did not note any issues. We spoke with the provider about seeking further advice and guidance on this matter.

The provider subsequently wrote to us to confirm they had sought advice from the local infection control team, who they said were happy with the current arrangements. The provider also stated they were looking at further developing facilities to provide a dedicated facility for cleaning commodes.

Risk assessments were in place for both environmental issues and also linked to the individual delivery of care. For example, there were risk assessments in place covering people's support needs for trips out into the community, either with staff or with relatives.

At the previous inspection we found the provider was dealing with any safeguarding matters in an appropriate manner, and liaising with the local safeguarding team, as appropriate. At this inspection we found this continued to be the case. Staff had completed safeguarding vulnerable adults training and information on how to raise any safeguarding issues was clearly displayed around the home. Accidents and incidents at the home continued to be recorded and the registered manager reviewed people's individual falls records on a monthly basis. People we spoke with told us they felt safe living at the home.

At the inspection in January 2016 we found the home was adequately staffed to meet people's care needs and there were effective recruitment processes in place, to ensure appropriate qualified and experienced staff worked at the home. At this inspection people and staff told us they felt there were enough staff to assist them. The registered manager told us they had recruited only one new member of staff since the previous inspection. We also saw appropriate checks had been undertaken, including an up to date Disclosure and Barring Service (DBS) check.

At the previous inspection we found medicines at the home were managed safely and effectively. At this inspection we found there continued to be good systems in place to ensure the safe administration and items were stored effectively. We noted a small number of "as required" medicines did not have specific care plans to detail how they should be used. "As required" medicines are those given only when needed, such as for pain relief. We also noted a number of body maps, used to identify where creams or lotions should be administered required updating. The deputy manager told us she would address these straight away.

Is the service effective?

Our findings

At our inspection in January 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager confirmed three people living at the home were currently subject to a DoLS and a further three were awaiting the outcome of an assessment by the local authority. We saw appropriate assessments were in place and a copy of the authorisation document was available in people's care records. The registered manager maintained a list of when DoLS applications required to be reassessed or renewed.

Where people had capacity to make their own decision we saw staff sought people's permission throughout the day. Where people did not always have the capacity to make decisions then there was some evidence in people's files that best interests decisions had been made and, where appropriate, family members or professionals had been involved in determining that decision. We saw one person was receiving some medicine in yoghurt or porridge. The registered manager had sought advice from a range of professionals about whether this constituted covert administration of medicines. Covert medicines are given to a person disguised in food or drink, because they may otherwise refuse them. She told us she continued to seek clarification on how this element of care sat with MCA requirements.

One person living at the home had a relative with an activated Lasting Power of Attorney (LPA) in place. LPA is a legal process that allows designated individuals the authority to make decisions on a person's behalf, if they do not have the capacity to do so themselves. We saw the home had a copy of the LPA authority document to ensure only people with legal authority made decisions about the person's care.

At the previous inspection we found staff had access to a range of training and development opportunities. At this inspection we found this continued to be the case. Staff told us they had recently completed refresher training for mandatory subjects. Mandatory training is that the provider deems staff are required to have to undertake their roles. We saw evidence for key areas such as; safe handling of medicines, food hygiene, fire training and safeguarding vulnerable adults.

We also noted staff continued to have access to regular supervision sessions and annual appraisals. Staff

confirmed they had supervision approximately every eight weeks, but could speak to the registered manager at any time, if they had any issues or concerns.

At the inspection in January 2016 we found the home supported people to access a range of health and social care services to maintain their health and wellbeing. At this inspection we found this continued to be the case, with evidence in people's care records of contact with general practitioners, community nurses and other health and social care professionals.

People told us they were happy with the range and standard of food provided at the home. On the day of the inspection people were offered a range of options for the main meal at lunch time. We saw the food was well presented, was freshly cooked and contained ample access to fresh vegetables. We asked one person if they had enjoyed their meal and they told us, "Well it's all gone." We overheard another person tell a staff member, "Lovely. Compliments to the chef." The cook told us she had ready access to ingredients and was aware of any particular dietary requirements.

Is the service caring?

Our findings

At our inspection in January 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People told us they were happy with the care they received and the approach of the staff. Comments from people included, "I'm well fed and well looked after; it's brilliant. You hear such horror stories about these places, but the girls here are very good"; "The staff are great. They do very well" and "The girls are altogether very sociable." One person who was staying at the home on a temporary basis told us, "I'm looking forward to getting back to my house, but I shall miss the company when I go home. I shall miss them all."

We observed there to be good relationships between staff and people living at the home. Staff took time to explain things to people and were patient when supporting them, particularly when supporting them with meals. Staff referred to people in a courteous manner, were patient and understanding. We observed staff on a couple of occasions sat with people talking about the local community and asking if they remembered certain people, who had lived locally, whether they used to live close to them or went to school with them. People seemed to enjoy these conversations and talked in detail about people they had known in the past.

People told us they were involved in their care, where possible, and we saw evidence in people's care records that there was regular contact with relatives, to update them on people's conditions or progress. The deputy manager told us there was regular telephone contact with relatives, to ensure they were kept informed, even if there had been no significant issues in the previous few weeks. A range of information was on display around the home about issues such as safeguarding processes, complaints process and other key issues or events.

An annual questionnaire was sent to all relatives. The most recently available results were from November 2016. We saw six questionnaires had been returned and analysed. The vast majority of responses indicated relatives rated the home "good" or "very good." The questionnaire asked for responses in relation to; the quality of care, response to complaints, social activities, the atmosphere at the home and whether they felt people were safe at the home.

Staff continued to encourage people to be independent. The home was readily accessible and people could choose how to spend their time. We saw some people enjoyed passing the time playing dominoes. Where people moved around the home, staff supported them with the minimum of intervention, enough to ensure they were safe. People's privacy continued to be supported. We noted one person had their room door locked when they were inside. Staff told us this was normal for the person and if they knocked the person would come to the door. We witnessed one person requested support from a staff member to visit the toilet and this was done discreetly and with the minimum of fuss.

Is the service responsive?

Our findings

At our inspection in January 2016 we rated this domain as "Good." At this inspection we found the provider was continuing to meet the requirements of this domain and acting within the regulations related to this area.

People we spoke with told us staff at the home were responsive to their needs. One person told us, "If you want anything they are there for you. Overall I'm quite happy with things."

At the previous inspection we had found people had care plans in place that reflected their individual needs. At this inspection we found this continued to be the case. Care records contained good detail about people as individuals, their families, backgrounds, previous jobs, likes and dislikes. Care records continued to show evidence of assessment of people's needs and care plans reflected how staff were to support people with these care needs. For example, people's plans indicated if they liked to go to bed early, watch television in bed or liked to keep themselves busy. Staff told us one person enjoyed helping out with the cleaning of the home and we saw this person spent time dusting around the entrance hall and spoke with us about enjoying keeping themselves busy. Care plans also contained information for staff to follow about how best to support people. For example, one person was noted to be sensitive to noisy environments. Their care plan highlighted this could be an issue when entertainers visited the home and gave clear advice to staff about how to calm the person. Their plan also noted a particular behaviour indicated the person wished to spend time in staff company and how staff should support this.

Care plans were reviewed on a monthly basis, although we noted these reviews were not always detailed. We spoke with the provider and deputy manager about this and they agreed they would review how to improve the detail in people's care reviews.

At the previous inspection we had found there were a range of activities to keep people entertained or support their social interaction. At this inspection we found this continued to be the case, with a range of entertainers visiting the home or other events taking place. One person told us, "There is always enough for me to do." We saw staff sat and played dominoes with people, supported them reading the local paper, or just generally chatted and enjoyed the view across the bay from the conservatory area. The registered manager told us about a range of events at the home including specific entertainers from a company called "MIND Active" and an event where old local photographs were displayed, allowing people to reminisce and talk about their past. MIND Active supports local volunteers to improve the lives of older people living in residential care homes, through the use of events and visits.

Staff understood about social isolation and its effect on people at the home. They told us about one person who enjoyed company and could become anxious if left alone. This was reflected in the person's care records. They told us as part of their agreed care this individual shared a room with another person at the home. They said this helped the person settled at night, but also benefited the second individual who enjoyed looking after people. Staff talked about how they ensured people's privacy was protected as part of this arrangement. People's individual choices were also supported. For example, people had been asked

whether they preferred male or female care staff to support them and this was recorded in their care records.

The registered manager told us there had been no formal complaints within the previous 12 months. We saw the provider had a copy of the home's complaints policy on display and clear instructions about how to raise any concerns. People we spoke with told us they did not have any complaints, but told us they would speak with the registered manager or the provider if things were not right.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post who had been registered with the commission since October 2010. The registered manager was about to go on leave and so was present for part of the day. We were supported at other times by the deputy manager and the registered provider.

At the previous Inspection of the service in January 2016 we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the lack of quality monitoring in place, which had failed to identify the concerns around safety at the home and the lack of PAT testing or other checks. At this inspection we found action had been taken to address these matters and a range of audits and review mechanisms had been put in place. We saw there were infection control audits, health and safety checks and medicine audits in place.

We noted a number of people at the home were or had been subject to a DoLS during their stay at the home. Providers are legally required to notify the CQC of significant events such as serious injuries, safeguarding issues, deaths and the granting or lapsing of DoLS. Our records showed we had not received any notification around DoLS from the provider. We spoke with the registered manager about this. She told us she had not been aware of the requirements to notify the CQC of DoLS being granted and confirmed this had not taken place. We noted the service had submitted a range of other notifications, in line with legal requirements. The registered manager said this would be addressed as soon as possible and ensure appropriate notifications were made.

On arrival at the home we could not see the home's current quality rating displayed. We asked the registered manager about this. She told us this had been an oversight, due to previous questions about the overall rating of the home. She immediately made arrangements for the home's current rating and inspection report to be available in the home's main foyer area.

Staff told us they were well supported by the registered manager, deputy manager and the provider. One staff member told us, "(Registered manager) is great. You can always go to the manager, deputy manager or the provider." They told us they were very happy working at the home and had been there for a number of years. They commented, "I love it. I love the clients. They have their own characters and I just love them all."

The registered manager told us the aim of the home was to provide the best possible individual care. She said they had a small but dedicated staff team who knew people and knew each individual person. She said they tried to treat people remembering they "were someone's grandma or grandad."

She told us the home had good links with the local community and were well supported by local GP practices and other services. She said they also had good links with local churches and some people went to local services or often went to tea at local churches.

With the exception of care plans reviews, which were limited at times, we found records were well maintained and up to date. Daily records contained good detail of people's activities and presentation

throughout the day.