Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Beeches Retirement Hotel

4 De Roos Road, Eastbourne, BN21 2QA

Date of Inspection: 17 May 2013 Date of Publication: July 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard
Records	✗ Action needed

Details about this location

Registered Provider	Beeches Retirement Hotel Limited
Registered Manager	Mr. Darren Sinclair
Overview of the service	Beeches Retirement Hotel Limited provides accommodation and personal care for up to 20 people.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 17 May 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We visited Beeches Retirement Hotel and spoke with 10 of the people who lived there. We observed staff supporting people, looked at a range of documents, spoke with two care workers, the deputy manager and the manager.

People told us they were very comfortable. One person said, "This is my home and I like living here". We observed that people were encouraged to make choices, and staff spoke with people in a respectful manner at all times.

We examined four care plans, and found that they included details of people's support needs. They were reviewed by the deputy manager on a regular basis.

We spoke with two of the care workers. They demonstrated a good understanding of people's needs and how these were met.

We examined the systems for the management of medicines. We found that a new storage system had been installed, and a pharmacy inspection had recently taken place.

We looked at staff rotas and training records. Staff told us there were usually enough staff working in the home, and they had received relevant training.

We looked at care plans, handover sheets, daily records and some of the home's policies and procedures. We found that overall the information recorded needed updating and some policies and procedures were not in place.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 30 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

People said they chose how they spent their time and where they sat. Some people chose to remain in their rooms, others sat in the lounge and most people used the dining rooms for meals. One person said, "I prefer to remain in my room". Another person said, "I am quite happy here. I have everything I need and it's set out how I like it". All of the people we spoke with felt they made independent choices about all aspects of their daily lives. One person said, "They always ask me if I need help, but I decide what I want to do". Another person said, "Staff are wonderful, they always ask me if everything is ok and if I need help. I need a bit of support when I have a shower".

Staff said that they always asked for people's consent before they provided support and care. One care worker said, "People decide what they want to do. People living here have the capacity to make decisions about the care we provide." We found that staff asked people if they wanted assistance with person care.

The deputy manager said that some people may not be able to make decisions about health care, for example, hospital or dental treatment. In these situations they would talk to the person concerned with the relatives, and GP or local authority, depending on the type of support they felt was required. There was evidence in the care plans that some people's planned treatment and care had been discussed with relatives.

A visitor told us that staff asked people if they needed assistance, and staff were available when people wanted support.

From direct observation we saw that staff asked people what they wanted to do and were given choices. Staff said people were able to give their consent. For example, when people had their photographs taken for the care plans.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People said that the staff looked after them very well and they were very comfortable living at Beeches Retirement Hotel. Comments included, "The staff are lovely". "They know what we need and look after us", and "The food is excellent, there are always choices and it is very tasty".

We looked at four care plans. We found the pre admission assessments identified people's individual needs, and provided the basic information for the care plans. Details of people's medical history, next of kin, medication, mobility and communication had been recorded. Assessments of daily living and risk assessments had been completed, including mobility, nutrition and continence.

We talked to people about their support needs and found that some of these were not clearly identified in the care plans. For example, one person who had recently moved into the home was at risk of falls. This was not recorded in the care plan section of the records, and there were no guidelines for staff to follow to protect the person.

Staff recorded details of any changes in people's support needs in the handover book, which was used by staff working on day and night shifts. We observed that staff used this book to discuss people's needs for the handover session at the beginning of each shift. A diary was used to record visits from health professionals, ordering medicines, appointments and test results. Staff said they read the diary at the start of each shift. This meant they were aware of any changes, even if they had been on holiday or off work. One care worker told us, "We know if people's needs have changed, the handover sessions are very good. Even if we have been on holiday we are able to catch up quickly by reading the diary".

Staff demonstrated a good understanding of the needs of people who lived in the home. They discussed how they enabled people to make choices about all aspects of their day, and were knowledgeable about people's likes and dislikes.

We found evidence that referrals had been made to health professionals, including GP, district nurse and risk of falls team. The visits, and any action or changes to the support

and care provided, was recorded in the care plans. Staff arranged hospital visits and transport, and if possible attended visits with them.

A number of activities were offered to people on a Monday afternoon. These were provided by external entertainers and included music sessions and visits from pets. The deputy manager said that they had offered a range of activities, but people had chosen not to have additional activity sessions. People told us that they liked the activities that were provided, particularly the pets.

A visitor to the home said it would be nice if staff had the time to sit and chat to people, when they were sitting in the lounge or their own rooms. We sat in the lounge talking to people while we looked at some records. People told us they were comfortable.

We saw that most people used the dining room at lunch time. There was a relaxed and social atmosphere. People said they food was very good and that they enjoyed sitting and talking to each other and staff over the meal.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

There were systems in place for the ordering, storage, administration and disposal of medicines. The provider may wish to note that policies and procedures were not in place for 'as required' (PRN) and homely medicines.

Staff told us that a number of PRN medicines were prescribed and these were recorded in the medicine administration record (MAR) charts. We observed part of the lunchtime medicine round. The care worker administering the medicines said that people asked for PRN medicines when they wanted them. She told us that if staff felt it was appropriate, they would ask people if they needed PRN medicine, for example, paracetamol. We saw that medicines were dispensed for each person individually, as prescribed on the (MAR) charts. We looked at the MAR charts and found them to be completed.

There were two medicine trolleys in the home, one in the dining room on the ground floor and one on the landing on the first floor. Both were locked and secure. There was an additional lockable storage facility in the ground floor office.

The deputy manager said they had recently changed their pharmacy supplier and found that the new blister packs were easy to use. Staff said they were able to clearly see what medicines were included in each pack, and they felt they were more secure as the risk of errors was reduced.

Controlled medicines were prescribed for some people. These were stored separately in a secure locked cupboard in the kitchen. We looked at the controlled medicine record book and found that the index did not include the page number for each of the stored medicines. We found that the administration of controlled medicines was recorded appropriately, when they had been administered.

Assessments had been completed for people to be responsible for their own medicines. In the care plans we viewed the records showed that people had asked the home to take responsibility for their medicines.

The deputy manager said the health authority had carried out a pharmacy inspection, and

they had made some suggestions to improve the homes management of medicines. She told us they had looked at the areas for improvement, and would advise the Care Quality Commission when the improvements had been made.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We looked at the staff rota, spoke with staff and people who lived in the home, and observed staff providing support and care.

The staff rota showed that three staff were on each day shift for five days a week, this included weekends. The day shifts were 8am to 2pm, 8am to 5pm, 5pm to 8pm and 5pm to10pm, nights shifts were 8pm to 8am. On the afternoon of the inspection there were two care workers, we were told that there were only two staff on two afternoons each week. The deputy manager said that she and the manager were available on these afternoons if they were needed.

We asked the staff if they had time to sit and talk with the people who lived in the home. Staff told us they had very little time to spend with people when there were only two care workers on duty. There were a number of tasks they had to complete in the afternoon. Preparing an early supper for people who chose to eat at 4pm, writing up the handover book and the daily records, the afternoon medication round was due at 5pm and they had to handover to the staff on duty at 5pm.

The care workers we spoke with said they had attended relevant training and there were records to support this. They felt they were able to provide the care and support people needed and wanted. People we spoke with said staff looked after them very well.

People told us they thought there were enough staff on duty. One person said, "We don't have to wait too long when we ring for help". However, we observed that staff did not spend time with people in the lounge during the inspection, unless they were providing drinks or giving out medicines. There was no evidence that staff were spending additional time with people who preferred to remain in their rooms.

The deputy manager said the staffing levels were appropriate to meet the needs of the people who lived in the home. She agreed that the afternoons were a busy time and would look at re-allocating the work and staffing levels.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The home had a complaints procedure that was clearly displayed on the notice board. The deputy manager said the procedure was included in the home's brochure. This was provided to each person and their relatives when they moved into the home.

The visitors we spoke with said they felt confident that the manager and staff would listen to any issues they had. Visitors also said they did not have any concerns at the time of the inspection.

The deputy manager said the home had not received any complaints since the last inspection.

Staff said they were able to raise any concerns they might have with the management. There was a staff meeting during the inspection. We saw the manager, deputy manager and staff discussing the issues they had in an open and relaxed manner.

Records ✖ Action needed

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Overall, the records we examined did not reflect the positive care and support provided by staff for people who lived in the home.

Staff told us that they had asked people for their consent when they took their photograph, for example, for the care plans. However, there was no written evidence that people had been asked for their consent.

There was evidence that the care plans had been reviewed by the deputy manager. However, there was no evidence in the care plans that people, who lived in the home, or their relatives, had been involved in the reviews.

The daily records contained some information about the support and care staff provided to meet people's needs. However, there was no written information about how people were enabled to be independent and make choices.

The deputy manager said the company who provided the care planning system had recently updated the layout of the care plans, and she was still working through them.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010** **Records**
	How the regulation was not being met: People were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. Regulation 20(1)(a)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 30 July 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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