A. Charles Thomas (Care) Limited

Beachcomber Care Home

Inspection report

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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?	Good

Summary of findings

Overall summary

This inspection took place on 14 February 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting.

Beachcomber Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Beachcomber Care Home accommodates 48 people with residential care needs across two floors. On the day of our inspection there were 43 people using the service. Facilities included several lounges, a dining room, communal bathrooms, shower rooms and toilets, a hairdressing room, a library and a well maintained communal courtyard.

The home had a registered manager in place. A registered manager is a person who has registered with 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.

Beachcomber Care Home was last inspected by CQC on 26 November 2015 and was rated Good. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The home was clean, spacious and suitable for the people who used the service. The provider had procedures in place for managing the maintenance of the premises and appropriate health and safety checks had been carried out.

Accidents and incidents were appropriately recorded and risk assessments were in place. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe management and administration of medicines.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people who used the service.

Staff were supported to provide care to people who used the service through a range of mandatory and specialised training, supervision and appraisal. Staff said they felt supported by the registered manager.

People who used the service and their relatives were complimentary about the standard of care at Beachcomber Care Home.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Care records showed people's needs were assessed before they started using the service and care plans were written in a person centred way and were reviewed regularly. Person-centred is about ensuring the person is at the centre of any care or support and their individual wishes, needs and choices are taken into account.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs.

People had access to healthcare services and received ongoing healthcare support. Care plans were in place that recorded people's plans and wishes for their end of life care.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs, in the home and within the local community.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint.

The provider had an effective quality assurance process in place. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Beachcomber 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 14 February 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an adult social care inspector, an inspection manager, a specialist adviser in nursing and an expert by experience. The expert by experience had personal experience of caring for someone who used this type of care service.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners, safeguarding and infection control staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with nine people who used the service and three relatives. We spoke with the registered manager, two deputy managers, three care staff, the activities co-ordinator, cook, kitchen assistant and the maintenance worker.

We looked at the personal care or treatment records of eight people who used the service and observed how

people were being cared for. We also looked at the personnel files for four members of staff.

We reviewed staff training and recruitment records. We also looked at records relating to the management of the service such as quality audits, surveys and policies.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Beachcomber Care Home. One person said, "I am very safe, staff help you all the time" and another person said, "Oh yes very safe, always someone around." A relative told us, "My mother-in-law is bedbound and staff turn her every two hours. She is very safe here, staff are in and out of her room all of the time."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

There were sufficient numbers of staff on duty to keep people safe. The registered manager told us that the levels of staff provided were based on people's dependency needs. Staff, people who used the service and visitors did not raise any concerns about staffing levels. Our observations confirmed call bells were responded to by staff in a timely manner.

The provider's safeguarding adults policy provided staff with guidance regarding how to report any allegations of abuse. Where abuse or potential allegations of abuse had occurred, the registered manager had followed the correct procedure by informing the local authority, contacting relevant healthcare professionals and notifying CQC. Staff had been trained in how to protect vulnerable people. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing procedures.

Entry to the premises was via a locked, key pad controlled door and all visitors were required to sign in. The home was clean and tidy. En-suite bathrooms, communal bathrooms, shower rooms and toilets were well maintained. Appropriate personal protective equipment (PPE) and hand washing facilities were available. Staff had completed infection control training. Infection control audits and cleaning schedules were up to date to ensure people lived in a clean and safe environment.

Accidents and incidents were recorded and the registered manager reviewed the information monthly in order to establish if there were any trends or lessons to be learned and made referrals to professionals when required, for example, to the falls team.

People had risk assessments in place relating to, for example, falls, using a wheelchair, alcohol consumption and walking unaided. The assessments were detailed to ensure staff were able to identify and minimise the risks to keep people safe. The service also had health and safety risk assessments in place relating to, for example, bedrails, nurse call system and falls which contained detailed information on particular hazards and how to manage risks. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

There were arrangements in place for keeping people safe in the event of an emergency. The provider's business continuity plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. A fire emergency plan was displayed in the reception area, a fire risk assessment was in place and regular fire drills were undertaken. The checks or tests for firefighting equipment, fire alarms and emergency lighting were all up to date. People who used the service had Personal Emergency Evacuation Plans (PEEPS). This meant appropriate information was available to staff or emergency personnel should there be a need to evacuate people from the building in an emergency situation such as fire or flood.

Equipment was in place to meet people's needs including hoists, pressure mattresses, wheelchairs and pressure cushions. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998 (LOLER). Wardrobes in people's bedrooms were secured to walls and window opening restrictors were in place.

Hot water temperature checks had been carried out and were within the 44 degrees maximum recommended in the Health and Safety Executive (HSE) Guidance Health and Safety in Care Homes 2014. The records for portable appliance testing, gas safety and electrical installation were all up to date.

We found appropriate arrangements were in place for the safe management and administration of medicines. The provider's medication policy covered all key areas of safe and effective medicines management. Staff were able to explain how the system worked and were knowledgeable about people's medicines. Medicines were stored appropriately. Temperature checks for treatment rooms and refrigerators were recorded on a daily basis and all were within recommended levels by the British Pharmacological Society.

We looked at medication administration records (MAR). A MAR is a document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration. Records we viewed were up to date with no omissions. Medicine administration was observed to be appropriate. Staff who administered medicines were trained and were required to undertake an annual competence assessment. Medicine audits were up to date.

Good

Is the service effective?

Our findings

People who lived at Beachcomber Care Home received care and support from well trained and well supported staff. One person told us, "The carers know what they are doing. There are always two carers to help me with washing and two hourly turns" and another person said "They put me in the shower, they know what they are doing."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace.

New staff completed an induction to the service and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. The majority of staff mandatory training was up to date and where gaps were identified, training was planned. Mandatory training is training that the provider thinks is necessary to support people safely.

People's needs were assessed before they started using the service. Pre-admission assessments included details of the person's medical history and an assessment of the person's care needs, including the level of support required and details on people's communication needs.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 had a good understanding of their legal responsibilities with regard to the MCA and DoLS and staff had received training in the MCA. Applications for DoLS had been submitted to the supervisory body, mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Consent to care and treatment was documented in people's care records.

Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's weight was monitored regularly. The cook was knowledgeable about people's special dietary needs and preferences. The provider had a nutrition policy in place and staff had completed training in food hygiene and nutrition.

The home had been awarded a "5 Very Good" Food Hygiene Rating by the Food Standards Agency on 12 January 2017.

At lunch time we observed staff assisted people to their tables in the dining room and we saw staff supporting people on a one to one basis if they required assistance with their meal. People were asked if they wanted a dignity tabard to avoid food spoiling their clothes. Staff chatted with people and the mealtime was not rushed. Lunch was a sociable experience. People were supported to eat in their own bedrooms, if they preferred. One person told us, "I like to stay in my room for my lunch, this is not a problem for the carers" and another person said, "Food is very good, I get a choice. The carers come around the day before asking what I want to eat." A third person told us, "Very good food, you get a good variety."

People had access to healthcare services and received ongoing healthcare support. Care records contained evidence of visits from external specialists including, GPs, speech and language therapists, district nurses and chiropodists. One person told us, "The practice nurse comes here to give me my flu jab" and another person said, "I had really bad reflux and the doctor came to see me, he gave me some medication and it is not too bad now."

A relative said, "Following a stroke my mum has been seen regularly by her GP, she is doing really well now." A healthcare professional told us, "I find the care given to the residents in Beachcomber to be of a high standard. If staff have any concerns regarding the general health of any of their residents they are quick to deal with them. I have never had any issues with regards to any of the care planning that I put into place for any residents who are unwell and need input from nurse practitioners or GP's."

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and the home was suitable for the people who used the service. The provider had a maintenance schedule in place and the registered manager told us about the plans to refurbish the lounge, install a new bathroom and replace furniture.

Good

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the standard of care at Beachcomber Care Home. One person told us, "Staff are very kind and friendly, over and above. Even the cleaners are nice and friendly" and another person said, "I get on really well with the staff, they are very kind and caring." A third person told us, "The staff treat me so well and it is like one big happy family here. The staff go out of their way to make sure that I have what I need and nothing is too much trouble for them."

We observed staff chatting to people in communal areas and engaged with them in meaningful conversation. Staff knew people's names and talked with, and listened to, people in a kind and caring manner. We saw a person was walking in a confused state in one of the corridors and a member of staff spoke gently to them and guided them to where they wanted to be. A person told us, "I have been involved with my care and how I want to be cared for" and a relative said, "You can ask any senior and they will help, they all have good communication skills."

People were well presented and looked comfortable in the presence of staff. We saw staff assisted people, in wheelchairs in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them. We saw that staff were very kind and thoughtful and interacted with people in a friendly and reassuring way. The atmosphere within the service was pleasant and jovial. One person told us, "All staff very good, very pleasant and helpful" and another person said, "Staff are very good to me."

Staff worked very well as a team giving individualised care and attention to people. Our observations confirmed staff treated people with dignity and respect. We saw staff knocking before entering people's rooms and closing bedroom doors before delivering personal care. One person told us, "Staff always knock on the door, they maintain my modesty when I am having a body wash" and another person said, "When I am getting dried after a bath, the carers always put a towel around me."

People had a good rapport with staff. Staff knew how to support people and understood people's individual needs. A person told us, "I have a phobia about going in the bath or shower, so carers give me a full body wash. They chat and let me know everything they are going to do."

People were encouraged and supported to maintain their relationships with their friends and relatives. Staff were able to tell us about people's relatives and how they were involved in their care. One relative told us, "I know that my mam is safe here and well looked after, we can visit her whenever we want it is like home from home" and another relative said, "When I come to visit staff always tell me how my mum has been. I asked them to make sure that they always knock on her door and they always do. Mum can get a bit aggressive if she thinks someone is just walking into her house."

We saw staff supporting people to maintain their independence. One person told us, "I can get up when I want and I always choose what clothes I want to wear" and another person said, "I have COPD and doing things for myself can be difficult, I try and be as independent as much as possible." Chronic Obstructive Pulmonary Disease (COPD) is a term used to describe progressive lung disease characterized by increased

breathlessness. A relative told us, "My mum tries to do things herself, but she knows there is always help and support if she needs it." A staff member said, "My role is to support the residents to do as much as they can for themselves so that they can maintain their independence and have control over their lives."

People's bedrooms were individualised, some with their own furniture and personal possessions. Many contained photographs of relatives and special occasions. A member of staff was available at all times throughout the day in most areas of the home. People received help from staff without delay.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. At the time of our inspection no person in the home had an advocate. Advocacy information was made available to people who used the service.

People were provided with information about the service in the provider's 'statement of purpose' and 'service user guide' which contained information about the facilities, services, safeguarding, activities, meals, fire procedures, spiritual support and complaints. Copies of the service's quarterly newsletter were on display which detailed people's birthdays, activities and proposed events. Information about health and local services was also prominently displayed on notice boards throughout the home.

We saw that people's care and treatment records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records.

Good

Is the service responsive?

Our findings

People's care records were person-centred and demonstrated a good understanding of their individual needs. People's care records contained a 'this is me' document which had been developed with the person or their relative and detailed what was important to the person and how they wanted to be supported.

People's preferences were recorded and met by staff. For example, one person liked to get up each morning around 10 am and enjoyed a late breakfast. Another person liked to wear their dressing gown until after lunch. Care records were regularly reviewed, updated and evaluated.

Care plans were in place and covered a range of needs. Care plans included the person's identified need in that area, the anticipated outcome and the approach required from staff. For example, one person was identified as being at high risk of pressure damage due to lack of mobility. Their care plan described the pressure relieving equipment in place and how staff were to carry out frequent positional turns and monitor skin areas. Barrier creams were to be applied to affected areas and any concerns were to be reported to the district nursing team. An appropriate risk assessment was also in place.

Staff used a range of assessment and monitoring tools. For example, the Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, was used to identify if people were malnourished or at risk of malnutrition. Blood pressure monitoring charts were in place for people prescribed medication that could affect their blood pressure. Body maps were used where they had been deemed necessary to record physical injury.

People and their relatives were aware of and involved in the care planning and review process. A member of staff told us, "Residents should be involved in all decision making about their care and accommodation." We saw appropriate end of life care plans were in place for people and staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

People and their relatives were complimentary about the activity co-ordinator and the activities in the home. Planned activities, outings and events were displayed in communal areas. We observed a well-attended chair volley-ball exercise in the lounge. It was a sociable event with people laughing and chatting amongst themselves. There was old time music playing in the back ground. We also saw preparation was underway for the evening Valentines Ball to include an external entertainer and buffet. One person told us, "Staff encourage me to mix with other residents, I sometimes join in, but I like to read and do my crosswords" and another person said, "I join in all the activities, we sometimes have a film night on a Friday."

People informed us that they were treated as individuals and were able to make choices for themselves if they were able to do so. One person told us, "I like my own company; I have been a widow for such a long time and prefer to be on my own. I like to read and look out of the window. I do not feel lonely." A relative told us, "My mum loved getting involved with the activities but since her stroke she is too unwell to join in.

When she was well we booked the lounge upstairs and we spent Christmas as a family. We also had a piper who attended to play his bagpipes. It was a lovely day." A member of staff told us, "It is important that residents are able to make choices for themselves."

The provider's complaints policy was on display. It informed people who to talk to if they had a complaint, how complaints would be responded to and who to contact, if the complainant was unhappy with the outcome, for example the local authority and the local government ombudsman. Complaints were recorded, investigated and the complainant informed of the outcome including the details of any action taken. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed.

Good

Is the service well-led?

Our findings

At the time of our inspection, the home had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had been registered with CQC since 28 December 2016 and told us they felt supported in their role.
They told us the home had an open door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time.

People who used the service and their relatives spoke positively about the registered manager and the staff. They said that they were very approachable and visible. They would have no concerns in approaching them if they had any worries or concerns. One person told us, "I get on really well with her [Manager]. She is always round and about" and another person said, "If you have any problems you can always go to her [Manager]." One relative told us, "The manager is very nice and friendly, she supports the family as well as my mum" and another relative said, "The management of the home has improved; it seems to be getting more popular. She [manager] responds quickly to any questions or concerns you may have."

Staff we spoke with felt supported in their role and felt they were able to report concerns. A member of staff told us that the registered manager was "Very approachable" and another staff member said, "[Manager] is lovely and wants the best for the residents." A healthcare professional told us, "[Name] is a very competent manager who knows her residents very well and manages her staff to the best of her ability."

We looked at what the provider did to check the quality of the service and to seek people's views about it. The provider carried out regular audits to ensure people who used the service received a high standard of care. These included audits of care records, health and safety, medication, infection control and catering. All of these were up to date and included action plans for any identified issues.

Residents and relatives meetings were held regularly. The resident's representative told us, "Everyone is quite happy." People who used the service can go to the representative with any concerns or suggestions and then they are discussed at the monthly resident's social circle meetings. People discuss different ideas or suggestions and upcoming/previous events. A person told us, "I always get asked if I want to go to the meetings. They ask if I want to talk about anything."

The quality assurance surveys for 2017 for people who used the service contained very positive responses. Themes included staff and care, comfort and cleanliness, privacy and independence, social activities, laundry and food. One relative told us, "I was given a questionnaire to fill in for my mum; I am always kept up to date and involved in her care."

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings were held regularly and showed staff were able to discuss any areas of concern they had about the service or the people who used it.

The service had close links with the local community. Local school children came into the service to join in

with the activities. Volunteers supported the service with activities. Religious services were provided for people by the local churches and the church choir visited regularly. The service had received an award for supporting young people in County Durham by providing work experience placements.

The provider had policies and procedures in place that took into account guidance and best practice from expert and professional bodies and provided staff with clear instructions. The registered manager told us, "Policies are regularly discussed during staff supervisions and staff meetings to ensure staff understand and apply them in practice." The staff we spoke with and the records we saw supported this. The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.