

EvoCare Ltd

# Beach View

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

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

### About the service

Beach View is a residential care home registered to provide personal care for up to 25 older and younger adults including those with a physical disability. The building is a large period property with rooms on several floors. There is a lift to all floors. At the time of the inspection the service was undergoing a comprehensive refurbishment programme. For this reason, as people had left the service, new clients had not been admitted. There were six people at the service when we inspected.

### People's experience of using this service and what we found

Risks posed by the environment during the current building work had not been fully assessed and mitigated. The registered manager began to address these identified risks immediately. Other aspects of the service were safe. There were enough staff and they were safely recruited. Staff understood their safeguarding responsibilities and knew how to reduce the risk and spread of infection. Medicines were well managed.

Staff received training and support to carry out their roles and worked well with other healthcare professionals. People's needs were assessed before they were admitted and their healthcare, eating and drinking needs were well managed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The design of the building presented a challenge, especially to those who might be living with dementia. The refurbishment programme aimed to ensure that the building would be better appointed with ensuite facilities, wet rooms and increased leisure opportunities.

Staff demonstrated a kind and caring attitude and relationships appeared good. People told us their privacy and dignity were maintained. People, and their representatives or family members, were consulted on all aspects of the care provided.

Care was person centred and care plans contained detailed information about people's needs and preferences. Activities were limited due to the ongoing building works but suitable one to one provision had been made. People's care needs and preferences for the end of their life had been discussed with them and recorded.

Leadership and governance was strong and had enabled the staff to cope well during the refurbishment programme which had been very disruptive. Systems and processes were in place to monitor the safety and quality of the service and to benefit and enhance people's lives. Plans were in place for ongoing improvement and innovation.

### Rating at last inspection

This service was registered with us on 15 January 2019 and this is the first inspection

#### Why we inspected

This was a planned inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Requires Improvement 

### Is the service effective?

The service was effective.

Good 

### Is the service caring?

The service was caring.

Good 

### Is the service responsive?

The service was responsive.

Good 

### Is the service well-led?

The service was well-led.

Good 

# Beach View

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Beach View 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service including notifications of incidents and accidents which they are required to send us by law. We also sought feedback from the local authority quality monitoring team. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with three members of the care staff including two senior care staff, the chef, the registered manager and the quality assurance director.

We reviewed a range of records. This included two people's care records and three medication administration records. We looked at one staff file in relation to recruitment and at other records relating to training and staff supervision. We also viewed other records relating to the quality and safety of the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- The registered manager had assessed risks associated with people's specific health conditions and generalised risks and taken action to reduce these as much as possible. However, some risks from the environment had not been fully assessed and placed people at potential risk of harm. On arrival the inspector pressed the doorbell, but nobody answered. They were then able to walk into the building and were unchallenged by staff. The back door, which was being used by contractors, was also unlocked. The day after our inspection the registered manager arranged for keypads to be fitted to both doors which reduced this risk.
- We noted that during routine weekly checks of the temperature of the hot water, two outlets had a very high reading. One outlet was in a room occupied by a person who might independently wash their hands. This could place them at risk of scalding themselves. Other taps, and those newly fitted basins, had thermostatic mixer valves which limited the water to a safe level. The registered manager immediately arranged to have these valves fitted to the two basins and confirmed to us that the work had been carried out within one week.

### Staffing and recruitment

- The provider recruited staff safely, carrying out all appropriate pre-employment checks.
- There were enough staff to meet people's needs. On the day of our inspection three care staff, two of whom were seniors, were supporting six people. One person's call bell was not within reach and they told us they sometimes struggled to alert staff. We brought this to the attention of the registered manager, who reminded staff to be more vigilant.
- The service rarely used agency staff, so all staff were familiar to the people they were supporting and caring for. Staff told us there were enough of them to meet people's needs quickly and the staff team worked collaboratively.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Staff received appropriate training and knew how to recognise and report any safeguarding concerns. The registered manager had made safeguarding referrals when needed and was aware of their responsibilities to take prompt action.

### Using medicines safely

- People received their medicines as prescribed and medicines were managed safely.
- Medicines were stored appropriately, and effective stock control systems were in place. Staff received medicines training and their competence to administer medicines was checked by the registered manager.

- Medicines which were only given on an 'as required' basis, had clear protocols in place to guide staff.

#### Preventing and controlling infection

- The service was clean, despite the significant building work which was taking place. Staff had access to equipment they needed to reduce the risk and spread of infection.
- The kitchen and laundry had good infection control systems in place and staff received infection control training.

#### Learning lessons when things go wrong

- Where any incidents or accidents had occurred, these were reported, reviewed and action taken to further mitigate risk where needed. The registered manager told us that they reviewed recent CQC reports on the website to see if there were any transferable lessons for Beach View.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received a comprehensive assessment of their needs before they moved in. This was designed to make sure the service could meet these needs and to provide an initial framework for people's care plans.
- Assessments included input from relevant family members and professionals, where appropriate, to provide a holistic picture of people's needs.

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable in their roles. They received a comprehensive induction and completed the Care Certificate, which is a nationally recognised scheme for newly appointed staff.
- Staff received ongoing training and support. The registered manager gave staff regular supervision sessions and an appraisal system was in place. Staff told us they felt well supported and could access the training they needed.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were happy with the food provided. The chef was knowledgeable and understood how to support and manage people's dietary requirements. People were able to have alternatives to the menu if they fancied a change and their preferences were respected.
- People chose to have their meals in their rooms and staff provided sensitive support where needed.
- Where people had been identified as losing weight, the staff referred them promptly to the dietician or to a speech and language therapist, if a person was struggling to swallow their food. Staff followed the guidance these professionals gave, for example, to puree a person's food to make it easier to swallow.
- The service was following best practice with regard to supporting people living with diabetes. People living with this condition would not receive specialist 'diabetic' foods but were encouraged and supported to eat the healthiest of diets and have their condition closely monitored.
- People's physical and mental healthcare needs were managed well. Staff made appropriate and timely referrals to other healthcare professionals if needed.
- Staff demonstrated a good understanding of people's specific health conditions. One person was living with a particular condition which occasionally affected them greatly. Staff knew the strategies needed to support the person at these times.
- There was good monitoring of people's health. For example, people's skin condition was regularly checked and recorded as part of a preventative pressure care system.

Adapting service, design, decoration to meet people's needs

- The service was undergoing a comprehensive programme of refurbishment. This was designed to enhance the environment and provide more ensuite rooms, wet rooms and recreational spaces. Bedrooms had newly fitted laminate floors which were suitable for moving and handling equipment such as hoists.
- During the building works staff had tried to encourage people to continue to use the communal rooms but they had mostly chosen to stay in their rooms and told us they were happy to do this. For some people, spending all their time in their room was their usual practice. One person, whose room had an expansive sea view, said, "I don't want to go outside. I like to sit here and look at the view and watch the world."
- A call bell system was in place and staff popped in on people as they went by. This was particularly important during this refurbishment period as people were spending so much time in their rooms.
- The dining area had been redecorated and designed to make it easier, and quicker, for staff to serve meals.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to their care and support was assessed and kept under review. People, or their legal representative, had signed the care plans to demonstrate they agreed with the contents. One person had given verbal consent and this was appropriately recorded.
- Staff received training in the MCA and had an understanding of its principles. Where necessary, the registered manager had held Best Interests meetings to determine a course of action and make sure people's rights were upheld. They were very clear about their responsibilities.
- At the time of our inspection no person had a DoLS in place but the registered manager, and staff, understood the process of making an application and knew the implications of depriving a person of their liberty.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People told us that they felt staff were kind and caring. One relative told us, "Staff are lovely and very kind. It's reassuring." We observed staff treating people with patience, kindness and anticipating their needs.
- Staff had good relationships with the people they were supporting and caring for and spent time chatting with them. This was particularly important during the period of refurbishment, as most people chose to spend all of their time in their rooms.
- Staff gently encouraged people to maintain their independence and care plans documented how they should do this. For example, one person's care plan documented that they should be encouraged to brush their own teeth, although staff supported them with other areas of their personal care.
- Staff provided people's personal care sensitively and in private.

Supporting people to express their views and be involved in making decisions about their care

- People, and their relatives where appropriate, were involved in decisions about their care. People met with the registered manager and signed their care plans to demonstrate their agreement.
- We noted that one person's care plan was in the process of being reviewed. The manager had spent time with the person to discuss all aspects of their care and support. They had captured these requirements, alongside the person's preferences, in the care planning document.
- With the person's permission, the registered manager had then shared the care plan with the person's relative which gave them the opportunity to make any comments or suggestions. The relative visited the service on the day of our inspection and we observed that they had made amendments to the plan and contributed some additional information.
- Staff asked people who used the service about their preferences relating to their care. We observed a person making very clear choices about whether they accessed a particular leisure activity. Staff encouraged them to take part but respected their clear decision not to.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans comprehensively documented people's care and support needs. Specific details were captured in care plans. For example, one plan stated that the person liked the window open in the morning and closed in the afternoon. Daily records documented specific care and support needs had been met, such as trimming the hairs from a lady's top lip and inspecting their nails to make sure they were not too long.
- Staff knew people well and were able to tell us, in detail, about their needs and preferences. Staff had good knowledge of people's life histories before coming to live at Beach View.
- Both established and newer members of staff were able to tell us about people's preferences and knew what was important to them. For example, one person had a visual impairment and we noted they had no radio or television in their room. The person told us this was their preference and staff all understood this. They said, "This is just how I like it. I like the peace and quiet." These preferences were also clearly documented in the person's care plan.
- The number of people using the service had reduced over the months leading up to the inspection. This was a strategic decision to make the comprehensive refurbishment programme less disruptive and easier to manage. The residents who remained all liked to spend most, if not all, of the time in their bedrooms and did not want to join in any organised activity programmes. Their care plans documented this.
- The activities co-ordinator gave people one to one time and care staff spent any extra time they had chatting with people and doing activities in their rooms. The generous staffing ratios helped to enable this.
- There was a programme of planned activities and outings which had run when the service had more people in it and this was planned to resume as numbers rose. People had been invited to attend Christmas lunch and other events at the service's sister service up the road.
- Family and friends were welcome to visit and did so regularly. The registered manager and staff helped to facilitate relationships, so people remained in contact with family and friends, if they wished this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific communication needs these were noted in their care plan and understood by staff.
- Information was available in accessible formats, such as large print. The service had used advocacy services when people needed this additional support.

#### Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and relatives told us they knew how to make a complaint if they needed to. There had been three formal complaints since the service was registered. These had been fully investigated and dealt with promptly and in line with the provider's procedure. One relative told us they were fully satisfied with the action taken when they had raised an issue.
- People who used the service were not able to tell us about the formal complaints procedure but those we spoke with told us they would be very comfortable raising any issues with the registered manager.

#### End of life care and support

- There was a section in people's care plans to document their end of life care wishes.
- Palliative care was well organised and aimed to ensure people were sensitively monitored and any pain controlled.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and the quality assurance director understood their duty of candour and knew which issues needed to be shared. This included sharing key information with people, or their representatives, apologising for any shortfalls and assuring people how lessons had been learned. Both people demonstrated an open and inclusive management style.
- Staff, including the registered manager, were honest about how the process of changing to a new provider had been. Some staff had left, and others had learned to adapt to new ways of working. All those we spoke with felt that, although a challenge at times, things were very positive and people were looking forward to the next stage.
- The registered manager was honest about the challenges of managing this new service in addition to the provider's sister service in the same town. However, they felt that they worked well with the quality assurance director and this was a collaborative and successful management team.
- Staff told us they had regular supervision sessions and staff meetings gave them the opportunity to raise concerns and make suggestions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was very experienced and had staff in place who were all clear about their roles. The registered manager acted as a role model to all staff and provided clear and supportive leadership for staff. New systems such as the electronic care plans and staff allocation sheet had been introduced and were working well.
- The registered manager understood their legal duty to inform CQC of relevant incidents and had done so when required.
- There was a robust quality assurance system in place. The registered manager and the quality assurance director carried out a variety of audits to monitor aspects of the service and identify any patterns or trends. For example, infection control, cleaning, health and safety and medicines were all regularly audited and spot checked. The registered manager analysed accident and incident logs to identify patterns and trends. Falls were recorded and highlighted if a person had had more than one fall in any month. Action, such as referral to the falls team, followed.
- The registered manager had a service improvement plan in place which was working document. They aimed to share this with the deputy manager, when they made the appointment, so that they were clear about the various management tasks. Staff were encouraged to develop their roles and the deputy post was

designed to be a progressive role to enable promotion from within the established team.

- The quality assurance director carried out a three-monthly rolling audit which worked in conjunction with the manager's own suite of audits. Audits covered a variety of aspects of the service and gave the registered manager, quality assurance and provider good oversight of the current priorities.
- Both the registered manager and quality assurance director attended local management forums and workshops to learn, share good practice and keep their skills up to date.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People who used the service knew the registered manager well and told us that they often popped in to chat to them. This, and their care plan reviews, gave them chances to make suggestions about the service and raise any issues they may have.
- The registered manager also sought feedback from residents and relatives via a survey. The most recent survey dated from May 2019 and 20 people who used the service and five relatives had given their views. Feedback was positive and where people had raised issues these were responded to and action recorded. A suggestions book also enabled people to engage with the service.

Working in partnership with others

- The service had good links with the local community. Professional healthcare teams worked with staff to enable them to implement their advice and guidance.
- The provider was in the process of setting up a monthly holistic health check for each person. Staff were going to be provided with additional training so that they were able to obtain certain healthcare data from people. These results would, with permission, then be shared with the local GP service. This would help ensure that people received proactive and targeted support for their healthcare needs.