

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

Beachcomber Care Home (Nursing)

12 North Road, Seaham, SR7 7AA

Tel: 01915819451

Date of Inspection: 04 December 2012

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Respecting and involving people who use services ✓ Met this standard

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

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	A Charles Thomas (Care) Limited
Registered Manager	Mrs. Vicky McDade
Overview of the service	Beachcomber Care Home (Nursing) is registered to provide accommodation for up to 52 people with nursing or residential needs. The home is located on the seafront in the town of Seaham and is owned and run by A Charles Thomas (Care) Ltd.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Beachcomber Care Home (Nursing) had taken action to meet the following essential standards:

- Respecting and involving people who use services
- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Supporting workers
- Records

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 4 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

At the last inspection in March 2012 we found arrangements were not in place to ensure staff were appropriately trained and supervised to enable them to deliver care and treatment safely. We also found the provider was not protecting people from the risks of unsafe or inappropriate care and treatment. This was because people's personal records, including medical records, were not accurate and fit for purpose.

The provider sent us an action plan following our visit. We returned to inspect again on 04 December 2012 to review improvements the provider had made.

We found people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

People who used the service could be confident their personal records including medical records were accurate, held securely and remained confidential.

We spoke with a number of people who used the services at Beachcomber. One person said "I love it here" and another person said "I'd be very disappointed if I had to move." Other people we spoke with indicated to us they were happy to be living there.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. One person told us "The care is very good" and another person said "You press your buzzer and they (the staff) are there in a matter of minutes." Everybody we spoke with told us they felt safe at Beachcomber and with the care staff employed by the service.

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

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. People's privacy, dignity and independence were respected.

Reasons for our judgement

People who used the services were given appropriate information and support regarding their care or treatment. The registered manager told us in order to get a clear picture of each person's needs, an assessment was undertaken. This highlighted each person's needs and preferences and was carried out by the registered manager prior to people coming to the home. From these assessments, care plans and risk assessments were drawn up. We saw these were signed by the people who received care and in some cases by their relatives and carer's too, and were written in a person centred way. This meant people were kept well informed about their care and treatment.

We spoke with a number of people who used the services at Beachcomber. They were able to express their views freely. One person said "I love it here" and another person said "I'd be very disappointed if I had to move." Other people we spoke with indicated to us they were happy to be living there; comments included "I'm quite happy with the way things are" and "It's home from home." One person we spoke with told us they used to come to the home for day care. They said they'd enjoyed their time there so much, they'd chosen to live there permanently. People also told us they were allowed to choose what they wanted to do during the week. Some people said they enjoyed their own company in their rooms and others told us they liked to go out into the community. This meant people were being supported in promoting their independence.

People's diversity, values and human rights were respected. We saw people had personalised their rooms and one person told us they had brought their own bed from home. We saw a risk assessment had been completed for this and had been signed by this person. We spoke with staff who were able to provide examples of how they respected people's privacy and dignity. We saw evidence of this being put into practice during the inspection. We saw staff treated people with respect and responded to their requests appropriately. We also observed a mealtime in the main dining area within the home. We saw care workers supported people in a respectful and sensitive manner when they served or helped people with their meal. If people required assistance this was provided in a discreet manner and any requests were responded to quickly and respectfully.

We saw residents and relatives meetings were held on a regular basis. We also spoke with the 'Residents Representative' who told us they spoke with the manager every day about any issues brought to their attention. This gave people the opportunity to voice their opinions and have their views on how the service was provided taken into consideration.

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's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People told us they were happy with the care and support they received. One person told us "The care is very good" and another person said "You press your buzzer and they (the staff) are there in a matter of minutes." Everybody we spoke with looked clean, well dressed and cared for.

We looked at the care records for six people in detail. We saw people's needs had been individually assessed, and where necessary plans of care drawn up. We saw detailed information had been supplied by other agencies and professionals, such as social services. This was used to complement the care plans and to guide staff about how to meet people's needs. People's beliefs, preferences and cultural background were noted to help ensure diversity was recognised.

The care plans were supported by monitoring records and were regularly evaluated. We found risk assessments were completed and reviewed on a regular basis. Examples of assessments included for nutritional needs, risk of falls and medication management. We also looked at people's daily information records which were completed by the staff. These included reference to visits made by relatives, people's safety, welfare and daily activity. We saw evidence that formal reviews of people's care plans were held. When people's needs had changed, we found care plans had been amended to reflect this.

We observed staff as they cared for and supported people in communal areas of the home. We saw staff used equipment to help them with the moving and handling of people. Two staff supported people at all times with this activity and people were helped to move safely. We heard the staff talked people through the process from start to finish and provided people with reassurance. We also spoke with a person who chose to spend most of their time in their room. They told us they needed two members of staff to support them when they needed to move and this was always provided. We found this need had been clearly documented in this person's care plan. This meant the provider was meeting people's individual needs.

We saw a range of activities were provided for people to take part in if they wished to do so. On the day of our inspection we saw a member of staff facilitated discussions with

people in the main lounge. The activity plan for the week showed this was a planned activity on that day. This was well attended by people and we saw them actively engaged. This meant the provider was attempting to maintain people's welfare and promote their feeling of wellbeing.

We found arrangements were in place to deal with foreseeable emergencies. The provider had a business continuity plan which stated it should be updated monthly or in the event of any changes. We saw the document was last updated in October 2012. The registered manager told us it needed to be updated and this would be done straight away. This meant the provider ensured the needs of people would continue to be met before, during and after an emergency.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

Everybody we spoke with told us they felt safe at Beachcomber and with the care staff employed by the service. One person told us "They keep an eye on you at night" and another said "During the night I see them (the staff) checking on you four times a night." People were also clear about how and who to report any concerns about their safety to. We saw information about how people should report any concerns or suspected abuse was displayed throughout the home.

All of the staff we spoke with during the inspection were familiar with safeguarding procedures. They all described clearly what action they would take in the event of a safeguarding matter coming to their attention. They were clear about their roles and responsibilities in this area. They were also able to give examples of what constitutes abuse. Staff told us the provider had a whistle blowing policy and they wouldn't hesitate to use it if they suspected people were at risk.

The provider had a safeguarding policy and procedure in place. We saw the provider had responded appropriately to any allegations of abuse. The registered manager told us information about how to report any safeguarding concerns was provided to people and their relatives. We saw evidence to confirm this. All of these measures meant people were aware of how to report any concerns regarding their safety.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

At the last inspection we found arrangements were not in place to ensure staff were appropriately trained and supervised to enable them to deliver care and treatment safely. The provider sent us an action plan which had been completed following our visit. We returned to inspect again on 04 December 2012 to review improvements the provider had made.

We found people were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

People said they were happy with the staff employed by the service and the care they provided. One person said "The staff are fine, very friendly" and "Anything you ask them (the staff), they'll do it for you." Other comments made by people who used the services included "The staff couldn't be any better" and "All the (staff) are angels – they'll do anything for you." People also said the staff knew them well and how best to help and support them in their everyday life. We also spoke with friends and relatives of people who lived at Beachcomber who was visiting them on the day of our inspection. They were all very complimentary about the staff. Comments included "Everybody's friendly", "The staff are great" and "(my relative) is quite settled."

We looked at training records used by the provider to record and monitor staff training. We found evidence of updates to training around care and safety had taken place. These included training in fire safety, moving and handling and infection control. This meant people were being cared for by suitably trained staff.

We also looked at care workers appraisal and supervision records. There was evidence of supervisions taking place for staff with objectives being agreed as a result. We saw evidence staff had received appraisals and the staff we spoke with confirmed they had taken place. We looked at the records the provider held of appraisals. From the records we viewed it was evident people had contributed to their appraisal preparation and discussion, however the contribution of the appraiser was not clearly documented. We spoke with the registered manager about this who accepted responsibility for it.

We spoke with staff about the support they received from management. Staff told us they felt well supported and the management were always available for advice. One member of staff said "If you've got any problems, you can go straight to (the manager)." Other

members of staff also said the management were happy to speak with them at any time, should they have any concerns. The registered manager told us they held staff meetings on a regular basis, including smaller department meetings, for example for nurses or kitchen staff. The staff we spoke with confirmed this was the case and minutes of these meetings were available. All of these measures meant staff were being appropriately supported in relation to their responsibilities.

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

At the last inspection we found the provider was not protecting people from the risks of unsafe or inappropriate care and treatment. This was because people's personal records, including medical records, were not accurate and fit for purpose.

The provider sent us an action plan which had been completed following our visit. We returned to inspect again on 04 December 2012 to review improvements the provider had made. During our inspection visit we looked at the records which the provider kept to ensure they were accurate, up-to-date and stored securely in accordance with the Data Protection Act 1998.

We did not speak with people directly about this outcome, however people did say they were aware records about them were maintained by the provider. They also knew they could ask to see them at any time, however the people we spoke with told us they hadn't felt the need to do this.

We found comprehensive care records were kept for each person who lived at the home. These were securely stored but were readily accessible to staff, should they be needed. This meant people who used the service could be confident their personal records including medical records were accurate, held securely and remained confidential.

The registered manager showed us the provider had a policy file. We found staff were able to access this at any time. The file contained a broad range of policies and procedures which included guidance on what records should be kept to ensure effective care for people and governance of the home.

We spoke with staff about access to the various records held within the home. They said they were aware of the location of care records and policy files and knew how to use the information contained within these records. All of the staff we spoke with told us each person who lived at the home was entitled to view their own care records.

We saw the manager carried out audits of care records. Each audit was documented, with comments and action to be taken clearly recorded within the record. We saw measures had been taken by the manager to improve record keeping. This meant people were being protected against the risk of receiving inappropriate care and treatment.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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.

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