Inspection Report

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: 02 December 2013

Date of Publication: January 2014

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
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ 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

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 looked at the personal care or treatment records of people who use the service, carried out a visit on 2 December 2013, 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

We spoke with ten people out of 42 who use the service and four relatives on the day of the inspection. Not everyone we spoke to could express their views, but those that could, told us they were very satisfied with the service they received. We found that people were involved in decisions about their care whenever possible.

We found assessment and support plans to help people stay as independent as possible. One person said, "I just could not look after myself like this, so I am very grateful."

Beachcomber had procedures in place to ensure that medicines were managed appropriately.

We found dedicated and qualified staff, whom had been recruited effectively. One new staff member told us, "Security checks and references had to be completed before I was allowed to start work."

We found that systems were in place to monitor the quality of service that people received, including for example; people and relative surveys. This showed that the provider sought the views of the people using its 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

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 and where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We had conversations with ten out of the 42 people living at Beachcomber. Six people we spoke to could freely express themselves but the others found it difficult. We asked the six people if they had ever given permission for the staff to provide them with care and treatment. They all said that they had agreed to the care and treatment provided but could not remember signing any paperwork. We did see that some people had signed paperwork in agreement, for example a signed safety assessment and consent for bedrails was seen.

The manager told us that some people lacked the capacity to be able to consent to a particular aspect of their care. Where this was the case, an assessment of their capacity to make a decision had been carried out under the Mental Capacity Act (2005) (MCA) and decisions were then implemented in the best interests of the person. The MCA was legislation designed to protect people who may lack the capacity to make a particular decision. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

We spoke to four relatives and one district nurse who told us that people and their families were fully involved with any decisions that needed to be made. One relative told us that their mother/father could not make their own decisions about some things and that the family had been fully involved. The same relative said, "It was a difficult decision moving mother/father into care but it has definitely been for the best, as they are so well cared for." Another relative said, "I know that any decisions that are made are done in the best interest of my relative."

We observed people taking part in an armchair exercise class and asked two people if they had a choice of participating or not. They both told us that they were encouraged to participate, but if they did not want to join in they were not made to.
During observations in the home, staff were seen asking people what they wanted to do and ensuring they were happy with that decision. We also noted that staff knew people

and their individual ways of communicating and were aware that some people may need more time and support to make decisions.

We saw copies of the MCA policy and also a 'residents rights' policy which included information and guidance for staff to support people within their care.

Copies of the local council quality band assessment (QBA) showed that 11staff had completed a questionnaire which confirmed that they all understood the MCA. The QBA process was used by the local authority to monitor the performance of contracted provider against a set of quality standards.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We had conversations with ten out of the 42 people living at Beachcomber but spoke to many more in passing on the day of the visit. Some people were able to express themselves freely but others found it difficult to communicate. We spoke to people in their bedrooms who were unable to move around without support from staff; and also to people in communal areas. This ensured that more vulnerable people were included in the inspection. All of the people who were able to express themselves told us that they were happy with the care and treatment provided. One person said, "They (staff) are spot on, I have no worries here at all."

We also spoke to five staff members, four relatives and one visiting district nurse all of whom spoke highly of the care given to people at the home. One visitor told us that they had worried about moving their relative into Beachcomber when they had become unable to care for themselves. The same visitor told us that their whole family were now relieved and happy because their relative was being well looked after.

We talked to staff about people's care and support needs and looked at the records relating to them. This was called pathway tracking. One person said, "I just could not look after myself like this, so I am very grateful." We observed staff and people talking to each other in a relaxed way with staff being attentive to people's needs.

We looked at four people's care records and found that pre-assessment of people's needs, with six monthly assessment reviews had been carried out. There were also detailed support plans, including for example; mobility and communication plans with monthly reviews taking place. Risk assessments were in place on all records; for example a falls risk assessment which stated that it would be completed within six hours of admission. This showed that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We saw that people and their families had helped to complete a history of that person. One relative told us that when the staff had completed this it had brought back fond memories.

We saw an up to date copy of the care management policy, which included for example; guidance for staff on how to prepare for new residents. We asked two members of staff how they support people in their care and they correctly explained the process of care planning and risk assessments.

We saw that care planning procedures were part of new staff induction from the induction records observed and by talking to a new member of staff on the day of the inspection.

People's healthcare needs were supported for example by GP, or district nursing services. We saw records to confirm this.

At the home we saw the business continuity plan dated 1st December 2013. This detailed what staff should do for example; in the event of a fire, flood, lift breaking down or none delivery from food suppliers. We also saw documented procedures for the personal evacuation of people from the home. We therefore saw that there were arrangements in place to deal with foreseeable emergencies.

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

We saw evidence of prescriptions copies and medication administration records (MAR) so that staff knew what medicines were currently prescribed for people. All medicines that were checked were labelled appropriately and correlated with the prescription and MAR. We also saw that the receipt and disposal of medicines were all kept accurately with chemist signing for any returns.

We observed medication being administered twice, once in the morning and again after lunch. We witnessed the staff member signing appropriate records after the medication had been administered and ensuring that medication trolley was locked during administration. Medicines were being stored securely and appropriately. This meant that medicines were kept safely.

We observed and overheard other members of staff deliberately avoiding and not disturbing the staff who were responsible for administration of medicines. This meant that staff were able to fully focus on the role of administering medication.

We saw the medicine management policy which included protocols for example; dealing with paracetamol and homely remedies, for example; senna. This ensured that Beachcomber had procedures in place to ensure that medicines were managed appropriately. We found that the medicine management policy was dated August 2012 and we were told that it had been reviewed and remained unchanged, although the date had not been updated. The provider may find it useful to ensure that when policies have been reviewed that the dates were updated immediately.

We saw administration of medicines agreement and risk assessment on people's care records. This signed and dated document showed whether medicines were to be administered by staff or by the person, although only agreement to staff administering medication was seen. We also saw a 'resident assessment' on people's care records which showed the level of support a person needed, for example; to be observed taking medication or full assistance was required.

We saw that staff administering medication had received appropriate training. We saw

certificates showing that in January 2013 level two in understanding safe handling of medication was achieved, although this had not been updated on the training matrix. The manager was aware that the training matrix needed to be updated. We also saw that competency checks had been completed on staff.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at staff files for four people who worked at the home. Each member of staff had completed an application form which included previous work, and educational history. One of the four staff files that we checked was a new starter who had their first day at work on the day of the inspection.

We saw that people had provided two references which confirmed that they were suitable for the role to which they had applied.

We could see that the provider had contacted the Criminal Records Bureau (CRB) or the Disclosure and Barring Service (DBS) to ensure that the staff did not hold any criminal convictions that would prevent them from working with vulnerable people. We spoke to a new member of staff at the inspection and they told us that they had completed their disclosure form on the internet; in accordance with normal procedures and that they had then waited for the checks to be completed before they were able to start work.

We spoke to most of the staff on duty on the day of the inspection. Two members of staff told us that they had completed application forms; and had reference and criminal conviction checks carried out on them. One staff member said, "You cannot start work without them (them being CRB checks)."

Staff told us that they regularly checked registration details of all nurses working at the home. These checks were made through the Nursing and Midwife Council. We saw evidence of these checks, including one for the new member of staff.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Staff at the home supported people to hold a 'Ladies and Gents' club every week. We saw documented evidence that those meetings provided people with the opportunity to discuss any topic they wanted to. Staff also told us that people had appointed a 'residents representative'. Two people at the home confirmed that one of the people living there acted on their behalf and also went to meetings outside of the home which they would update everyone about. One person said, "It's good having someone to speak up for you when you're quite." Staff told us that people had the opportunity to change things that they did not like, for example; a particular food on the menu." This meant that the provider took account of complaints or comments to improve the service.

We asked six people if staff would listen to them if they asked for something to change. All of them said that they were confident that the staff would listen to them and depending on what it was, would change things if at all possible.

We asked four relatives if they had ever completed a survey which asked them their views on the home. Two of them remembered completing a form asking lots of questions. Two said that they could not remember, one of them adding that it could have been completed by another relative. We did see evidence of a family and relative survey taking place earlier in the year where relatives where asked about, for example; the friendliness of staff, the aroma of the home or if they were consulted about relatives care. The provider may find it useful to review the family and relative surveys to ensure that signatures were asked for. We also saw that staff complete a survey and we asked staff if their views were taken into account. One staff member said that if a problem was highlighted in the survey, then it was addressed.

We saw a complaints policy and a complaints book for recording any incidences, although there had been no recent recordings. We asked six people and four relatives if they knew how to complain and they all told us that they did. One person told us that the complaints procedure was in the resident's handbook and we confirmed that it was and that it was easy to read. Relatives said that they felt confident that if something was wrong that staff and management would take it seriously. One relative said that they would have no

problem reporting anything to the manager.

Staff showed us documentation recording the 'dining room experience'. The dining room experience was a monthly quality check by staff to ensure continued quality dining for people in the home. We were told that staff would be served in the dining room as a resident and would then score the service they received, for example; food is attractive and appetising or the menu comprises of fresh foods and homemade dishes. The examples of checks showed that staff had been honest with their scores and that there was a section for any actions, although no actions were recorded on the examples we saw.

We saw up to date policies relating to health and safety, accidents and incidents and safeguarding procedures. We also saw the current local authority audit which gave the home a risk rating of low.
We also saw that the home had internal quality audit procedures in place, for example; care plan audit tool which looked at residents rooms and equipment.

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

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk