

Beechcroft Care Homes Ltd

Southbourne 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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Southbourne Care Home is a care home without nursing registered to provide accommodation and care for up to 27 people. People living at the service are mostly older people, some of whom may be living with dementia or a mental health illness. At the time of our inspection there were 27 people using the service.

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

People told us they were happy with the care they received, and people said they felt safe living there. Comments from people included; "I am safe and staff help me" and "I can talk to (named registered manager)." While a relative said; "I'm happy with everything and I know (named relative) is safe here." People looked relaxed, happy and comfortable with staff supporting them. Staff were caring and spent time chatting with people as they moved around the service.

The environment was safe and there was equipment available which protected people from harm and supported staff. Health and safety checks of the environment and equipment were in place.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. Medicines were ordered, stored and disposed of safely.

People were protected from abuse and neglect. People's care plans and risk assessments were clear. Records were accessible and up to date. The service used a computerised care planning system. The management and staff knew people well and worked together to help ensure people received a good service.

People were supported by staff who completed an induction, received appropriate training and support to enable them to carry out their role safely. This included fire safety and dementia care training. Staff were recruited safely in sufficient numbers to ensure people's needs were met. There was time for people to have social interaction and staff carried out activities to assist people. Staff knew how to keep people safe from harm.

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.

People's communication needs were identified, and where they wanted, people had end of life wishes explored and recorded.

Staff told us the registered manager was available, assisted them daily and helped cover shifts when some staff had been absent with COVID-19. They went on to say how the registered manager was approachable and listened when any concerns or ideas were raised. One staff member said; "Very supportive team" and

another "(named registered manager) has an open-door policy and we can talk to them at any time and about anything." One relative said; "They (the registered manager) will sort things straight away if I ask anything."

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was good (published 24 October 2019).

Why we inspected

We were prompted to carry out this inspection due to concerns we received about the service, staffing and management.

A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed and remains good. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe, Effective and Well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Southbourne Care Home on our website at www.cqc.org.uk

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Southbourne Care Home

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector inspected this service.

Southbourne Care home is a 'care home'. People in care homes receive accommodation and nursing care as a single package under one contractual agreement dependent on their registration with us. Southbourne Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

A registered manager was working at the service.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service about their experience of the care provided. We spoke with 9 members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included 3 people's care records and 4 medicines records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We received information of concern about the number of safeguarding referrals made to the local authority. On discussion with the registered manager they confirmed they had made the referrals to ensure people had the additional staffing hours to meet their needs. We found the service had effective systems in place to protect people from abuse.
- Relatives told us they felt their family members were safe. Comments included; "They look after him well and keep him safe."
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. All staff spoken with felt the number of staff on duty helped to keep people safe. Staff were able to describe the signs and types of abuse. Staff understood to report to the management team any concerns they had.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Staffing and recruitment

- Staff rotas showed there were sufficient numbers of staff employed and on duty to meet people's assessed needs. Staff and relatives agreed that there was enough staff on duty to meet people's needs. One relative said; "Always plenty of staff around when I visit."
- The staff said they worked additional hours to cover leave and staff absences, so people had staff they knew and trusted.
- Staff confirmed staffing levels enabled them to keep people safe and meet their care needs. For example, staff could spend quality time with people.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines in a safe way and as prescribed for them.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- There were no gaps in medicines administration records (MARs) and when people were prescribed 'as

required' medicines there were protocols in place detailing the circumstances in which these medicines should be used.

- Medicines were audited regularly with action taken to make ongoing improvements.
- External creams and lotions to maintain people's skin integrity were applied during personal care.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe. A relative said; "I turn up unannounced and am always happy with everything."
- Risk assessments were detailed and up to date which meant staff had guidance in how to manage people's care safely. They covered areas such as skin integrity, personal care and people's mental health. Risk assessments for weight management and nutrition and dependency levels had also been undertaken where needed.
- Where people experienced periods of distress or anxiety staff knew how to respond effectively. Care plans documented information for staff on people's health needs, so they could respond quickly to prevent situations from escalating.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place and showed how the service supported people during a recent outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Preventing and controlling infection

- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Appropriate action was taken following any accidents and incidents to minimise the risk of adverse events reoccurring.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The physical environment was continuously being reviewed, updated and improved.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.

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

- The management team and staff worked with external healthcare professionals to deliver care in line with best practice. During a recent COVID-19 outbreak, the registered manager said the local healthcare team had been supportive and had helped ensure people received the care required.
- People's individual needs had been assessed before they moved in. Records showed that regular reviews took place to ensure people using the service had their current needs recorded.
- Assessments of people's individual needs were detailed and expected outcomes were identified. All documents relating to people's care were on a computerised care record system. Staff agreed this system was working well and held comprehensive information on each person. Staff were able to access updated information via a handheld device to ensure they had full updated information about people.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. Staff members fairly new to the service told us; "It's a great supportive staff team" and "A very supportive team."
- There was a system in place to monitor training and ensure it was regularly refreshed and updated, so staff were kept up to date with best practice. Training sessions were now beginning to be carried out face to face as well as some online.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff received one to one meetings to enable them to raise any issues and share ideas. Staff told us they were well supported by the registered manager. One said; "(named registered manager) has an open-door policy, they make you feel able to discuss anything."
- Staff, new to the care sector, were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident and their competence was assessed, before they started to provide support independently.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with healthy meals which they enjoyed. One person said; "Plenty of food offered and a choice as well."
- Staff were aware of any specific dietary requirements for people, for example, if people needed a soft diet. People were involved in menu planning.
- Care plans included information about people's dietary needs and their likes and dislikes. People who needed their nutrition to be monitored had records in place which were used to help identify any concerns. Experienced staff knew people's needs well.
- Drinks were served regularly throughout the day to prevent dehydration. Some people who stayed in their rooms, through personal choice, had drinks provided and these were refreshed throughout the day. One person said; "I like to stay in my room, but the staff always make sure I have enough to drink."
- There were clear records which evidenced people were seen by external healthcare professionals when required including physiotherapists and hydration clinic. The service had won an award for 'Hydration Champions of Torbay.' This had been awarded from the local authority.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people and involved healthcare professionals where required. During our visit a district nurse was attending one person with their presenting healthcare need. Other professionals called the service to enquiry about the people they were supporting.
- Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health, then this was communicated with the relevant professional.
 - Relatives were assured the care staff supported their family members and were quick to identify changes in the person's health, report their concerns and request the required assistance. Comments included, "The staff have been brilliant in helping him stand again." Professionals said how the registered manager and staff team worked well with them and how the registered manager really "Advocates" on behalf of people living in the service.
- People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals. People's care records highlighted where risks had been identified. For example, staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. The service had won an award for 'Hydration Champions of Torbay.' This had been awarded from the local authority.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- People were asked for their consent before any care was delivered. People, who were able to, had signed their care plans to indicate they agreed with their planned delivery of care.

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- We received information prior to our inspection that systems in place did not always protect people. For example, there were a high number of referrals to the local safeguarding team. We discussed this with the registered manager who agreed the referrals made where to try to obtain additional staff, support and equipment required to keep people safe. A professional said of the registered manager and service; "Very responsive and fantastic with people who live in the home." Another professional said; "Knows what to do to keep people safe."
- We received positive feedback in relation to how the service was run, and our own observations supported this.
- Relatives and professionals were very complimentary of the service including the registered manager and the staff team. One relative said; "Definitely approachable" and another said; "Always kept informed on my relatives' care." One person said; "(named registered manager) always comes to see me."
- There was a warm, friendly and family atmosphere in the service.
- There was a person-centred culture which kept people at the heart of the service. Relatives said of the staff team; "The staff are very caring."
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- Staff told us they enjoyed their roles. Comments included; "Best place I have worked."

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 demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- Audits were carried out to monitor the quality of the service provided.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had oversight of what was happening in the service and was very visible. They took an active role in the running of the service. They had worked to improve the service. The audit and monitoring processes which were currently in place were robust. There was a programme of regular audits which were done regularly and shared with the provider who visited weekly.
- There were clear lines of responsibility across the staff team. Staff understood their roles and responsibilities and received training to deliver the level of care and support to meet people's individual needs.
- The management team understood their role in terms of regulatory requirements. For example, notifications were sent to CQC when required to report incidents that had occurred and required attention. Regular audits took place, and these were completed by the management team.
- Staff felt respected, valued and supported and said they were fairly treated. There was a positive attitude in the staff team with the aim of trying to provide the best care possible for the people living at the service.
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively.
- The management and staff worked to drive improvements across the service. They engaged with external agencies to develop effective systems to ensure care was delivered safely.

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

- Systems were in place to enable people, staff and relatives to give feedback.
- Communication between people, staff and families was good. People confirmed if they needed assistance, it was provided in a timely manner.
- Staff and people told us the service was well managed and they felt valued. Staff told us the registered manager was very approachable and always available for advice and support.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication sharing. The registered manager and staff said this had been particularly important during the pandemic and a recent COVID-19 outbreak.
- Organisational audits were in place and used to develop the service by reflecting good practice.
- Policies and procedures were designed to support staff in their practice.
- The service used feedback and analysis of accidents, incidents and safeguarding to promote learning and improve care. They also worked in close association with the local surgery and district nurse team during a COVID-19 outbreak.
- The registered manager kept up to date with developments in practice through working with local health and social care professionals. One professional stated; "Will listen to others point of view, has a good handle on the service and run's it well."

Working in partnership with others

- The registered manager told us how they had worked alongside the local GP surgery and the local authority during the pandemic, the lockdowns and during an outbreak at the service. The registered manager worked collaboratively with professionals and commissioners to ensure people's needs were met and people had the relevant support and equipment was made available. One professional said; "Quick to respond when we contact the service."
- Where changes in people's needs were identified, prompt and appropriate referrals for external professional support were made. These included GPs to provide joined-up care and support.