

## Beach Crest Residential Home

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### Inspection report

40 Marine Drive East  
Barton-on-Sea  
New Milton  
Hampshire  
BH25 7DX

Tel: 01425612506

Website: [www.beachcrest.co.uk](http://www.beachcrest.co.uk)

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Beach Crest is a residential care home providing personal care to 11 older people at the time of inspection. The service is registered to accommodate up to 11 people.

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

People told us they felt safe. Staff understood their role in recognising and reporting poor practice and suspected abuse. Risks to people and their environment were assessed, monitored and reviewed regularly with staff understanding the actions needed to reduce the risk of harm to people. Staff had been recruited safely, with checks in place to ensure they are suitable to work with older people. Staffing levels were flexible and responsive to people's needs and choices. Medicines were administered safely but not in line with best practice guidance.

We have made a recommendation that the provider review current guidance on the administration of medicines and update their practice accordingly.

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.

Staff received an induction and ongoing training and support that enabled them to carry out their roles effectively. Some refresher mandatory training was overdue, and the registered manager organised dates for staff during our inspection.

People had their eating and drinking needs understood and met including safe swallowing diets. A range of healthcare services were available for planned and emergency events. Information about key elements of a person's care was shared with other health and social care professionals when transferring between services ensuring consistent, safe care.

Staff were described as kind and caring, providing care at a person's pace. Relationships between people, their families and the staff were warm and friendly. People had their dignity, privacy and independence respected and felt involved in decisions about their day to day care.

Planned care was person centred, reflective of people's lifestyle choices and responsive to changing needs. Staff knew people well and planned activities both in the home and community that were reflective of their past history and interests. People had an opportunity to be involved in end of life planning which reflected their spiritual and cultural needs. A complaints procedure was in place that people and their families were familiar with and felt any concerns would be listened to and acted upon.

The culture of the home was open and friendly with visible management and effective teamwork. Staff

understood and spoke positively about their roles. Quality assurance processes were effective in monitoring quality and gathering and responding to feedback from people, families and the staff team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 3 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Beach Crest Residential 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Beach Crest 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection-

We spoke with two people who used the service and two relatives about their experience of the care

provided. We spoke to four members of staff including the registered manager, care workers, the cook and housekeeper. We reviewed a range of records including two staff files in relation to recruitment, training and supervision. We also looked at two people's care records and medicine charts and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and topical cream charts.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received care from staff that had been trained and understood their role in recognising and acting on concerns of abuse or poor practice. A care worker told us, "We know people well and if they change, perhaps not talking or laughing, not happy, I would talk to the person and hopefully they would tell me what's wrong".
- People and their families told us they felt safe. One person said, "I feel very safe and wouldn't want to be anywhere else; I like the security".

Assessing risk, safety monitoring and management

- People had their risks assessed, monitored and reviewed. Staff understood the actions needed to minimise the risk of avoidable harm and we observed these being followed. This included people receiving the correct textured food and drink to aid safe swallowing and specialist pressure relieving equipment in place to protect people's skin.
- Records showed us that equipment was checked and serviced regularly. This included fire equipment, gas boiler and hoists used for moving and transferring people.
- Personal evacuation plans were in place which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Staffing and recruitment

- People were supported by staff that had been recruited safely. This included obtaining employment and personal references and a criminal record check to ensure they were suitable to work with older people.
- Staff and people told us there were enough staff. We observed staff responding to people's requests for assistance in a timely way and providing care at the person's pace.

Using medicines safely

- People received their medicine safely, but best practice guidance was not always being followed.
- When people had been prescribed a topical cream, clear instructions were not always available to ensure they were applied consistently. During our inspection the registered manager completed body maps detailing when and where creams needed to be applied. Some cream prescription instructions stated, 'as directed'. The registered manager told us they would review these with the prescribing GP.
- Some medicines require storage in a fridge. There was not a dedicated medicine fridge which meant medicines were stored in the kitchen fridge in a lockable metal tin. The registered manager told us they would complete a risk assessment to review the safety of this practice in line with best practice guidance.
- Medicine administration records (MAR) did not all contain a photograph of the person. A photograph

reduces the risk of medicine being administered to the wrong person. The registered manager told us they would review consent of photographs with people and if agreed add to the MAR.

- Protocols were in place for medicines prescribed for as and when needed ensuring they were administered consistently and appropriately.

We recommend the provider consider current best practice guidance on the ordering, storage, administration of medicines in a residential care home setting and take action to update their practice accordingly.

#### Preventing and controlling infection

- People were protected from avoidable risks of infection as staff had completed infection control and food hygiene training and were observed following safe protocols. Care staff confirmed that personal protective equipment such as disposable gloves and aprons were always available.

- All areas of the home were clean and there were no malodours.

- Posters provided information to visitors on safe infection prevention practices.

#### Learning lessons when things go wrong

- Incidents and accidents were seen as a way to improve practice. The registered manager reviewed them, identified risks and trends and took the actions needed to improve people's safety. This had included putting an alarm mat next to a person's bed to alert staff they were up and may need assistance.

- External safety alerts were reviewed to ensure up to date information on risks was understood and if appropriate acted upon. The registered manager told us, "I always read and check them to see if they apply to our current residents".



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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, their families, and where necessary, health and social care professionals, had been involved in pre-admission assessments that gathered information about care needs, lifestyle and spiritual choices.
- Assessments had been completed in line with current legislation, standards and good practice guidance.

Staff support: induction, training, skills and experience

- Staff had completed an induction and had on-going training and support which enabled them to carry out their roles effectively. Training had included oral care, diabetes and person-centred care. One person told us, "Staff are very well trained; I marvel at the work they do".
- We found some mandatory refresher training such as moving, and handling and safeguarding were overdue. During our inspection the registered manager agreed completion dates with staff.
- A care worker told us about their dementia training. "This helped me understand more about older people. They need to actually see that somebody cares about them".

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

- People had their eating and drinking needs understood and met. This included special textured meals for people with swallowing difficulties, diets to support health conditions such as diabetes and diets that reflected lifestyle choices such as vegetarianism.
- People spoke positively about the food. One person told us, "Food is very good, plenty of choice and you can ask for something different".
- Drinks and snacks were made available to people throughout the day.

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

- Records showed us that people had received support from other agencies when needed including specialist hospital teams, community dentists and social workers.
- When people were transferred to another agency, such as a hospital key information about their care and communication needs, medicines and key contacts was provided to ensure consistent care.
- People had access to a range of healthcare services including GP's, chiropodists, opticians and audiologists for both planned and emergency situations.

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

- The building met the needs of people. Areas around the building were accessible to people including

outdoor space. People had access to specialist bathrooms if needed. Large letter and picture signage assisted people to independently orientate themselves around the building.

- A communal area provided a place to meet and socialise with other people or share a meal.
- People's rooms were individualised and contained personal items that reflected their lives and interests.
- People had been involved in choosing colours and fabrics when the communal area had been refurbished.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Records and observations demonstrated that people were involved wherever possible in decisions about their care. Records included consent to care, photographs and sharing personal information with other professionals.
- When people had been assessed as lacking capacity to make a decision records showed us best interest decisions had been made on their behalf including personal care and receiving medicines.
- Records showed us that DoLS applications had been made to the local authority but at the time of our inspection there were no authorised DoLS with conditions in place.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People and their families spoke positively about the standard of care. One person told us, "(Staff) are patient, kind and I'm never rushed". A relative said, "The care is superior to anything; it's like a big extended family". A compliment read, 'Many thanks to you for your excellent care for (relative) which is so tailored to her as a person, and caring of her needs'.
- We observed warm, friendly relationships between people, visitors and the staff team. The atmosphere was calm and relaxed with people chatting together, reading a newspaper or enjoying a TV programme.
- Staff knew people well and were respectful of people's lifestyle choices and daily routines.

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

- People felt involved in decisions about their day to day lives. One person said, "I always feel I get what I want". Another told us, "They (staff) do listen to what I ask".
- People had their individual communication needs understood enabling involvement in decisions. A care worker explained, "(Name) we offer (them) a drink and will nod head and stretch hand out".
- People had access to an advocate if they needed independent help in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People had their dignity and privacy respected. We observed good practice throughout our inspection. People were called by their preferred names, staff respected people's privacy when they had visitors and knocked before entering people's rooms.
- People were supported to be independent. Care staff demonstrated a respect for people's independence such as when providing personal care, ensuring they only helped in areas a person was unable to manage themselves.
- Confidential data was accessed by electronic passwords or stored in a secure place ensuring people's right to confidentiality was protected.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People had care plans which reflected their personal care needs and lifestyle choices, were understood by staff and reviewed regularly.
- Care was responsive to people's changing needs. An example was changes to how a person needed to be moved and transferred following a hospital admission.
- People had opportunities to be involved in activities tailored specifically to their interests such as listening to their favourite music, books, jigsaws and games. One person told us, "Staff go for a walk with me most days".
- Links to the community included visits from a local place of worship. One person told us, "We've been out to Christchurch; they (staff) arrange things; they are good at that". A care worker explained, "One (person) lived locally. We went in the car and showed (them) familiar places. They were so happy".

### 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.

- People's communication needs were clearly assessed and detailed in their care plans. This included whether people needed glasses or hearing aids. Additional support such as information provided in large print or picture form could be made available if needed.

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

- No formal complaints had been made since our last inspection. However, people were aware of the complaints process and felt if they raised a concern appropriate actions would be taken. One person told us, "(Registered manager) very good at sorting things out; he doesn't let it go unsorted". Another told us, "(Registered manager) is excellent; sorts things out".
- The complaints policy included details of how to appeal against a complaints decision, including external agency details such as the health and social care ombudsman. Information was in word and picture format to aid understanding for people with sensory or cognitive impairments.

### End of life care and support

- People had an opportunity to develop care and support plans detailing their end of life wishes. These included any cultural requirements and decisions on whether they would or would not want resuscitation to

be attempted.

## 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff spoke positively about their roles and described a supportive, inclusive culture that was focused on the people living at Beach Crest. A care worker said, "Teamwork is great, staff are there for me all the time; we ask and help each other".
- Staff were able to provide examples of how sharing ideas had ensured positive, person centred outcomes for people. A care worker explained, "I had a discussion with (registered manager) about activities. We have mobile ladies and I suggested a trip to (garden centre). We've been a couple of times now. We all really enjoy it".

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 service understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with families.

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

- Staff felt appreciated and understood their roles. A care worker told us, "I feel appreciated, even if I'm making a mistake. I appreciate being told, it's good, it helps with understanding, it means there (management) taking care of us, makes you feel supported".
- The service had a good understanding of their responsibilities for sharing information with CQC and records showed this was done in a timely manner. The service had made statutory notifications to CQC as required. A notification is the action that a provider is legally bound to take to tell CQC about any changes to their regulated services or incidents that have taken place in them.
- Auditing systems and processes were effective at monitoring service delivery and regulatory requirements. They included monthly quality monitoring visits carried out by the proprietor, external pharmacy audits and health and safety environmental audits.

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

- People, their families and the staff team had opportunities to feedback comments both informally in one to one discussion, at planned group meetings and through quality surveys.

- Quality surveys to gather feedback from people had been designed in picture format depicting a range of facial expressions such as smiley or sad faces. The registered manager explained this was "to aid involvement". Feedback had been listened to and actioned. An example was sharing with relatives in advance planned activities to help them plan better.
- Information had been shared with people and their families explaining how to use the CQC website to provide feedback about their experience of the service.

#### Working in partnership with others

- The registered manager worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This included attending a local health and social care group for providers and accessing information from Skills for Care and CQC newsletters.