GCH (Alan Morkill House) Limited

Beachcroft House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Beachcroft House is a care home which is registered to provide personal care and nursing care to up to 84 older people with physical disabilities, frailty and/or living with dementia. There were 50 people living at the service at the time of our inspection and two people were in hospital. The provider had not yet opened the designated suite for people assessed to require nursing care. The service is purpose built over five floors and offers a range of communal areas and facilities.

People's experience of using this service and what we found
People and their relatives were happy with the quality of care and support they received at the service.

People received care and support that was developed to meet their individual needs as reflected in their care plans. However, some of the individual assessments to identify and meet risks to people's safety and wellbeing needed to be more detailed and tailored to people's unique circumstances.

People were supported with their medicine needs, although some improvements were needed to ensure the safety and effectiveness of the medicine system.

People were pleased they were provided with a clean and hygienic home where staff followed correct procedures to protect them from the risk of infections.

Staff were described as "lovely and caring" and relatives praised the staff team for keeping their family members safe.

People enjoyed activities to keep them entertained and stimulated during the lockdown. People and their relatives spoke highly about well appointed and comfortable premises, which were described as "beautiful".

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 felt consulted about their wishes and they knew how to make a complaint if they wished to. They told us the service was well managed and they had full confidence in the performance of the registered manager.

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

This service was registered with us on 17 September 2020 and this is the first comprehensive inspection.

Why we inspected

The inspection was prompted in part due to concerns received from an anonymous source about people's safety and the quality of their care. This included concerns in relation to how people were protected from the risks of malnutrition, falls and infection, neglect, leaving the premises unwitnessed and unsatisfactory continence support. A decision was made for us to inspect and examine those risks.

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.

We found no evidence during this inspection that people were at risk of harm from the concerns alleged by the anonymous source. However, we have found evidence that the provider needed to make improvements.

We have recommended the provider monitors the level of detail within risk assessments and reviews some of the medicine practices which were not in line with their own medicine policy and procedures. We have also recommended the provider develops its monitoring and auditing processes in order to effectively identify and address issues with the quality of people's risk assessments.

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

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We may inspect again if we receive any further information of concern.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
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**

Beachcroft House

Detailed findings

Background to this 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.

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
The inspection team consisted of three inspectors, a member of the CQC medicine optimisation team, two Specialist Professional Advisors who were both registered nurses and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service. One of the inspectors and the Expert by Experience were not present at the inspection and carried out inspection related activities including phone calls to people, relatives and staff following the site visit.

Service and service type
Beachcroft House is a 'care home'. People in care homes receive accommodation and nursing or personal are as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we held in relation to the service.
As part of CQC's response to care homes with outbreaks of coronavirus, we conducted reviews to ensure

that the Infection Prevention and Control practice was safe and the service was compliant with IPC measures. We carried out a targeted inspection looking at the IPC practices Beachcroft House had in place on 22 January 2021 and were assured the service was safe.

The service experienced an extensive COVID-19 outbreak in January 2021 and was recovering from this outbreak at the time of our inspection visit.

We reviewed notifications about events at the service which the provider is required by legislation to inform us about, for example any safeguarding concerns. We sought and received feedback from the local authority and local health care professionals who work with the service. Information was received from the local authority quality assurance team, safeguarding adults lead, public health officer, GP and a specialist community nurse.

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

During the inspection
We spoke with 11 members of staff including four care assistants, two team leaders, the chef, the deputy manager, the registered manager, the area manager and an activities organiser. We also spoke with the visiting GP. We met two people living at the service who wished to tell us about their positive experience of using the service but did not make formal arrangements to speak with additional people, in line with our safety measures during the COVID-19 pandemic.

We reviewed a range of records which included 12 people's care records and 17 medicine records. We checked the recruitment files and individual supervision records for five staff. A variety of records relating to the management of the service policies and procedures were reviewed.

We spent one day at the service on 17 February and provided feedback to the registered manager and area manager on 26 February. Inspection activity was concluded 1 March 2021.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at audits, training data, complaints and compliments and quality assurance records. We spoke with five people who used the service, five relatives, six members of the staff team and a representative from the local authority.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● Systems were in place to assess the risks to people's safety, health and welfare and provide written guidance for staff to mitigate risks. However, we found that some of the risk assessments and risk management plans we reviewed needed additional information to promote people's safety in a thorough and effective manner. For example, one person's care plan documentation contained inaccurate information that stated they were at risk of falls due to dehydration. The provider informed us this was a recording error and the person was not dehydrated.

● A second person's 'personal risk and behaviours' plan stated that staff should employ distractions to discourage the person from trying to leave their suite. However, there was no guidance as to what distraction techniques should be used and the reasons why. Following the inspection the provider informed us they had been following distraction techniques at the time of the inspection, which were recommended by psychologists from the local mental health team for older adults. This guidance was not contained within the person's care plan at the time of the inspection but had been shared with staff in team meetings. The person's care plan has now been updated and the distraction techniques have supported the person to not leave their suite without appropriate support to promote their safety.

●The falls risk assessments for two people identified one person was at high risk of falls and the other person was assessed to be at moderate risk. Falls prevention care plans were not in place although there was guidance about falls prevention actions within their mobility care plans. Following the receipt of the draft inspection report the provider informed us the formatting of their care plan system incorporates a falls prevention plan within the falls risk assessments and mobility care plan. The provider is now reviewing their care plan system in relation to developing a separate falls prevention care plan.

● Another person was stated to experience pain and would not be able to easily summon staff for assistance. Staff were advised to carry out frequent monitoring checks and it was noted this occured, but the frequency was not indicated.

● People were provided with equipment to promote their safety, for example walking aids, sensor mats and crash mats. Records showed their safety equipment needs were kept under review.

● Individual emergency evacuation plans had been developed to inform staff about what support people needed if it was necessary to evacuate them. We noted the emergency evacuation plan for a person who was a smoker did not specify they were prescribed an emollient cream for a skin condition, although this information was recorded in other assessments within their care plan. Emollients are easily transferred from a person's skin to their clothing and bedding and can increase risks of fire when in contact with a naked flame.

We recommend the provider carries out further monitoring of the risk assessments and risk management plans to make sure guidance for staff is clearly presented.

Using medicines safely

● Systems were in place to support people with their prescribed medicines, although we found areas of practice that needed to be more closely monitored. Staff did not always ensure that entries were countersigned when a medicine administration record (MAR) chart was handwritten, which was not in line with the provider's medicines policy. The service was in the midst of a COVID-19 outbreak at the change to a new medicine cycle and a recording error was made whereby entries were not countersigned when a medicine administration record (MAR) chart was handwritten, which was not in line with the provider's medicine policy. This was immediately countersigned on the day of the inspection.

● Protocols were not in place for all medicines being given 'when required'. Staff did not always record the reason why a 'when required' medicine was given, which was not in line with the provider's medicines policy. There were 33 PRN protocols in place for 'when required' medicine should be given. The inspector identified three protocols were missing. They were immediately actioned and put in place at the time of the inspection.

● We found some staff did not know how to use the thermometer on the fridges properly.

We recommend the provider should review their processes to ensure staff adhere to the medicine policy.

● Medicine systems were organised and medicine stock, including controlled drugs, were well managed. There were effective systems for managing medicine incidents and medical alerts. Staff were trained and assessed as competent before being allowed to administer medicines.

Systems and processes to safeguard people from the risk of abuse

● The service had implemented appropriate practices and procedures to protect people from the risk of harm and abuse. Staff had attended safeguarding training and understood how to identify and report any concerns about people's safety and wellbeing. One staff member told us, "Management talk to us about how to keep people safe, it is taken very seriously. We are encouraged to report any concerns about our residents."

● People told us they felt safe with staff and relatives confirmed they felt their family members were safe. People described staff as being "kind" and "patient" and a relative commented, "100% safe…I feel [family member] is well looked after." A second relative described their family member as being "Totally safe" living at the service.

● The registered manager reported safeguarding concerns to the local authority and notified CQC without delay, in line with the law. Staff were provided with 'whistleblowing' guidance about how to raise any concerns within their organisation and externally, if necessary. Whistleblowing is the term used when an employee raises a concern about wrongdoing in the workplace.

Staffing and recruitment

● Staffing levels were arranged to ensure people's needs were safely met. We observed that there were three staff supporting 10 people residing on one suite, however two people required one to one staff support. The registered manager informed us a team leader rostered to work on the suite was unwell and had given short notice of their absence and the deputy manager was available to assist staff, which was considered safer for people using the service than booking an agency worker during lockdown.

● People told us, "There are always staff about when needed" and "If I use my call bell they come straight away." Staff told us there was usually enough staff on duty to enable them to care for people in a dignified and unhurried way, although they had experienced pressurised times when a significant number of people using the service and some of their colleagues were unwell due to COVID-19.

● Detailed recruitment practices were in place to ensure people were protected from the risk of receiving their care and support from staff who did not possess suitable experience and backgrounds to work at the

service. The file for a newly appointed staff member demonstrated a rigorous approach, which included two satisfactory references, proof of identity and right to work in the UK and a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable candidates from working with people who use care services.

● At the time of the inspection all but one staff member working at the service had transferred under protected employment rights from two former care homes in the area, and the provider had undertaken checks to ensure all necessary documents were satisfactorily in order.

Preventing and controlling infection

● Robust systems were in place to protect people who used the service and the staff team from catching and spreading infections. Although we observed occasional minor oversights by individual staff members, we found the provider was actively supporting staff to safely and effectively use personal protective equipment (PPE). The registered manager told us she had observed some members of the staff team on CCTV not correctly adhering to PPE guidelines and had taken action to ensure their understanding and compliance with the provider's PPE policy.

● The premises were clean, hygienic and free from any malodours. Thorough cleaning practices were in place and records were maintained to demonstrate the frequency of the cleaning regimes. Different types of infection prevention and control (IPC) audits were carried out on a daily, weekly and monthly basis to ensure people were as safe as possible.

● There were clear practices to promote safety, which included conducting lateral flow tests and other checks before permitting professional visitors and essential contractors to enter the premises. At the time of the inspection the service was not admitting new people. The provider was following the advice of the local public health team in relation to when they could re-commence admissions.

● The provider had an up to date IPC policy and kept other key policies such as the visiting policy under review. There was plenty of prominent signage to remind people and staff to maintain their safety, for example the importance of regular hand washing. Staff rotas were designed to ensure staff consistently worked on the same suite and staff were provided with break areas on their floor in order to reduce the risks associated with any unnecessary travel within the premises.

Learning lessons when things go wrong

● Accidents, incidents, safeguarding concerns and other events were recorded and analysed by the management team in order to identify any actions to be taken to reduce the risk of recurrence.

● Records showed the provider liaised where necessary with external health care professionals following an accident or incident. For example, we saw where people were referred to an occupational therapist so their moving and positioning needs could be assessed as an accident had identified possible deterioration with their mobility.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.
This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs, preferences and wishes were assessed prior to moving into the service and during the first days of their admission, to ensure they were provided with appropriate care and support to meet their individual requirements. The service admitted people through a 'block bed' arrangement with the local authority, therefore their needs were assessed by social workers and healthcare professionals in addition to the assessments conducted by senior and experienced staff working at the service.
● People's needs were assessed by using recognised clinical assessment tools for identifying and addressing the needs of older people. This included assessment tools to identify if people were at risk of pressure ulcers and to understand people's individual dependency levels for care and support to meet their daily activities of living.
● The provider had introduced 'champion' roles for staff to promote best practice throughout the service. This enabled individual staff members to develop their interest and knowledge about the needs of people using the service so they could support colleagues to keep up with new ideas, changes to policies and different professional approaches. For example, champions had been appointed for safeguarding people and meeting the needs of people living with dementia.

Staff support: induction, training, skills and experience
● People received their care and support from staff with a suitable training programme to carry out their roles and responsibilities. However, unavoidable disruptions to the delivery of this training had occurred due to the impact of Covid-19 at the service. The registered manager maintained detailed records to show how many staff had completed their mandatory training and where the provider's own compliance standards with training had not yet been achieved due to the pandemic. Plans were in place to enable staff to complete their training schedule.
● Staff new to care were supported to undertake the Care Certificate. This is offered at induction level and provides care workers with an identified set of standards to adhere to in their daily working life.
● Staff told us they felt well supported by the management team to competently perform their duties. Regular weekly meetings took place to enable staff members to meet with the management team and keep up to date with important developments, particularly the frequently evolving changes to policies and practice due to COVID-19.

Supporting people to eat and drink enough to maintain a balanced diet
● Arrangements were in place to support people to receive a healthy and balanced diet, and ensure people received the individual support and/or encouragement they required to meet their nutritional and hydration needs. People told us they enjoyed their meals and snacks. Comments included, "They make nice meals" and "The food is very good with lots of choice and plenty of tea and biscuits."

● People were supported to maintain a safe weight where possible to promote their health, comfort and wellbeing. The GP informed us some people had lost weight due to being COVID-19 positive as they were unable to eat when they were acutely unwell. People's weights were closely monitored and action was taken, in line with the provider's malnutrition guidelines. A staff member told us, "Some people are losing weight, they get a smoothie and we try to enrich their food with cream."
● Due to the pandemic people were dining in their own rooms so we were not able to view how the service created a pleasant and relaxing communal dining experience for people who ordinarily chose to eat with others in the dining rooms. Audits were carried out to ensure people were offered dignity and choices, including whether they were given serviettes, a choice of water or juices and condiments to add additional flavour to their meals. However, we observed that people were not supported to wash their hands before eating and were not offered salt and pepper on one of the suites.
● We viewed menu plans and spoke with the chef about how they ensured people's different preferences were identified and met. The chef confirmed they were kept informed about whether people had specific dietary needs, for example if people required a diabetic, thickened or pureed diet. The staff we spoke with all demonstrated a clear awareness of people's individual dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The provider demonstrated an active approach to working productively with other organisations and local professionals. Discussions with the registered manager and area manager showed they closely liaised with local authority teams including public health officers in order to protect people during the pandemic. Health care professionals we spoke with confirmed they had given guidance to the provider which was appropriately acted on.
● The management team informed us they had a positive relationship with the GP service allocated to the care home. The GP visited three times a week and confirmed to us they did not have any concerns with how staff reported people's healthcare concerns and followed medical guidance.
● People's care plans provided information about their healthcare needs and how these needs should be met. This included guidance for staff to support people with their oral health care needs. People were referred to external health care professionals for assessment and treatment; however, the lockdown had temporarily impacted on people's access to a wider range of healthcare services.

Adapting service, design, decoration to meet people's needs
● People were provided with a comfortable and well-maintained environment that was designed to meet their physical needs, for example there were wide corridors to safely accommodate wheelchair users and people had individual wet rooms. People and relatives spoke very positively about the premises. Comments included, "I love the building, I love my room with a view of trees and birds", "I like living in this nice building, I have my own shower and toilet" and "The facilities are very good and the bedrooms are beautiful."
● We observed the premises were spacious and modern, and included a large garden. There were memory boxes outside bedrooms and different colour strips to support people living with dementia to navigate around their environment. However, the different colour strips appeared quite similar which might disorientate some people.

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.

- Processes were in place to support people to make their own decisions where possible and protect their human rights. People's care plans assessed whether they could make their own choices although we found some assessments that needed further clarification. For example, we noted that one person had a general mental capacity assessment which stated they lacked capacity to make decisions but did not have a specific assessment for receiving one to one care.
- Staff had received MCA training. They explained to us how they sought people's consent before providing personal care and supported people to make meaningful choices about their daily lives and routines.
- The management team referred people for DoLS assessments where necessary. Records were maintained to identify when authorisations were due to expire so that the local authority could be informed, to ensure people were not unlawfully deprived of their liberty.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; respecting equality and diversity

● People and their relatives confirmed they were treated in a kind, respectful and supportive way. Comments from people and relatives included, "The staff are very generous and open, kind and pleasant, they are just like friends" and "[Staff member] looks after [my family member]. He/she is always caring and pleasant."

● We observed positive interactions between people who used the service and staff. People were supported in a polite and patient manner.

● Staff told us that although there had been busy and emotionally difficult times due to COVID-19, they always enjoyed their contact and close connections with people living at the service. One staff member said, "Being with our residents and making their lives happier is rewarding."

● People's individual cultural and/or religious needs were identified in their care plans. The chef prepared additional meals along with the regular menu so that people's individual food preferences could be met, including dishes that reflected their culture. People and staff told us there were initially visits from religious ministers when the service opened but this ceased due to the lockdown. A staff member told us they put on religious music CDs for people who asked to listen to this music in their rooms.

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

● People were supported to participate in the planning and reviewing of their care and support, if they were able to and wished to. One person told us they planned their own daily routine as they liked to stay up late at night and this was facilitated by staff. The service was not able to organise 'residents' meetings' at the time of the inspection due to social distancing requirements.

● All of the people living at the service at the time of the inspection had moved into Beachcroft House having previously lived at either Carlton Dene or Westmead care homes, which both subsequently closed. People were supported by a local advocacy organisation to make important decisions about the moving process and we were shown documentation about the advocacy support they received. This had provided people with valuable knowledge about how advocacy services could provide support for other matters in their lives.

Respecting and promoting people's privacy, dignity and independence

● The provider demonstrated a clear commitment to supporting people in a dignified and respectful manner. For example, we saw staff addressed people by their first name or more formally if this was their chosen preference and knocked on people's doors before entering. People were consulted as to whether they wished to receive their personal care from a staff member of their own gender and the staff we spoke with understood and respected people's preferences.

● There were appropriate procedures in place to ensure people's entitlement to their privacy and

confidentiality was respected. For example, people were provided with a lockable cabinet in their bedrooms and private information about people's needs was not displayed on communal noticeboards.

● People were supported by staff to maintain important relationships with their relatives and friends, which was particularly important to the people we spoke with as part of this inspection. One person told us, "I have still seen my family during this lockdown, I see them through the window" and a relative stated, "[Family member] looked well cared for and was very happy and smiley, when I did my window visit."

● Staff supported people to maintain contact with their loved ones through telephone calls and through using electronic devices that enabled people to simultaneously speak and see each other. The activities programme showed that although there were allocated times that staff supported people with this contact, a flexible approach was employed to provide people with reassurance and meet the needs of relatives with different commitments.

Good

Is the service responsive?

Our findings

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

● People had individualised plans of care which were developed using assessments of their needs and information about their interests and preferences. These care plans provided detailed information about how to meet people's needs, although we noted that some care plans were better developed than others.

● For example, one person's care plan explained how they liked a type of music and dancing that reflected their cultural background, and it provided the person with emotional reassurance. Another person's 'emotional support plan' stated they should be encouraged to join in with activities but did not indicate which activities could be of interest to them.

● Information was sought from people and their chosen representatives such as their former occupation, special holidays taken and their family structure, unless people did not wish to discuss this. Background history about people enabled staff to build relationships with them as it provided interesting topics to establish discussions.

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 had been assessed and recorded in their care plan, for example if a person was issued with hearing aids and what support they needed to use these aids.

● Information was produced in different formats to promote wider accessibility. This included an easy read version of the provider's complaints policy.

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

● At the time of the inspection social activities in a group setting of any size were not possible due to the restrictions of the lockdown. The activities organiser was keen to share with us how they had moved from a mixture of individual and group activities to entirely individually delivered activities.

● They knew people well and were aware of their specific social and leisure interests suitable for one to one sessions, for example knitting or talking about current affairs in the daily newspaper. The activities programme showed the activities team had endeavoured to provide creative options to engage people during the lockdown, such as beauty care, playing board games, reading and memory triggering quizzes.

Improving care quality in response to complaints or concerns

● Systems were in place to support people and their representatives to voice their complaints or concerns.

At the time of the inspection the service had one formal complaint which had been fully investigated by the provider. None of the people or relatives we spoke with had any complaints or concerns and said they would feel confident telling the registered manager if anything arose.

● The management team also maintained a list of informal issues and a record of how these were addressed. For example, one person was unhappy about how a breakfast item was cooked and another person had missed out on being supported to have a remote contact session with an external supporter on one occasion. These matters were dealt with in an open and supportive way and action was taken to satisfactorily resolve people's discontent.

End of life care and support

● People's end of life wishes were recorded in their care plans, unless people and/or their relatives were hesitant to consider and share this information.

● The provider demonstrated a responsive and sensitive approach to meeting the needs of people at the end of their life. The deputy manager confirmed that none of the people living at the service at the time of the inspection visit were receiving end of life care; however, they were able to comprehensively discuss with us the type of care and support that would be provided.

● We were informed that when the GP identified a person needed end of life care they spoke with relatives and made a referral to a local hospice, so the person received specialist support at home and care staff received professional guidance that was individual to the person's needs. A medicine review was carried out by the GP and anticipatory medicines were prescribed. District nurses were responsible for managing syringe pumps.

● Staff supported people and their relatives to meet their emotional needs, and spiritual needs if necessary. Close relatives were permitted to visit at the final hours of a person's life as COVID -19 visiting restrictions no longer applied and staff contacted the person's faith representative if applicable.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- Although there were systems in place to monitor the quality of the service, we found specific issues in relation to the robustness of risk assessments and shortfalls with some aspects of medicine management which were not identified by the provider's own quality assurance checks.

We recommend the provider seeks professional guidance to implement a more robust system for monitoring risk assessments and medicine management.

- Checks were carried out by the management team to ensure people were correctly supported by staff. This included unannounced night-time checks by the registered manager and auditing of care plans. Other checks took place, for example call bell audits to ascertain if people were promptly responded to when they needed staff support.
- A 'shared learning tool' was used by the provider to achieve reflective learning amongst staff following an incident, accident or complaint. The provider told us this tool was developed to encourage staff to work towards good practice and quality improvement. We saw how this tool was used to learn lessons following an accident at the service.
- The registered manager demonstrated a suitable understanding of their legal responsibilities and how to act with candour. We found accidents, incidents and other events were recorded in a transparent manner. The provider spoke openly at the inspection and in prior recent discussions with CQC about the challenges at the service due to the outbreak of COVID-19 in January 2021.
- The provider sent notifications of significant events to CQC in a timely manner, in accordance with legislation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People who used the service and their relatives told us the culture of the service was focussed on providing person-centred care in a friendly and supportive environment. We received positive remarks about the approach of the registered manager which included, "[Registered manager] is always about and I would tell her if I was worried about anything" and "I would recommend Beachcroft because of the whole package, I am more than happy."
- The people and relatives we spoke with all knew who the registered manager was and described their communication with the management team as being "excellent". The provider had conducted a remote online meeting for relatives a few days prior to the inspection visit. Attendees reported this was useful and

they wanted monthly meetings. One relative told us, "I took part the other day and found it very helpful… discussing the way forward."

● Relatives praised the management and staff team for enabling them to keep up to date with how their family member was getting on. Staff sent relatives videos of their family member taking part in activities and enjoying themselves.

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

● People who used the service had informal opportunities to give their feedback to the registered manager and the staff team about their experiences of using the service. As the care home opened six months before our inspection and had faced the difficulties of a COVID-19 outbreak, we noted opportunities to carry out a range of consultation exercises had not yet been possible. For example, regular residents meetings and quality assurance surveys which people were accustomed to in their previous homes could take place when circumstances were suitably stable and safe.

● Staff spoke favourably about how they were managed. The registered manager was described as approachable and empathetic. One staff member told us, "The manager is very supportive. She knows what's going on, if anything is not in order she addresses it and is very hard working."

● We looked at a sample of individual staff supervision records for November 2020, two months after the service opened. Staff expressed the challenges of joining together as one team from two different establishments, which was acknowledged and understood by the provider. At this inspection staff told us they felt a united staff team was now forming but further progress was needed to build constructive relationships with new colleagues.

Continuous learning and improving care; Working in partnership with others

● The provider encouraged staff to work collectively within a culture where information sharing and effective daily communication were essential. 'Take 10' meetings were held each day at the service, to enable senior staff such as heads of departments to plan ahead together to identify how to meet the service's current priorities.

● The service operated a 'resident of the day' system where staff on each suite focussed on reviewing how they met the physical and social care needs of a selected person. For example, the person's care plan was reviewed and their room checked to see how their care, support and environmental safety and comfort could be improved.

● The registered manager was supported by the provider to continuously develop their own managerial knowledge and skills. This included opportunities to attend managers' forums. The registered manager informed us of their own plans to renew a professional clinical qualification, which the provider was supporting.

●The pandemic had widened how the service worked with other local organisations. For example, staff were provided with training by a community nurse about how to don and doff their PPE. The management team and staff told us about the positive impact of working with the public health officers and also a team of specialist NHS nurses who supported care staff to meet the needs of frail and older people.