care inspectorate

South Beach House
Care Home Service

7 South Crescent Road
Ardrossan
KA22 8DU

Telephone: 01294 468234

Type of inspection: Unannounced
Inspection completed on: 5 April 2017

Service provided by:
Church of Scotland Trading as Crossreach

Service provider number:
SP2004005785

Care service number:
CS2003001139

HAPPY TO TRANSLATE

About the service

The Care Inspectorate regulates care services in Scotland. Information about all care services is available on our website at www.careinspectorate.com

This service has been registered since 2002.

South Beach House is provided by the Church of Scotland's Board of Social Responsibility, which is now known as Crossreach. The care home is a large, extended, detached house situated on the sea front in Ardrossan. The home is easily accessible by public transport and is close to local amenities. It is situated in its own grounds and provides accommodation for up to 42 older people; a maximum of 4 of the registered places may be used for respite care. A "Step Up, Step Down" service to people who required additional support following discharge from hospital, prior to going home was being established. Eight of the bedrooms were allocated to new care provision.

At the time of the inspection there were 34 service users.

The service has a service user charter of rights which states that:

"We believe that you deserve the best service possible". It also has a value statement which aims to: "treat everyone as an individual, involve them in decision-making about everything which affects them, be transparent and act with integrity, be fair and accountable and to serve and support everyone in a spirit of grace, humility and compassion."

What people told us

We asked the service to distribute care standards questionnaires. We received four from residents and four from relatives. All respondents strongly agreed or agreed that overall, they were happy with the quality of care.

The following additional comments were made:

"This home is ideal for my friend and she is well looked after in all aspects even to times when she gets upset and needs to speak to me, they phone me which I think is wonderful that they care enough to do this. The activities are amazing and I enjoy joining in."

"I have been associated with South Beach House for many years through church work and visiting friends. I can not speak highly enough about the staff, who lets face it, have at times a very difficult job to do. The staff are very special people who earn our love and respect at all times."

"Generally very happy with care my mother receives. The home is clean, well run, staff are professional and friendly. I would recommend South Beach to anyone considering residential care for a friend or relative.

"All good, everything OK."

"Relaxing, I can talk to [named staff member]."

A volunteer inspector took part in this inspection. They spoke with three residents and four relatives. They made the following general observations.

Care arrangements:

The volunteer inspector described South Beach House as "traditional". Overall, feedback gave the impression of general contentment. Positive comments were made about activities and meals.

Environment:

Visitors found the care home "welcoming". One individual commented "the building is what it is". Bedrooms were light and some had views over the water. People commented positively about housekeeping standards. Relatives commented on the environmental improvements, however, the volunteer inspector noted that furnishings were tired, this included dining room tables and chairs. Residents may have benefited from a pictorial menu. The volunteer inspector commented on the pleasant but underused conservatory area. Access to the stairways and the potential risks to residents with poor mobility were also noted by the volunteer inspector.

Staffing:

The volunteer inspector was given the impression of a long serving staff team. Residents and relatives spoken with felt that there was enough staff and that they were adequately trained. Interactions between staff and residents and families were respectful and warm. One relative spoke appreciatively of staff efforts to support their relative to attend a family function.

Management:

Residents and relatives confirmed that the manager was visible within the car service. They found the manager accessible and approachable. Residents and relatives were aware of the key working system within the care service and knew how to report a concern.

A relative we spoke with commented on the improvement in their family members health and wellbeing since moving to South Beach House. They enjoyed their meals and socialising with fellow residents. We heard that staff communicated effectively regarding any changes in their relatives wellbeing. Overall, the were very happy with all aspects of the service.

Self assessment

The service provider was not asked to submit a revised self assessment. The provider planned to build upon the current environmental improvement plan to produce an overall service development plan.

From this inspection we graded this service as:

Quality of care and support	4 - Good
Quality of environment	4 - Good
Quality of staffing	4 - Good
Quality of management and leadership	4 - Good

Quality of care and support

Findings from the inspection

Overall, we found standards were good.

Each service user had a key worker who had a special interest in their care arrangements. We have repeated a previous recommendation about developing this role in conjunction with the residents day process. See recommendation 1. "All About Me" information and health related risk assessments were used to inform personal plans. The staff demonstrated a good understanding of the needs and preferences of service users. We saw that support from health professionals had been sought where needed to promote health and wellbeing. Daily notes about each persons presentation were recorded. We found that medication was satisfactorily managed, however, records of prescribed creams and lotions should be improved. See recommendation 2.

We spoke with the activity coordinator and observed activities during the inspection. We concluded that their was a range of stimulating activities and some local outings. The local church and schools were involved in the service.

The residents expressed satisfaction in the quality and choice of meals and snacks. Preferences and special diets were accommodated. The manager had implemented a change in supporting residents who required additional help with meals. The manager planned to evaluate this change. A previous requirement about nutritional support was met, however, we found that food and fluid records should be improved to evidence the full extent of nutritional support offered. See recommendation 3.

The provider had improved accident and incident recording. This process would be further improved by recording details of post accident/incident observations and monitoring particularly where a head injury had occurred. The manager was receptive to this and agreed to implement this immediately.

The service was introducing a "Step Up - Step Down" service. It was planned that eight beds be used for this purpose. This involved individuals discharged from hospital who required support prior to returning home. The service had supported a small number of individuals on these terms and it was expected that this element of the service would increase in the coming months. The management were aware of the need to formalise how this aspect of the service would be managed. This includes amending the aims and objectives of the service and implementing admission and discharge protocols and an appropriate system of assessment, care planning and evaluation documentation to support service delivery. We also asked the manager to consider deployment of staff to ensure continuity for these service users and promote effective communication between the hospital based health professionals and the local GP service involved in care arrangements. See recommendation 4.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 4

1. The keyworker system should be developed to ensure that residents care plans are fully implemented and that staff have the time and support to discharge their responsibilities in terms of meaningful activities.

National Care Standards, care homes for older people - standard 6: support arrangements.

2. Topical medicine administration records should be consistently completed in accordance with prescribers instruction or skin care personal plan.

National Care Standards, care homes for older people - standard 6: support arrangements.

3. Food and fluid records should be improved to evidence the full extent of nutritional support offered.

National Care Standards, care homes for older people - standard 6: support arrangements.

4. The provider should formally set out how they intend to deliver the Step Up, Step Down service. This should take account of but, is not limited to the following areas:

Amendment to the care services aims & objectives
Admission and discharge protocols
Implementation of appropriate care documentation to support the assessment, care planning and evaluation process
Deployment of staff to support effective communication and continuity of care

National Care Standards, care homes for older people - standard 6: support arrangements, standard 5: management and staffing arrangements.

Grade: 4 - good

Quality of environment

Findings from the inspection

South Beach House is a spacious, detached period property overlooking the promenade. The service extended over two floors accessible by three stairways and passenger lift. All bedrooms were single occupancy. All but one bedroom had an en suite. There were toilets, shower and bathing facilities on each floor. There was a popular main lounge and a number of other seating areas. Most service users chose to take their meals in the dining room.

Service users were encouraged to personalise their rooms with soft furnishings, photographs, personal mementos and small items furniture.

We found that the improved levels of cleanliness and odour had been maintained. The service employed an individual to manage day-to-day maintenance matters.

Overall, the furniture and decor was tired. The provider was working through an environmental improvement plan. We were pleased to note that this included replacement dining room furniture. We found the dining chairs worn and in need of replacement. The use of table cloths at mealtimes improved the appearance of the tables.

The provider should take account of best practice guidance in the field of dementia care when making improvements to the environment. We heard that improved signage was planned. The volunteer inspector rightly suggested the inclusion of a large pictorial menu within the dining area.
Work was underway to improve the garden area. The local school was involved in this project.

The manager was aware of the need to continue to review the risk assessment for the open stairways.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 0

Grade: 4 - good

Quality of staffing

Findings from the inspection

We found the staff helpful and cooperative during the inspection process. Staff had a good understanding of the needs and preferences of the residents in their care. Engagement between staff and residents was pleasant, however, completion of our observation tool (SOFI) highlighted occasions where engagement could be improved. We shared our observations with the service manager who agreed to follow this up.

The manager had access to the Crossreach training calendar and a service based trainer in moving & handling and managing stress and distress. A colour coded training matrix gave an overview of staff training attended. This took account of moving & handling, first aid, managing stress and distress, nutrition, diabetes, safeguarding and skin care. Outstanding dementia refresher training and prevention of falls training was scheduled. The manager agreed to update the training matrix to reflect electronic health and safety training completed and source training in infection control. See recommendation 1. A previous requirement relating to training was met.

We sampled one-to-one supervision records to confirm staff had regular opportunities to speak with their line manager about their day-to-day work and training needs. A previous recommendation relating to this was met.

The manager hosted staff meetings to communicate developments in the service. We saw that the manager challenged where practice fell below expected standards.

Recruitment records were held centrally at the organisations headquarters, who also had responsibility for checking staff were appropriately registered with the SSSC (Scottish Social Services Council). Therefore, these elements were not included within this inspection.

We have discussed a new "Step up Step Down" element of the service. The staff team involved in this aspect of the service may benefit from related training such as re-enablement.

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The staff team should participate in infection control training.

National care standards, care Homes for older people - standard 5: management & staffing arrangements.

Grade: 4 - good

Quality of management and leadership

Findings from the inspection

There is strong leadership and a good management presence within South Beach. The manager and deputy manager were supported by a team of experienced senior care workers. The manager was available on call to provide advice outwith office hours.

The manager had implemented basic audits to monitor standards and compliance. This took account of the general environment, mattresses, personal plans, medication, accident & incidents, weight management and fluid intake charts. A bi-monthly "resident of the day" approach was in place. However, this should be more outcome focused. This could be achieved by involving the key worker in facilitating an activity, outing or "treat" of the individuals choosing. The manager was receptive to this idea based on the success of a previous "make a wish" initiative.

An annual evaluation of service had been completed and posted on the notice board. The service had also successfully retained their Customer Services Award from an external assessor.

Quality surveys and service user meetings were used to gather feedback from residents and relatives. Newsletters kept people informed about developments in the service and planned activities and events.

We have mentioned the introduction of a "Step Up - Step Down" service. The manager was aware of the need for ongoing evaluation of this new element of the service. The evaluation should take account of the impact of this on the permanent residents within South Beach. (See recommendation 1)

Requirements

Number of requirements: 0

Recommendations

Number of recommendations: 1

1. The "Step Up-Step Down" aspect of the service should be formally evaluated.

National Care Standards, care homes for older people - standard 5: management & staffing arrangements.

Grade: 4 - good

What the service has done to meet any requirements we made at or since the last inspection

Previous requirements

Requirement 1

The provider of the service must improve the care planning procedures and ensure these are reflective of individuals care needs. The procedures must include:

- A detailed assessment of service users needs, including health needs where appropriate

- A detailed care plan which gives clear direction to staff on how to meet the needs of all service users, including when to contact external health professionals

- Comprehensive evaluations of care plans where there are any significant changes and/or advice from health professionals

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) Welfare of users.

Timescale: within 28 days of receipt of this report.

This requirement was made on 29 December 2016.

Action taken on previous requirement
Overall, the quality of care planning and health related assessments had improved. We found good person-centred information in the "this is me" section of the care plan and in the care plan review. Staff spoke confidently about the needs and preferences of the residents in their care. Assessments were updated monthly and care plans every two months. We suggested a monthly residents day and evaluation of care plans to coincide with the completion of risk assessments.

We have made separate comments relating to care planning for the new Step Up - Step Down element of the service within the body of this report.

This requirement is: Met.

Met - within timescales

Requirement 2

The provider must take measures to ensure there is a planned and consistent approach to nutritional care. In order to achieve this the provider must:

- Devise nutritional care polices to ensure they reflect best practice

- Implement these policies to ensure there is a planned and consistent approach to these areas of care

- Ensure all staff are fully conversant with above policies

- Demonstrate that risk assessment for nutrition is carried out in accordance with the policy guidance and appropriate care plans are in place to meet the nutritional needs of people.

Ensure that all staff receive training in relation to:

- Nutrition and dehydration in care of the older person and diabetes management. The training must reflect best practice and be recorded in staff training and supervision records.

This is in order to comply with: SSI 2011/210 Regulation 4 (1) (a) Welfare of Service users.

Timescale: within 28 days of receipt of this report.

This requirement was made on 29 December 2016.

Action taken on previous requirement

Nutritional training had taken place. A formal risk assessment tool (MUST tool) was used to assess people's nutritional risk. Weights and BMI (body mass index) were measured. The manager reviewed these and noted any change from the previous month as part of the quality assurance system.

We saw that the dietician had been contacted where weights were causing concern. We spoke with the cook who was knowledgeable about fortifying meals. Fruit smoothies were made on occasions and meals supplemented with butter and cream where needed. A snack box had been introduced to promote dietary intake.
Staff were aware of the individuals who required support with nutritional intake and discussed steps taken to try to promote weight gain. The manager had recently introduced changes to the meal time arrangements to facilitate practical meal support. This was to be evaluated.

We found that food and fluid intake records could be improved to monitor people's intake to establish dietary preferences and eating patterns. We have reflected this in a new recommendation within the body of this report.

On balance, the improvements made met the terms of this requirement.

Met - within timescales

Requirement 3

The provider must develop systems which evidence;

- The training each member of staff had completed

- Show the total number of staff who have completed specific areas of training

- Staff complete training in tissue viability, nutritional care, diabetes, moving and handling, adult support and protection, infection control, managing distressed behaviour, fire safety and health and safety.

This is in order to comply with; SSI 2011/210 Regulation 15 (b) (i) - training appropriate to they work they are to perform.

Timescale: three months from the publication of this report.

This requirement was made on 29 December 2016.

Action taken on previous requirement

The provider had produced a training matrix which gave information on the training staff had attended. Electronic training had also been completed and the manager had access to what training staff had participated in.

This showed that training in the areas specified above had been undertaken. Refresher training in dementia care had been scheduled by the training department and falls prevention training arranged via an external provider.

The staff had began to complete reflective learning accounts following training sessions.

The manager agreed to source infection control training.

On balance, this requirement is met. We have made a recommendation relating to infection control training within the body of this report.

Met - within timescales

Requirement 4

The provider must review quality assurance systems and processes to monitor and support the effectiveness of the service being provided. This includes ongoing review and update of policies and procedures in accordance with best practice and current legislation and the practices of regular auditing and evaluation.

This is to comply with SSI 2011/210 Regulation 3 - Principles. A provider of a care service shall provide the service in a manner which promotes quality and safety and respects the independence of service users, and affords them choice in the way in which the service is provided to them.

Timescale: within three months on publication of this report.

This requirement was made on 29 December 2016.

Action taken on previous requirement

The manager used some corporate audits and had introduced additional audits to monitor standards across areas of the service. This took account of accidents/incidents, care plans, nutritional status, medication and aspects of the environment.

The manager felt that this had helped to structure monitoring of standards and staff compliance.

We discussed the importance of regular evaluation of the new Step Up - Step Down care and made a new recommendation within the management theme of this report.

Met - within timescales

Requirement 5

To ensure the safety of the residents. The provider must ensure that staff employ appropriate moving and handling manoeuvres in accordance with the individuals assessed needs and care plan. The management must implement a programme of monitoring staff practice in this area.

This is in order to comply with SSI 2011/210 Regulation 4 (1)(a) Welfare of users.

Timescale: within 28 days of receipt of this report.

This requirement was made on 29 December 2016.

Action taken on previous requirement
Additional training had been provided to ensure that staff had knowledge of appropriate handling techniques and their responsibility to comply.

Met - within timescales

What the service has done to meet any recommendations we made at or since the last inspection

Previous recommendations

Recommendation 1

The keyworker system should be developed to ensure that residents care plans are fully implemented and that staff have the time and support to discharge their responsibilities in terms of meaningful activities.

National Care Standards, care homes for older people - standard 6: support arrangements.

This recommendation was made on 28 December 2016.

Action taken on previous recommendation
There was a keyworker system in place.

We looked at care plans, spoke with staff and the managers. We heard that staff had allocated time to spend with their key residents. However, care records did not evidence the extent of this intervention. We suggested that key worker be involved in the residents day process, this could be achieved by the key worker arranging a specific outing or activity of the residents choice. The manager accepted improvement was needed in this area.

This recommendation is: repeated.

Recommendation 2

Accident and Incident recording should be improved by completing the sections relating to any action required to prevent a recurrence and any lessons learned and the outcome of any medical assessment.

The manager should ensure that care plans/risk assessments are reviewed following changes to resident needs identified through accident and incident recording.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements and standard 9: feeling safe and secure.

This recommendation was made on 29 November 2016.

Action taken on previous recommendation

Overall, improvements had been made and this recommendation was met. However, recording of post fall observations and monitoring should be improved. The manager agreed to implement this. We will follow this up at the next inspection.

Recommendation 3

Evidence should be available to show that staff receive regular planned supervision. This supervision should evidence that staff practice is being monitored and how it links to individual training and development plans.

National Care Standards, care homes for older people - standard 5: management and staffing arrangements.

This recommendation was made on 29 December 2016.

Action taken on previous recommendation

We sampled supervision records and concluded that a regular programme had been established. This is Met.

Recommendation 4

Management need to raise staff awareness of the admission procedure and making residents feel welcome.

National Care Standards, short breaks and respite care services for adults - standard 7: starting to use the service.

This recommendation was made on 29 December 2016.

Action taken on previous recommendation

The manager had produced an information booklet which gave service users information about South Beach. An admission checklist helped staff work through the procedure. This included recording an inventory of belongings. On balance, this recommendation is met, however, we will continue to monitor this due to the expected increase in short-term admissions to the Step up - Step down service.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Enforcement

No enforcement action has been taken against this care service since the last inspection.

Inspection and grading history

Date	Type	Gradings	
23 Nov 2016	Unannounced	Care and support Environment Staffing Management and leadership	3 - Adequate 3 - Adequate 3 - Adequate 3 - Adequate
2 Jun 2016	Unannounced	Care and support Environment Staffing Management and leadership	2 - Weak 3 - Adequate 2 - Weak 2 - Weak
25 Nov 2015	Unannounced	Care and support Environment Staffing Management and leadership	Not assessed Not assessed Not assessed Not assessed
30 Jun 2015	Unannounced	Care and support Environment Staffing Management and leadership	5 - Very good 4 - Good 5 - Very good 5 - Very good
9 Dec 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 5 - Very good 4 - Good
15 Jul 2014	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 5 - Very good 5 - Very good
26 Sep 2013	Unannounced	Care and support Environment	4 - Good 5 - Very good

Date	Type	Gradings	
		Staffing Management and leadership	Not assessed Not assessed
9 May 2013	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 4 - Good 5 - Very good
11 Jun 2012	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good 5 - Very good
19 Oct 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good 5 - Very good 5 - Very good Not assessed
25 Jan 2011	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed Not assessed
7 Sep 2010	Announced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
11 Mar 2010	Unannounced	Care and support Environment Staffing Management and leadership	4 - Good Not assessed Not assessed 4 - Good
23 Sep 2009	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 5 - Very good 5 - Very good
16 Mar 2009	Unannounced	Care and support Environment	4 - Good Not assessed

Date	Type	Gradings	
		Staffing Management and leadership	Not assessed 4 - Good
11 Dec 2008	Announced	Care and support Environment Staffing Management and leadership	4 - Good 4 - Good 4 - Good 4 - Good

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