

Sanctuary Care Limited

# Beach Lawns Residential and Nursing Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Beach Lawns Residential and Nursing Home is a residential care home providing personal and nursing care to 53 people aged 65 and over at the time of the inspection. The service is divided into three residential units, one of which provides support for people living with dementia, and one nursing unit. The service can support up to 82 people.

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

People told us they felt well-cared for at the service. People had good relationships with staff and were positive about staff attitudes. The service had systems in place to protect people from the risk of abuse and staff had received training on how to recognise and report any concerns. People were supported by sufficient staff who had been safely recruited. However, people we spoke with told us they had missed out on activities since the start of the Covid-19 pandemic. The manager told us a new activities coordinator had been recruited and the service would be resuming organised activities.

Staff carried out assessments to determine risks to people and their care needs. Where risks had been identified, either individually or within the environment, action had been taken to reduce these risks. People had clear care plans which guided staff on how people liked their care to be delivered. Care plans were person-centred and contained information about people's personalities and history. Staff received regular training and supervision. Staff supported people to be as independent as possible and to choose, as far as possible, how to live their lives.

The provider had an effective system in place to monitor the quality and effectiveness of the service. People told us they were confident they could raise any concerns or complaints and were happy with the quality of the service. Staff said their morale was good and they felt able to speak up. Staff at the service worked with other professionals to meet people's healthcare needs and liaised with families as needed.

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.

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 and update: The last rating for this service was requires improvement (published 03 April 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

The inspection was prompted in part due to concerns received about possible institutionalised practice.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beach Lawns Residential and Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Beach Lawns Residential and Nursing 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.

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 two inspectors 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 care service.

#### Service and service type

Beach Lawns Residential and Nursing Home 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.

The service did not have 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. The manager at the service had submitted an application to become the registered manager.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

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

### During the inspection

We spoke with ten people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the regional manager, manager, deputy manager, a member of the nursing staff and care workers.

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

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# 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 requires improvement. At this inspection this key question has now good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks were identified and mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- One person told us, ""They are very good, look after me well."
- Risks to people such as falls, nutritional, pressure damage and mobility had been identified and plans implemented to reduce these risks. Records showed that these risks were reviewed regularly and updated if needed.
- The provider had a comprehensive system of checks to manage the safety of the environment.

### Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- Staff had received training in safeguarding and told us they would report any concerns. One member of staff said, "If there were any issues I would go to the nurse."
- The provider's records showed they responded to and investigated any concerns. Action had been taken to prevent reoccurrence.
- People were relaxed and confident with staff, we observed relaxed and friendly interactions.

### Staffing and recruitment

- The provider had deployed sufficient numbers of staff to meet people's care needs. However, staffing levels were only sufficient to meet the support needs of the current number of people living at the home.
- People told us, "I give them a shout and they come." We observed staff taking time to chat with people and providing support in an unhurried way.
- Staff had been recruited safely. The provider had consistent recruitment systems in place to check the suitability of new employees.

### Using medicines safely

- Medicines were managed safely. Medicines were stored safely in a locked cabinet secured to the wall when not in use. Medicines which required additional security were stored in line with legal requirements. Medicines were stored at the correct temperature, the fridge and room temperatures were checked daily.

- The service had an electronic system in place for the recording of medicines administration. There was an effective system in place for obtaining, stock checking and disposing of medicines. Regular audits were carried out to check the safety of medicines management.
- The member of staff administering medicines had a photograph of each person on both their electronic handset and their medicines box. Each person had clear information about any allergies and protocols were available for 'as required' medicine.

#### Preventing and controlling infection

The home was visibly clean and smelt fresh throughout.

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

#### Learning lessons when things go wrong

- Accidents and incidents were reported on the provider's electronic system. There was a review, investigation, record of who was notified and any learning for each incident.



# 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 requires improvement. At this inspection this key question has now improved to 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 care needs and preferences had been assessed and care plans developed to meet these needs. People's emotional and social needs were also included as well as their nursing and physical care needs. Assessments were clear about the frequency of interventions.
- Assessments included information about what people could do for themselves. For example, one person's plan detailed they were able to move around independently and enjoyed clearing tables. Another person's contained the information, "Likes to look presentable. They have lovely clothes to choose from."
- Care plans followed good practice in meeting assessed needs in a person-centred way. Electronic records showed that care interventions were carried out at the frequency required.

Staff support: induction, training, skills and experience

- One person told us, "They are trained. If a new one [staff member] they come with someone who supervises them until they know."
- Staff said they received training regularly, "We have end-of-life training online yearly," whilst a second staff member told us they found the yearly training helpful as it helped them deliver better care.
- Staff told us they were confident in their roles but could always ask for help. Staff said they received supervision. Supervision records demonstrated that staff were able to raise any issues of concern.

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

- Staff supported people to have enough to eat and drink. People who were assessed as at high risk of poor nutrition had their intake monitored and recorded. Dining rooms were clean and bright with tablecloths; this created a pleasant and welcoming effect. People were served meals of their choice in a calm and relaxed way and could take as long as they wished to eat.
- Most people commented favourably on the food, "Food is very good, get a choice at all meals – I have cereals at breakfast, lunch has pudding too and then lighter meal in evening – there are snacks available and hot drinks." Another person said, ""The food is very good, If I don't like it I will get something different."
- We observed staff supporting people living with dementia in the Memory Lane unit during afternoon tea. Staff were gentle with people, attentive and speaking kindly.

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

- People were supported to access specialist health services where needed. Records contained details of all professionals involved in people's care.

- Staff liaised with GP services for reviews of healthcare and medicines. In the residential units staff worked with the district nurse team to provide support for people.

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

- Some changes had been made to the service due to Covid-19. For example, the conservatory had become a visiting area instead of the activities area. This was because it had a separate entrance so visitors could enter without passing through the home.
- All areas we observed were clean and tidy with good ventilation. People were able to personalise their rooms. Communal areas felt relaxed and welcoming.
- There was a lift in the home for people who could not use the stairs. The home was accessible for people with compromised mobility.

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.

- Staff we spoke with understood the principles of the MCA and how to apply them; staff told us they had received training in this.
- People's records showed that their capacity to consent to live at Beach Lawns was assessed. Care records were explicit in what decisions people could make, for example choices of clothing and food. One person's records had a statement that demonstrated very good understanding of their changing capacity, "[Name] acknowledges they need the support and guidance of carers over an increasing proportion of their daily activities. With patience and humour [Name] and their carers will find the right balance."
- Some people were assessed as not having the capacity to choose to live at Beach Lawns. Staff had completed DoLS applications where this was the case.
- We saw examples of advance directives; one person wished for 'a natural death' with family present. Where possible staff had completed a Respect form about people's wishes for any future treatment.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the governance arrangements placed the health, safety and welfare of people at the service at risk. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had a range of service and provider level audits in operation. These audits had been completed at their prescribed intervals.
- Medicines governance had improved with the introduction of an electronic medicines administration record system (eMAR). Monthly audits were undertaken and identified any areas for improvement.
- Audits of care records had identified any shortfalls and action had been taken to remedy these. Audits were completed of people's weights and nutritional status.
- There were comprehensive systems in place to manage the risk of COVID-19 with regular infection control audits and updates to the infection control policy.
- The provider had a system in place to monitor staff training and supervision.
- The Care Quality Commission had been notified by the provider and manager of incidents which had occurred in line with their legal responsibilities
- The manager had applied for registration with The Care Quality Commission.

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

- People told us they were satisfied with their care at Beach Lawns, however, a number of people raised concerns about the lack of activities since the start of the pandemic. One person told us, "No activities. One day is the same as the next, nothing happening, no stimulation, we used to have keep fit. There used to be church services either weekly or fortnightly not for me but lots of people like it. When is it all going to restart?" We discussed this with the manager who told us about the new activities person who had been recruited. They were hopeful that people would be able to restart activities in the very near future.
- People's care plans were person-centred and focussed on their needs and care preferences. Information was detailed and conveyed a sense of each individual's personality, likes and dislikes.

- Mealtime audits were carried out to check if people had choice. The audit showed that people were able to choose their meals and had a selection of drinks available including wine.
- Care records showed that attention had been paid to people's end of life preferences, to make this as comfortable and pain-free as possible. Staff had endeavoured to complete information about people's wishes wherever possible and to involve families.
- Staff told us that although the service struggled to recruit, they worked well as a team. One member of staff told us, "I love working here."

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

- One person told us that prior to the COVID-19 pandemic they had been involved in interviews for new staff.
- People were confident they would be listened to if they raised any concerns. One person told us, "There is nothing I would change here. If I was not happy I would be able to talk to any of the staff." A second person said, "If I had a problem I would bring it to the attention of the manager."
- The provider had carried out risk assessments to identify which members of staff were at higher risk from COVID-19 due to their ethnicity and/or health circumstances.
- Currently nobody required a specific cultural menu, however these were available as needed. People were able to choose food from a menu or, if preferred, to view plated food to assist with making a choice.
- Staff had regular team meetings, these had been smaller due to the COVID-19 pandemic. Staff could also raise issues at a regional level via their representative on the regional staff council.

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 provider understood their responsibilities in respect of duty of candour. People and their relatives were informed when required.

Continuous learning and improving care

- The provider had systems in place to identify issues and rectify them. For example, systems had been put in place to ensure the shortfalls found at the last inspection had not recurred. The provider used their analysis of incidents to implement actions to prevent repeats of these.

Working in partnership with others

- Staff at the service worked with other professionals to provide effective care for people. Nursing staff liaised with GPs for example. Care staff on the residential part of the home worked with district nurses. Records showed other professionals such as a chiropodist, dietician and speech and language therapists were involved in people's care.