

NAViGO Health and Social Care CIC

The Beacon

Inspection report

Beacon House
Solomon Court
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Date of inspection visit:
18 October 2022
19 October 2022

Date of publication:
23 November 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Beacon is a residential care home that provides accommodation, nursing and personal care to a maximum of 16 people, including people living with dementia and people with a mental health diagnosis. At the time of our inspection there were 16 people using the service.

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

A system was in place to monitor the quality and safety of the service, however this was not always effective in identifying and addressing issues.

Risks associated with people's care had not always been clearly recorded in their care plan or risk assessments with measures which were in place to reduce the risk of harm.

Medicine practices were not always in line with best practice guidelines.

The principles of the Mental Capacity Act 2005 were not always followed. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's care plans did not always contain sufficient information to ensure staff were fully aware of their needs.

We have made a recommendation in relation to care planning.

People had support from safely recruited staff. Staff received training in safeguarding and understood their role and responsibilities to protect people from abuse. Staff continued to receive guidance and support from management when required.

People and staff spoke positively about the management of the service. There was a positive, caring culture within the service and we observed people were treated with dignity and respect. People were happy with the care they received, they felt safe and well looked after.

The home was clean and tidy and additional cleaning processes had been implemented to prevent the risk of spread of infection.

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

Rating at last inspection

This service was registered with us on 16 December 2020 and this was their first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to consent, medicine management, risk management and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Beacon

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was completed by one inspector 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

The Beacon is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Beacon is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with eight members of staff including the registered manager, quality manager, team leader, nurses, senior care worker and care workers. We also spoke with one professional who regularly visit the service.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures.



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.

Using medicines safely

- Medicines were not always managed safely.
- Detailed information had not been recorded to guide staff on when to administer medicines prescribed to be taken 'as required'. Where staff had administered 'as required' medicines, they did not always record why they had administered this medicine or that it had been administered appropriately.
- We could not be assured medicines had been given as signed on the medicine's administration record because there was not a clear audit trail to show stock levels were accurate. Clear and complete records were not available to show medication had been booked in on receipt.
- Medication audits had not been used effectively to identify and address these concerns.

We found no evidence people had been harmed, however, people were at increased risk as the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care had not always been identified, mitigated, and monitored effectively. People did not always have effective and detailed risk assessments in place.
- Where risk assessments were in place, these were not sufficiently person-centred. For instance, where someone was particularly anxious, staff were directed to 'distract' them, but there were no specific topics of conversation or activities suggested to help with that distraction.
- There was minimal evidence to support learning lessons from accidents or incidents which had occurred at the service.

Systems and processes were not sufficient to demonstrate risk was identified, assessed and mitigated. This exposed people to the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular checks of the environment were completed to make sure it was safe. For example, a competent person checked the fire panel, fire exits, security and water temperatures to minimise risks to people. There was an ongoing programme of servicing, repairs and maintenance.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe at the service. One person said, "Of course I feel safe or I wouldn't be here."

- Staff had received training in how to keep people safe from abuse. They were clear on their responsibility to raise concerns and information available in the office supported them to raise concerns with external agencies.
- The provider had a whistleblowing policy in place and staff were aware they could use this to raise concerns under the whistle blowing protections.

Staffing and recruitment

- The provider recruited staff safely. This included carrying out relevant checks prior to staff starting employment. This was to ensure staff were suitable to work with people using the service.
- Staff had the skills to ensure they could meet people's needs. Staff told us they had received training to support them in their role. We looked at the training matrix and saw training was either up to date or planned to take place.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

People were supported to receive visits from friends and family in line with guidance in place at the time. We saw people enjoying visits from friends and family throughout the inspection and people and staff all commented on how this had positively impacted on people. Processes and facilities to support contact with family were in place should the home have any concerns regarding infection outbreaks.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

- The service was not following the principles of the MCA. There was a lack of information in records to show mental capacity assessments and best interest meeting records had been completed.
- The provider had not assessed people's capacity to make decisions where restrictions had been applied. For example, the use of physical restraint. Decisions made for the use of restrictions had not been discussed and recorded to be in people's best interest and there was no evidence to demonstrate this was the least restrictive option.
- For those people who lacked capacity there were no records to show how consent had been sought for their COVID-19 testing.

The Mental Capacity Act (2005) had not been followed to ensure that people could make decisions about their care. This was a breach of regulation 11 (consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- Systems were not always in place to ensure people's assessed needs were care planned to guide staff how to best support people. However, staff were able to describe people's needs.

We recommend the provider develops a system to ensure records are reflective of the person's needs.

- People were provided with a varied, nutritious and balanced diet based on their preferences. One person said, "The food is very good, there is a good choice".

Staff support: induction, training, skills and experience

- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us, "We have regular supervisions and they are really supportive."
- Staff received an induction, ongoing training and regular opportunities to discuss their work, training, and development needs.
- Staff could describe how their training and personal development related to the people they supported. Staff told us, "We have so much training on offer."

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

- Procedures were in place to share information with external health care professionals to support people with their ongoing care.
- Relatives were confident staff had a positive approach to information sharing and working with external agencies.
- People had access to a range of health and social care professionals. During our inspection some people received visits from advocacy services. One professional told us, "Information required is always available, I have no concerns for people's safety and welfare."

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

- The service was adapted to meet people's needs. It provided a homely environment for people to relax and spend time with each other. People's rooms were individually furnished and provided space for personal possessions.

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, "I can talk to people about my emotions" and "My loved one is looked after by very good people. I never go to bed at night worried about him."
- We observed positive interactions between people who used the service and staff. People were supported in a polite and patient manner.
- Staff respected people and spoke with them in a dignified manner when supporting them with specific tasks.
- Staff practices demonstrated people mattered. Staff spoke fondly and respectfully about the people they supported with whom they had developed positive relationships.

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.
- People were encouraged to give feedback about the service and contribute to decisions made about the home. For example, a meeting had been held to gain people's individual views about the menu, environment and activities.
- People were encouraged to express their views. They chose how they spent their day and where they went. We observed staff involving people, asking their views and offering choices.
- Staff were kind, compassionate and shared positive relationships with people. Staff and people were engaged in a meaningful way.

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 observed staff address people by their first name or more formally if this was their chosen preference and knocked on people's doors before entering.
- People were supported by staff to maintain important relationships with their relatives and friends.
- Staff promoted people's independence and supported them in a dignified way. Staff had a good knowledge of people, their needs and abilities.

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

- Staff knew people they cared for well and used this knowledge to provide personalised care. They were able to give a detailed history of each person, including likes, dislikes and the best way to approach and support the person.
- Support plans were in place for people, showing things they could do for themselves. They contained personalised information. People were involved in developing and reviewing their care plans.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff assessed people's communication needs and took them into account when planning care.
- Care records contained information which helped staff understand people's communication needs, for example, if they wore hearing aids and glasses.
- Most written information was available in different formats, such as easy read, pictorial versions and easy listening devices to make it easier for people to understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered opportunities to engage in social activities.
- People were encouraged to engage in activities that interested them. The provider was in the process of developing an adapted activity programme to include people's new interests.
- Staff supported people to maintain relationships with family and friends.

Improving care quality in response to complaints or concerns

- The service had a formal complaints policy in place. Any complaints received were investigated and a response provided.
- People told us they would speak with the support staff if they had any concerns or wanted to raise a complaint. Meetings were held for people to attend and share their views or raise concerns.
- Relatives knew how to make a complaint and told us the provider was approachable. One relative told us, "They have been brilliant, I visit most days and have not seen anything that worries me. If I did, I do believe they would listen to me and do whatever necessary to put things right."

End of life care and support

- People were not always offered the opportunity to express their future wishes in end of life care plans. The registered manager gave assurances this would be addressed.
- The service was not supporting anyone with end of life care at the time of the inspection.
- The manager said they would liaise with healthcare professionals including the palliative care team if a person was identified as having a life limiting illness or were reaching the end of their life.



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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- An effective system was not always operated to monitor the quality and safety of the service. Robust governance systems were not consistently used effectively to identify shortfalls and address concerns in a timely manner. It was unclear what actions had been completed as action plans were produced at a corporate level for the provider and not specific to the service.
- Action taken for service specific audits were not always sufficient to mitigate the risk of reoccurrence and could not be evaluated to improve practice. Where some actions had been identified, there was nowhere to record if these actions had been completed and who was accountable for them.
- The provider did not have a robust system in place to support staff to analyse information about risks in relation to people's care. This was particularly in relation to people's diagnosis' and allergies. The provider did not have a clear overview of risks. This meant opportunities to improve the quality of care for people were missed.
- Themes and trends were not always identified through systems currently in place. For example, there was limited analysis of incidents or accidents at the service to reduce the risk of reoccurrence and improve care provided to people.

Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were systems in place to evidence feedback from people and relatives. Family members did feel they were kept up to date with people's health and medical needs.
- Staff had team meetings and one to one supervision. Staff told us they felt supported by the provider. Staff were consulted and involved in decision making and were encouraged to contribute ideas and raise issues at regular staff meetings.

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

- Joint communal meetings with people using the service continued to take place. Topics discussed ranged from menu planning to raising concerns. This promoted inclusion within the service.

- Staff understood the values of the service to keep people safe, promote independence and support them to live meaningful lives. We observed good rapport between people and staff.
- Morale within the service was good and the culture was open and relaxed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and the requirement to act in an open and transparent way when concerns were raised.
- The provider is legally required to notify the CQC about events that occur at a service. These notifications had been sent as required.
- There was an effective complaints process, where complaints were recorded and actioned in line with the provider's policy.
- Staff told us they felt listened to and that the manager was approachable. A staff member said, "I do feel supported, the best support I've ever received in employment."

Working in partnership with others

- The provider worked closely with key stakeholders and agencies including the local authority, social workers and healthcare professionals. One professional told us "I receive regular updates and staff are really informative."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider had failed to ensure capacity assessments and best interest decisions had been carried out in line with the Mental Capacity Act 2005 and associated code of practice. 11 (1) (3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider had failed to ensure the proper and safe management of medicines. 12(2) (f)(g) The providers had failed to do all that is reasonably practicable to mitigate risks to people. 12(2) (a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems designed to monitor the safety and quality of the service and take action to mitigate risk, were not robust. 17 (1) (2) (a)(b)(c)(f)

