

# Lansglade Homes Limited

# Beacon House

## 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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Beacon House provides accommodation, support and care, including nursing care, for up to 40 older people, some of whom may be living with dementia. 31 people were living at the service on the day of our inspection.

This inspection was undertaken by one inspector and an expert by experience who had experience of people living with dementia. At the last inspection on 1 December 2015 the service was rated as 'good'. At this inspection we found the service remained 'good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood what was important to each person and worked closely with each other and other professionals to promote people's well-being.

People had care plans in place. These recorded people's individual choices, their likes and dislikes and any assistance they required. Risks to people who lived at the service were identified, and plans were put into place by staff to minimise these risks and enable people to live as independent and safe life as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People and relatives said staff were kind and caring. Staff treated people with dignity and respect. People were confident to raise any concerns they had and felt that they would be dealt with appropriately.

Staff understood their roles and responsibilities and were supported by the registered manager to maintain and develop their skills and knowledge by way of supervision, observations, and appraisals. Staff were trained to provide safe and effective care which met people's individual needs and knew people's care requirements well. Staff had the necessary training and used recognised distraction techniques to lessen people's anxiety.

Arrangements were in place to ensure the quality of the service provided for people was regularly monitored. We found that people who lived at the service and their relatives were encouraged to share their views and feedback about the quality of the care and support provided.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Beacon House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 October 2017 and was unannounced.

The inspection was carried out 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.

We reviewed previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service. Before the inspection we received information from representatives of the local authority contracts monitoring team and safeguarding team, to aid us with planning this inspection.

We spoke with 11 people who were able to express their views. We observed how staff interacted with people who lived at the service. We used observations as a way of viewing the care and support provided by staff. This was used to help us understand the experience of people who were present on the day of the inspection, but could not talk to us.

We spoke with the registered manager, the operations manager, one senior care worker, three care staff, one nurse and a housekeeper. We also spoke with four relatives of people who lived at the service who were visiting on the day of the inspection.

We looked at records in relation to three people's care. We looked at records relating to the management of risk, minutes of meetings, staff recruitment and training, and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Beacon House. Relatives also confirmed that they felt their family members were safely cared for. Comments included, "I do feel safe, well you see I can speak up for myself what I need, that makes me feel safe, I feel safe in the hoist – I don't need to tell them to take care but if necessary I would." "I do feel safe here, it's a wonderful wonderful place, the girls [staff] are lovely, and they can't do enough for us. The staff make us all feel important and safe." "Safe oh yes I do feel safe – they [staff] are always with you or nearby." and "Yes I do feel safe, you never find the doors left open they are always locked, there are plenty of people about and all that."

Staff continued to demonstrate a good awareness of safeguarding procedures and who to inform if they witnessed or had an allegation of poor care or harm reported to them. A representative of the local authority adult safeguarding team confirmed the registered manager had responded appropriately to safeguarding concerns which ensured the safety and welfare of the people involved.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence and freedom, yet minimise their assessed risks. For example, when using mobility equipment and ensuring that the area was clear of obstacles.

Records showed and staff confirmed that thorough recruitment practices were followed before new staff were appointed. Pre-employment checks included references and criminal records check. A review of the personnel records showed all checks were completed before staff commenced working in the service.

People told us and we observed that there were enough staff available to meet their needs. One person said, "Well you have to wait longer for them to answer the bell when staff are on holiday that's when they can be short of staff, but generally its ok." Another person told us, "It depends how busy they are but mainly they are here in good time." Third person said, "Usually 5-10 minutes for them to come, seems a lot longer but it isn't."

There continued to be systems in place for staff to manage people's medicines consistently and safely. Records were well kept and accurate. Staff had a good knowledge of the medicines people were prescribed.

## Is the service effective?

### Our findings

People we spoke with thought that staff were trained to do their job. One person said, "Trained –well they seem to be – they can meet my needs anyway." Another person told us, "I think some are better trained than others. But they can all help me in the way I need." Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's specific needs, such as dementia, positive behaviour (guidance for staff where people display behaviours that challenge others)

Staff spoken with told us they continued to receive regular supervision and a yearly appraisal. They said that these sessions gave them the opportunity to discuss the support they needed and to talk about and agree their training and development needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They were able to demonstrate a good understanding of promoting people's rights, equality and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety.

People received the support they required with eating and drinking. The staff had recognised that people living with dementia may find it difficult to understand the meal options being explained to them. Therefore the different options for meals were plated up at lunchtime so that people could choose which one they wanted. One person told us, "I think it's quite good really, we don't wait long before they bring us another drink and biscuit or cake in between meals. I have Weetabix for breakfast. We can have what we used to have at home. Dinner is a couple of choices, Teatime sandwiches and cake usually. Milky drink around 8.30pm before we all go to bed." Another person said, "Food is generally ok. We do get somewhat of a choice and we can get a drink whenever we want to." People who needed support to eat were given it in a kind and caring manner and this helped people's nutritional intake.

People told us they access a range of health services. One person said, "I haven't seen a doctor for ages – never needed too but they [staff] would get you one if you needed to." Another person told us, "We get to see a chiropodist every 2 months if we ask, there is a hairdresser here on Mondays –we are well looked after really." A third person said, "I have [medical condition] and so they [staff] told me that they will get the doctor to come and have a look at it today." We heard the nurse come over to the person to inform them they have requested a home visit from a doctor.

## Is the service caring?

### Our findings

People told us staff treated them with kindness and respect at all times, and their comments included, "It's up to you how much help they give you. We have a lovely bunch of girls here. They treat me well." "Carers are kind generally, they treat you well." Another person said, "They [staff] are kind and caring." One relative told us, "Care itself seems excellent, except they don't have time to chat to her, which she would like." Another relative said, "[family member] is well looked after here. I come most days to keep her up to date with the family news and also they have someone to chat to."

Staff we spoke with were proud of the work they did. One member of staff told us, "I love it here that's why I have been here forever. We are like one big family." We saw staff interacted very well with people and were caring and compassionate towards them. When staff had the time we saw that they chatted with people. There was good deal of laughter and there was a relaxed and friendly atmosphere in the home Staff talked about people in a respectful way and we observed they offered assistance discreetly and in a way that protected people's dignity.

Staff were able to describe examples of how they promoted people's privacy and dignity and we saw staff always knocked on people's doors and waited for an answer before entering. One person told us, "The staff will always knock on the door before coming in."

People and relatives confirmed that there was no restriction on visiting and that they could come at any time and that they were made to feel welcome. A relative said that whenever they visit, "The staff always make you feel welcome and are very hospitable."

Staff received training in equality and diversity. Staff ensured people's individual needs, such as their faith, were met. A vicar visited the service once a month to hold a service for those who wished to join in. We noted very positive feedback in thank you cards from relatives, indicating that staff provided highly sensitive and compassionate care in the end stages of people's lives.

## Is the service responsive?

### Our findings

Care records we saw showed that people's general health and health specific issues, such as diabetes, were documented and monitored. Where necessary, referrals were made to the relevant health care professional if there were any concerns.

Regular reviews of people's care had taken place with people, their family members, care staff and the registered manager. These meetings reviewed what was working well and to identify any changes needed to meet people's care and support needs. People we spoke with told us they were listened to and changes to their plans of care were made as required.

People told us and we saw that they had access to a range of activities and had good links with the community. Relatives confirmed their family members went out frequently and there was always various activities taking place. One person told us, "The activities person does what they can. They are wonderful." We saw that there were several communal areas available where people had the opportunity to sit and chat with their friends and relatives.

People and their relatives told us they felt confident if they raised a complaint it would be dealt with appropriately. There was a complaints process in place. The records all of the complaints had been or were being investigated and the complainant notified of the outcome. One person told us, "I have never made a complaint no but I would talk to the carers." One relative said, "I have no complaints but would speak to the [registered] manager if I did."



# Is the service well-led?

## Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives told us the registered manager was approachable and listened to what they had to say. One relative told us, "They are very approachable and will sort anything out for you" Another relative commented, "The manager is easy to talk to and she's always around."

The registered manager described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. Staff had a clear understanding of the vision and values and were observed treating people with respect and dignity throughout the inspection.

Staff we spoke with felt there was clear leadership across the service and organisation. Staff told us the service was well organised and that the registered manager was approachable and supportive. Staff confirmed regular staff meetings took place to share information and ideas on how to improve the service and to ensure people's needs were being met.

Staff were aware of the whistle blowing policy. Whistle-blowing occurs when an employee raises a concern about poor practices they become aware of at work. One staff member told us, "If I had any concerns (about how people were being treated) I would report it straight away to the nurses, unless it was the nurse and then I would go higher [registered manager]." They also said, "If we needed to whistle blow it would be listened to."

The provider continued to have a range of systems in place that assessed and monitored the quality of the service, including any shortfalls and the action taken to address them. Monitoring of the service provided also included carrying out surveys to obtain feedback from people using the service, their relatives and staff.