

Mr Gurpal Singh Gill

Beacon House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 17 October 2017 and was unannounced.

The last inspection took place on 30 March and 5 April 2016 when we rated the service Requires Improvement in all key questions and overall. We had found breaches of five Regulations in relation to person centred care, dignity and respect, safe care and treatment, premises and equipment and fit and proper persons employed. At the inspection of 17 October 2017 we found that there had been improvements in all these areas and the provider was meeting the required Regulations.

Beacon House Nursing Home is a care home for up to 22 adults. A service is offered to older people and to adults who might have a physical disability, a sensory impairment or mental health needs. The provider supplies nursing and personal care for people. At the time of our inspection 20 people were living at the service. There was a wide range of ages and different needs, including some people who were cared for in bed, older people, some people living with the experience of dementia, people with mental health needs, learning disabilities and physical disabilities.

The service is owned by an individual who was registered to provide one other care home and a skin care clinic. The provider spent time at the service and was involved in the day to day management of the home. In addition, they employed three other managers who ran the service. One of these managers had applied to the Care Quality Commission to be registered.

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 and associated Regulations about how the service is run.

People received their medicines as prescribed and in a safe way. However, we found that there was a risk that some medicines had not been accurately counted and recorded for people who had moved to the service shortly before the inspection. The provider told us that they would check this immediately. We also found that the refrigerator used for storing medicines needed defrosting as part of it was iced up, making the temperature unstable.

The majority of records were appropriately maintained, accurate and up to date. We found a small number of records which needed to be updated and the provider rectified these immediately after the inspection.

People living at the service were happy there. There was a diverse range of needs but this created an atmosphere which people felt was like a large extended family. We saw younger adults and older people sharing activities and choosing to spend time together. As well as a big age range people had diverse needs, with some people requiring a large amount of nursing care for physical health needs and others who were more independent but needed support and guidance. Again, this seemed to work well and we saw

individuals helping each other.

The home catered for people with different cultural and religious needs and who originated from a number of different countries. A large population of the home were from an Asian background. The provider employed staff who spoke with people in their first language. Activities and food were designed to meet people's cultural needs, with an Asian menu and a traditional British choice available each day. Our visit took part during the week of Diwali. We saw that the home was decorated in the spirit of this festival and witnessed people of different cultures joining in the celebrations together.

The staff were happy and felt well supported. Many of them had worked at the service for a long time. They told us they had the training and information they needed. They felt they worked well as a team and there was good communication so that they all knew about people's needs and how to meet these.

People's needs were being met. These needs were planned for and regularly monitored. Care plans were clear and information was easily accessible. The risks to people's wellbeing had been assessed. People were able to make choices about their lives and these were respected. People had access to freshly prepared meals. The staff worked closely with other healthcare professionals to make sure people had the support they needed with their health.

People were safe. The environment was safely maintained. The provider had procedures for safeguarding people from abuse and the staff were aware of these. There were enough staff to keep people safe and meet their needs and they had been recruited in a suitable way.

The provider had effective systems to monitor the quality of the service and to identify where improvements were needed. People knew how to make a complaint and felt confident they would be listened to.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

Some aspects of the service were not safe.

The systems for managing medicines were not always followed effectively to mitigate the risks associated this, such as ensuring the storage temperatures were within set ranges. However, the provider responded to the concerns we identified and people were receiving their medicines in a safe way and as prescribed.

There were enough staff employed to keep people safe and meet their needs.

There were appropriate procedures for the recruitment of staff.

People lived in an environment which was safely maintained.

The risks to people's wellbeing had been assessed and planned for.

The provider had systems designed to protect people from the risk of abuse.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were appropriately trained, supported and supervised.

The provider was acting within the principles of the Mental Capacity Act 2005.

People lived in a suitable environment.

People's nutritional needs were met and they liked the food.

The staff worked with other healthcare professionals to meet people's healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were polite, kind and respectful.

People had good relationships with the staff and other people living at the home and there was an atmosphere of mutual trust, respect and friendship.

People's privacy was respected.

People were able to be as independent as they wished.

The provider and staff valued the cultural diversity of the home and helped people to celebrate their culture and meet religious needs.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were planned for and they were able to tell the staff how they wished to be cared for.

People's needs were being met in a way which reflected their preferences.

People were able to take part in a range of activities which met their diverse needs.

People knew how to make a complaint and we saw that the provider had an effective procedure for dealing with complaints.

Is the service well-led?

Good ●

The service was well-led.

People living at the service were happy there and thought it was well managed.

The majority of records were accurately maintained but some required additional information.

The provider had effective systems for monitoring the quality of the service and risk and for making improvements.

Beacon House Nursing Home

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 comprehensive inspection took place on 17 October 2017 and was unannounced.

The inspection team consisted of 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.

Before the inspection visit we looked at all the information we held about the service. This included statutory notifications the provider had made to inform us about incidents, accidents and safeguarding alerts. We looked at the last inspection report and the provider's action plan. We looked at the provider's website.

During the inspection we spoke with 11 people who lived at the service and one visiting relative. We met the three managerial staff and the provider. We also met and spoke with other staff on duty who included nurses, care assistants and the activities coordinator.

We observed how people were being cared for and supported. We looked at the care records for four people who used the service. We looked at the recruitment, training and support records for six members of staff. We observed how medicines were managed, including the storage, record keeping and administration. We also looked at other records the provider used to manage the service, these included records of complaints, accidents and incidents and quality monitoring records. The expert-by-experience shared the lunch time meal with the people who lived at the service.

Is the service safe?

Our findings

At our inspection of 5 April 2016 we found that the registered person did not take action to manage fire safety risks in the service. We also found that some cleaning products, which were potentially harmful, had not been appropriately stored.

At the inspection of 17 October 2017 we found that improvements had been made. The environment was safely maintained and the provider had systems to help protect people in the event of a fire. These included an up to date fire risk assessment for the service and personal emergency evacuation plans for each person which described the support they would need in the event of an emergency at the service. The staff carried out checks on fire safety equipment and there were regular fire drill evacuations. The staff told us they had received recent training in fire safety. We saw that the provider organised for external agency checks of the fire safety equipment.

The provider had also arranged for regular checks on the safety of equipment, electrical wiring and appliances and gas safety. These were recorded and we could see action had been taken to rectify any identified faults.

The provider had safe and secure storage facilities for cleaning products and other substances which were potentially harmful. The staff had stored everything appropriately on the day of our inspection.

People told us that the home was kept clean, and we also observed this to be the case on the day of the inspection.

There were contingency plans for different emergency situations and information about these was available for the staff to view.

At our inspection of 5 April 2016 we found that the provider did not operate effective recruitment procedures to ensure staff had the qualifications, competence, skills and experience they needed to work with service users.

At the inspection of 17 October 2017 we found that improvements had been made. The provider had suitable systems for recruiting new members of staff. These included an interview with managers at the service. The staff were also asked to complete an application form with a full employment history. The provider made checks on their suitability which included references from previous employers, checks on their identity and eligibility to work in the UK and a request for information from the Disclosure and Barring Service regarding any criminal records. There was evidence of these checks within the staff recruitment files we viewed.

People received their medicines in a safe way. However, we also found that the refrigerator used for storing medicines needed defrosting as part of it was iced up, making the temperature unstable. During our

inspection we saw that the temperature exceeded recommended storage range for this type of medicines. Temperatures outside the recommended ranges can change the property of medicines. The manager told us they would investigate this and make sure action was taken.

We also saw that some records relating to medicines were unclear. For example, one person had moved to the home shortly before the inspection. They had two supplies of medicines, one which they had bought with them and one dispensed from the pharmacy since their arrival. We looked at how their medicines had been administered and were satisfied that they had received the medicines as prescribed. However, the records for the amount of each type of medicine were not accurately recorded as there was no record of one supply of these medicines. Therefore there was a risk that the staff could wrongly administer more than the required dose.

We checked the medicines held at the service and the records for five more people. We found that records were not clear for two of these people. This meant that there was a further risk of errors. The manager agreed to look at this straight after the inspection and ensure that records accurately reflected the amount of medicines held. The staff responsible for administering medicines were the same staff who were familiar with each person's needs so the risks were minimised but not mitigated.

Medicines were stored securely. There were appropriate systems for managing medicines. The staff had received training to administer medicines safely. Each person had a profile detailing their medicines needs and clear, accurate and up to date records of medicines administration.

People told us that they received their medicines when they needed them. One person, who told us they needed PRN (as required) pain relief, explained that they were able to request this when needed. Another person told us, "I always receive my medicines correctly."

People told us they felt safe living at the service.

The provider had procedures for safeguarding people from abuse. There was information about these available for the staff. The staff had received training in safeguarding adults and were able to tell us how they would recognise and report abuse.

The staff had assessed the risks for each of the people who lived at the service. The assessments included risks associated with their physical and mental health, moving people safely, skin integrity, risk of falls and nutritional risk. The assessments were reviewed monthly and updated whenever there was a change in somebody's needs. Following accidents and changes in health care needs the staff had reviewed risk assessments and taken action, such as liaising with other health care professionals to make sure people remained safe. The risk assessments included information about how the staff should support people to minimise the likelihood of harm.

We observed people being supported by staff to move from chairs and around the home. The staff did this appropriately ensuring people's safety and wellbeing. In addition, we saw that staff supporting people to eat and drink, were aware of their position and their requirements for texture modified food to prevent the risk of choking.

There were enough staff to keep people safe and meet their needs. One person told us, "The staff do not come and go, they are constant and there are enough of them." The provider employed nursing staff who worked at the service for 24 hours a day. There were also enough care assistants to meet people's needs. The staff did not appear rushed and people did not have to wait for care during our inspection. They

confirmed this was always the case. Where people were cared for in bed they had call bells which they could reach. Or, for people who did not have the capacity to use call bells, there was a system where the staff regularly checked on their wellbeing.

The provider did not employ agency (temporary) staff and all work was undertaken by their own employees. The manager told us that vacancies and holidays were covered by staff overtime. However, there was good staff retention and the service rarely had staff vacancies.

Is the service effective?

Our findings

At the inspection of 5 April 2016 we found that people's bedrooms were bare and were not individualised and that the premises were not suitable for people living with dementia.

At the inspection of 17 October 2017 we found that improvements had been made. People's bedrooms had been personalised and reflected their individual tastes. They had furnished their rooms with personal belongings and, in some cases, furniture. The home was decorated with additional features throughout the building to make communal rooms attractive. On the day of our inspection the lounge had been decorated for Diwali with lights and wall hangings. We could see that the room ordinarily had a large notice board informing people about planned activities.

The layout of the building could be confusing for people, particularly people who had difficulty orientating themselves and people who were new to the home. However, the manager told us that people living at the home did not have a problem orientating themselves and staff were available to support people who needed.

People were cared for by staff who were appropriately supported, supervised and trained. The provider organised regular training for staff in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The staff confirmed that training was useful and covered the required areas. They told us that they received training updates.

The staff told us they felt supported and had regular opportunities to meet with the manager as individuals and as a team. We saw evidence of this. There were good systems for handing over and sharing information amongst the staff team and also for planning how work was allocated each day.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the provider was acting in accordance with the principles of the Act and found that they were.

The provider had recorded assessments of people's capacity. Where people lacked capacity decisions had been made with their representatives in their best interests. The manager had applied for DoLS authorisations when needed and there was a record of these. People told us that the staff asked for their consent before providing care, although we noted that people who were assessed as having capacity had not always signed (or given verbal agreement which had been recorded) to their care plans. We discussed this with the manager who agreed they would record people's verbal agreement where they did not wish to, or were unable to, sign.

People who used the service told us they enjoyed the food there. One person said, "The food is very good."

Sundays I have a full English cooked breakfast. The chef comes around and she knows what everyone's favourite is and cooks it once a week. They always make sure you have an option." Another person told us, "The food is good; vegetarian and well mashed. Gujarati people like sweet food, cooked with sugar. The chef knows what we want. The food is traditional for us." A third person told us that once a week they enjoyed fish and chips. Everybody who we spoke with told us they were able to make choices about the food they ate.

There were two main choices each mealtime. One was a traditional Asian meal and the other a traditional British meal. People were able to choose other options such as jacket potatoes, sandwiches, salads and omelettes if they did not like the main choices. The chef knew people's individual needs well and was able to tell us about these. They had information about dietary requirements and preferences on display in the kitchen. The chef was involved in serving meals and spent time with people asking about their enjoyment. They had a good relationship with people and we saw how they had friendly exchanges with people about the food. During lunch on the day of our inspection one person asked for a sandwich as an alternative. The chef spent time making sure they did not want a hot alternative which they offered to cook for the person.

All the food was prepared from fresh ingredients each day and was prepared to a good standard. We saw that people were offered snacks and drinks throughout the day and the chef was available to make additional food for people who did not want to eat at the main mealtimes.

People's nutritional needs were recorded in their care plans. The staff had undertaken assessments of nutritional risk and these were updated monthly and following changes in people's needs. People were regularly weighed. We saw evidence that the staff had made referrals to relevant healthcare professionals when people's weight changed or they had identified a nutritional risk or one associated with swallowing.

People's healthcare needs were met by the staff working with other healthcare professionals. The staff told us that GPs visited the home regularly and we saw that communication with the GPs was clearly recorded. People told us they could see their GP and other healthcare professionals, such as physiotherapists and dentists, when they wanted. People were happy with the care they received to meet their health needs.

Care plans included detail about individual health needs and how these should be met. Information from healthcare professionals was included in the care plans. These were regularly reviewed. We saw that the staff made referrals to specialists when they identified a specific need.

Is the service caring?

Our findings

At the inspection of 5 April 2016 we found the staff did not record the care and support they gave to people using the service in a respectful way.

At the inspection of 17 October 2017 we found improvements had been made. The staff recorded they care they provided each day. These records and care plans contained respectful language. However, there was a cupboard labelled, "Patient's bibs." We discussed this with the manager who agreed the sign was not suitable and that it would be removed immediately. We also noted that care plans did not include reference to people's preferences about same gender care workers. We also discussed this with the manager who agreed that it was good practice to ensure this information was recorded.

People told us that they liked the staff who cared for them. They said they had good relationships with them and that the staff were kind, caring and polite. Some of their comments included, "The care is very good", "The staff are all friendly", "The carers are always good at helping me", "The staff are kind and polite", "I can choose what time I go to bed and when to get up", "All I can say is they take care of me, whatever they can do they do do", "They look after me nicely and provide me with care, they come quickly if I need them" and "They are doing what they can."

We observed that the staff were caring towards people. They were calm and respectful and spoke with people in a reassuring way. We also saw that the staff became lively and encouraged laughter and for people to enjoy themselves when appropriate.

People told us they were happy with the living arrangements and the way the home was organised. They said that they liked their freedom and the opportunities to be with others if they wanted. One person said, "I definitely get on well with the other people who live here." Another person told us, "We all get on together." A third person commented, "All of us being together is good for us."

One person told us, "That's what I like about it because here it's like a big family. I've had two birthdays here and they come in and wake you up on your birthday saying "Surprise Surprise!" and you get cards and cake and candles."

During our inspection one person who lived at the service asked others if they could give them a blessing. They did this for people who consented. There appeared to be a sense of community at the service where people cared for each other a great deal. We observed some of the younger adults assisting an older person who used a wheelchair to move into the garden when they wanted to have a cigarette. They then supported the person to go back into the lounge once they had finished. We saw people chatting and joking together and greeting each other enthusiastically when they saw one another.

People living at the service spoke about the family atmosphere and how they felt a sense of belonging and ownership. One person invited a member of the inspection team to join them for lunch, showing that they felt empowered enough to do this.

People were supported to maintain independence where they were able. They told us they were able to go out if they wanted to access the community. They were also able to carry out their own personal care if they wanted.

Throughout the inspection we saw that people's privacy and dignity were respected. The staff knocked on bedroom doors before entering and addressed people politely. They provided personal care behind closed doors. Staff assisting people at mealtimes did so in a caring way considering the person's feelings and giving them time to eat their meal at their own pace.

People's cultural needs were being met. The home catered for people from different cultures and religions and these were celebrated and respected. The staff could speak a variety of languages, with at least one member of staff being able to speak with everyone in their first language. Their cultural needs were recorded in their care plans. There was an Asian menu available for each meal because of the large Asian population in the home. There were also Asian television channels available in communal areas and bedrooms.

Is the service responsive?

Our findings

At the inspection of 5 April 2016 we found people's care records did not include their social care needs and there was a lack of appropriate activities.

At the inspection of 17 October 2017 we found that improvements had been made. The provider employed an activities coordinator who organised a range of different group activities each day. The plan of activities was linked to special events and celebrations, such as religious festivals, and events such as Valentine's Day and Halloween. The activities coordinator showed us photographs of some of the special events which had taken place and told us that people had enjoyed these. The chef worked closely with the activities coordinator to provide food matching the theme. In addition to these special events there were daily activities. The activities coordinator told us that these were subject to change depending on what people wanted to do.

The activities coordinator had a good understanding of people's individual social and leisure needs and these were recorded. They were able to tell us who enjoyed which activities and how they encouraged everyone to spend some time taking part in organised activities. People who were cared for in bed were visited regularly and the activities coordinator spent time reading and talking with them or helping them to pursue an activity of their choice.

The organised activities included visitors from entertainers, from places of worship and children from the local schools. The staff told us that all birthdays were celebrated as special occasions and we saw evidence of this in photographs of these events.

We spoke with one visiting family member who told us they were welcome at the home. The staff confirmed this telling us that families were valuable members of the community and often joined people to celebrate special events.

During the day of our inspection the activities coordinator spent time with people in the main lounge. They asked people what they wanted to do. People chose to listen to Indian music, to dance, sing and share prayers together. We saw that people of different cultural backgrounds joined in with this activity enthusiastically and together. The lounge had two main areas, one with a television showing Asian television channels and the other with English programmes. People had televisions in their rooms and some of these had access to Asian channels.

Some people were able to go out independently into the community and they told us that they enjoyed this.

People told us they liked the organised activities but did not feel pressure to join in with these.

People were being supported in a way which met their needs and reflected their preferences. They told us that the staff cared for them and made sure they had everything they needed. We spoke with people who were fairly independent and others who had complex health needs. They all responded by telling us the staff

gave them personalised care appropriate to the level of their needs.

The service catered for people with a diverse range of needs. These included younger adults with physical and mental health needs, as well as older people who had dementia. The staff had a good understanding about how to support people and the diversity enhanced the service rather than making it difficult for the staff to meet individual needs. The care plans were personalised and included clear instructions for staff. There was information on people's health and personal care needs written in a way which could be easily understood and followed. Two people had moved to the service shortly before the inspection, but we found information about their care had been well thought out and recorded. People had been involved in making decisions about their care and their preferences were included within care plans. The staff reviewed information regularly to make sure it was still accurate and reflected people's wishes.

The staff recorded the care they had provided and we saw that these records showed that care plans had been followed. The care records included information about people's wellbeing and any changes to this.

There was an appropriate complaints procedure and people were aware of this. Everyone who we spoke with told us they knew how to make a complaint and who to speak with. They told us the manager would listen to and act on complaints. There was a record of complaints received at the service. The provider kept a log to track any themes or repeated complaints. There was evidence they had investigated each complaint and responded to the complainant, apologising and telling them the action they would take.

Is the service well-led?

Our findings

At the inspection of 5 April 2016 we found that the provider had not registered a suitably qualified and experienced person to manage the regulated activities provided at the service.

At the time of our inspection on 17 October 2017 the manager had applied to be registered with CQC. Their application was being processed. The manager had worked at the service for four years. They were supported by a care coordinator, another manager with different managerial responsibilities, a finance manager and the provider who regularly visited the home and worked alongside them.

Records at the service were generally well maintained, up to date and accurate. However, we found that information relating to one person's wish not to be resuscitated, in event of their heart stopping, had not been clearly recorded on the appropriate forms. We discussed this with the manager. The person had moved to the service shortly before the inspection. Their wish had been discussed and agreed at the hospital who had informed the manager about this. However, the correct documents associated with this were not in place at the time of the inspection. The manager agreed to contact the person's GP and make the necessary arrangements to complete the required document. In another example, a person had been assessed as requiring bed rails to help keep them from falling out of bed. We saw the bedrails were in use but there was no documents relating to this to show how the decision had been made and who had been involved. We discussed this with the manager who told us the decision had been made the day before our inspection which is why there was no record in place but acknowledged there should be and agreed to complete the record that day.

Other records we saw included information which was accurate and up to date. The staff regularly assessed records relating to people's needs so any changes in these were updated. Staff recruitment records were maintained, as were other records the provider used for managing the service.

Providers of care services are required by law to display the rating from their most recent CQC inspection within the service and on their website. We saw that no rating was displayed at the service and nor was this available on the provider's website. We spoke with the manager about this. Following our inspection they confirmed that they had rectified this and that the rating was now displayed in both places. We have checked the provider's website since the visit and found the rating was displayed.

People who we spoke with knew who was in charge of the service. They told us that managers knew them well and visited them in their bedrooms or communal areas each day. The home catered for people with a diverse range of needs. The manager told us that they only accepted referrals when they knew they could meet someone's needs and we saw that the service worked well for people who lived there. People told us they were happy with the service. This was evident in our observations during the inspection. There was a sense of a community which underpinned the life at the service, where people living there and staff felt valued and included.

The provider had asked people using the service and other representatives for their written feedback about

the service. Comments from feedback in 2017 suggested that people valued the atmosphere at the service, the caring staff and liked the food. With statements including, "Everyone treats you nicely", "Everyone listens to me" and "I have my freedom."

The provider undertook regular audits of the service including safety, the environment, records, care plans, medicines management and reviews of care. These were recorded and we saw that action had been taken when problems were identified. The manager analysed accidents, incidents, complaints and safeguarding alerts to make sure any themes to these could be identified and addressed.