

Lancashire County Council

# Beacon View Home for Older People

## 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

About the service: Beacon View home for older people is a care home that provides accommodation and personal care for up to 45 people some of which were living with a dementia. At the time of the inspection 39 people were living in the service. The service is situated in a residential area close to transport links. The service is one purpose built building with two floors with communal spaces and bedrooms on each.

People's experience of using this service: People told us they felt safe, systems were in place to act on any abuse allegations. Environmental and individual risk assessments had been completed. An ongoing refurbishment plan was taking place.

Sufficient numbers of staff were in place, staff received training relevant to their role and safe recruitment practices were seen. Consent was recorded in people's care files and relevant deprivation of liberty applications had been submitted. 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 supported this practice.

People told us and we observed people received good care and their privacy, dignity, rights and needs were respected. Care plans reflected people's individual care needs and how these could be met. A variety of activities was available to people. Electronic systems were used in the service. Systems were in place to deal with complaints.

We received good feedback about the registered manager. Team meetings and feedback from people was obtained. The service was being monitored regularly.

Rating at last inspection: At the last inspection the service was rated good (1 September 2016).

Why we inspected: This was a scheduled inspection based on the previous ratings.

Follow up: The service will be re-inspected as per our inspection programme. We will continue to monitor any information we receive about the service. We may bring the next inspection forward if we receive any concerning information.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 improved to good.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

# Beacon View Home for Older People

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was undertaken by two adult social care inspectors.

Service and service type:

Beacon View home for older people is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 had 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.

Notice of inspection:

This was an unannounced inspection which meant the service did not know we were coming.

What we did:

Before the inspection we looked at all of the information we held about the service. This included any feedback, complaints, concerns or statutory notifications the provider is required to send to us by law. We checked the information that the service sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make. We used a planning tool to collate the information prior to visiting the service.

During our inspection we spoke with six people who used the service, three visiting relatives and two visiting professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with ten members of the staff team. These included six care staff, the chef and catering manager, the operations manager and the registered manager. We also undertook a tour of the building.

We reviewed a number of records. These included three care files and two staff files. We also looked at records related to the operation and management of the service. These included feedback, meeting minutes, audits, servicing and monitoring checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place that ensured any allegations of abuse were dealt with appropriately. Guidance was on display about how to deal with any concerns relating to people's safety. We saw records related to investigations, outcomes and the actions taken as a result of these. This supported any lessons learned and helped to reduce future risks.
- Staff understood how to act on any allegations of abuse. We observed people appeared comfortable in the company of the staff team. All people we spoke with told us they felt safe in the service. A relative told us, "I couldn't wish for [name] to be in a better place than this."

Assessing risk, safety monitoring and management

- Improvements had been made to the detail on the personal emergency evacuation plans that ensured information about how to support people in the event of an emergency was in place. Fire risk assessments were seen and checks on fire equipment were taking place.
- A range of environmental risk assessments and checks were taking place that demonstrated the service was being monitored and was safe for people to live in.
- Individual risk assessments had been completed that directed staff about people's risks and how to manage these safely.

Preventing and controlling infection

- The environment was clean and tidy, and guidance was available about infection control. We observed staff undertaking cleaning duties during the inspection and personal protective equipment was available to support good infection control practices.
- Where audits and reviews had been undertaken, they contained information about the actions taken as a result.

Staffing and recruitment

- Duty rotas had been completed that confirmed the staffing numbers on each shift, the registered manager confirmed the service was fully staffed.
- We observed sufficient numbers of staff in all areas of the home during our inspection. Staff we spoke with told us the registered manager responded to people's changing needs and amended staffing as required.
- Relatives were confident about the staffing in the service. One told us, "The staff are fantastic."
- Systems were in place that ensured only people who were suitable for their role were recruited to work in the service. Relevant suitability checks had been undertaken such as proof of identity and references from previous employers.

### Using medicines safely

- Medicines were stored safely in the service and relevant temperature checks were taking place. We noted a recording error in the controlled drugs register. The registered manager took immediate action to investigate and confirmed they would ensure all staff were aware of the importance of accurate recording.
- Staff told us, and records confirmed they had undertaken relevant training and competency checks to deliver medicines safely. We observed staff provided people with their medicines safely and staff completed records to confirm their administration. Records included information about as required medicines and authorisation for covert administration where this was directed.
- Medicines audits were being undertaken. Where any errors in the management of medicines had occurred, the service investigated these and made recommendations to reduce any future risks to people who used the service.

### Learning lessons when things go wrong

- Systems were in place over a range of areas such as allegations of abuse and the management of medicines that ensured actions were taken and lessons were learned to reduce any future risks to people who used the service, visitors or staff.
- Incident and accidents were uploaded onto the providers computer system which supported analysis of these to identify themes or trends. This helped to reduce any future risks and identify any lessons learned.

# 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

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

- Good information in people's care files confirmed assessments of people's needs had taken place and that people had been involved in their development. Records included details that relevant reviews of people's needs had been completed. Guidance was in place to support staff to deliver effective care in line with best practice.

Staff support: induction, training, skills and experience

- Staff had received relevant training that supported them to deliver effective care to people. They said, "I love working here, up to date with training." People who used the service, relatives and visiting professionals were confident in the knowledge and skills of the staff team. Comments included, "They [staff] are brilliant. They look after us well." And, "They (staff) are very good. They treat people well." The training matrix confirmed what training had been undertaken and what was planned. Staff demonstrated their knowledge of how to deliver good care to people.
- Staff told us regular supervisions were undertaken where they were able to discuss their views, and development.

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

- A varied menu was available to people who used the service which was adapted regularly according to reviews of the meals provided and recommended guidance. We saw plenty of supplies of varied food stuffs available. The food prepared smelt and looked appealing.
- People were seen to be offered a choice of menus and supplies of extras to people was plentiful.
- Care files contained information to guide staff about people's individual dietary needs and how to support them with this.

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

- Care files confirmed relevant professionals had been involved in reviews of people's care where it was required. Visiting professionals were seen during our inspection who confirmed the service contacted them appropriately for regular reviews of people's healthcare needs.

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

- The service was undertaking a programme of refurbishment to some areas. People had personalised their rooms with their own mementos. Bedrooms were of single occupancy and eight bedrooms benefitted from ensuite facilities. Corridors were wide and accessible and a lift supported people with limited mobility to access the upstairs areas. There was some evidence that the environment had been developed to support

people living with a dementia.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Relevant capacity assessments and best interests decisions had been undertaken, where required. Records confirmed relevant DoLS applications had been submitted to the supervisory body, which helped to ensure people were not being deprived of their liberty unlawfully. The progress of these were followed up regularly by the registered manager.
- Records we looked at confirmed relevant consent, where required, was obtained for the delivery of care.

# 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

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

- We saw all people who used the service were consistently treated with kindness by the staff team. Good care was provided to people in a manner that promoted people's individual and diverse needs.
- All people and relatives we spoke with told us they were happy with the care provided. They told us, "I couldn't wish for [name] to be in a better place than this. It is very homely, and the staff are friendly. They are like family." A visiting professional said of the service, "I love coming here. It is very friendly, and the staff are lovely."
- Care files had good information about how to ensure people received good care. A summary of needs had been developed as well as a life story which had information about people's likes, past history and interests. Staff we spoke with confirmed all the needs of people who lived in the service was recorded, "In their care files."

Supporting people to express their views and be involved in making decisions about their care

- Throughout the inspection we saw staff consistently involving people in decisions about various aspects of their care including care delivery and the activities provided to them.
- Advocacy guidance was on display that enabled people to access support to make important decisions. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- We saw people were consistently treated with dignity and respect across all aspects of their care. Staff were seen speaking to people discretely, ensuring people's privacy was maintained. People were encouraged by staff to take part in activities of their choosing, supporting independence where this was appropriate.
- The service ensured confidential information was stored securely, ensuring their responsibilities in relation to confidentiality were maintained in line with the General Data Protection Regulations (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- All people we spoke with were happy with the care they received. Relatives confirmed they, "Had been involved in the care planning for [relative]. Communication is very good."
- Care plans detailed good information about people's individual needs and how to support them effectively. Evidence of reviews were seen that confirmed the information to guide people's care was up to date.
- A variety of activities was provided to people who used the service both in the service and in the wider community. We observed a number of activities taking place during the inspection, people were offered choices of what they wanted to take part in.
- Technology was used to good effect in the service. Computer systems were used to develop audits and monitoring of the service. Policies, procedures and guidance were available to all of the staff team.

End of life care and support

- The service had end of life champions that would support people, relatives and staff as people who used the service neared the end of their life. Relevant documentation was available that ensured people's end of life wishes were recorded and could be met appropriately.

Improving care quality in response to complaints or concerns

- All of the people and relatives we spoke with were happy with the care and had no complaints. They told us they would be confident any concerns would be dealt with. A visiting professional told us the service had responded appropriately to a previous concern. A number of 'thank you' cards were on display that demonstrated people were happy with the care they received.
- Systems were in place to deal with any concerns or complaints. Records had been completed that demonstrated what concerns or complaints had been received and how these had been dealt with. Policies and guidance were available about how to deal with complaints or concerns.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- A wide range of corporate policies and guidance were in place to guide all the staff members in the delivery of care as well as the operation and management of the service.
- A variety of audits and monitoring was taking place by both the service as well as the senior managers, findings from these had been recorded. This supported the monitoring and review of the service, met their duty of candour responsibilities and supported continuous learning and improvement.

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

- The registered manager understood their role and responsibilities as well as the operation, monitoring and oversight of the service. It was clear staff understood their roles and responsibilities.
- We received very positive feedback about the registered manager and the support he provided. Comments included, "[Registered manager] is a wonderful boss extremely supportive, anything they need just ask, door always open" and "He is very supportive and approachable. He is a good manager." We observed positive interactions between the registered manager, people who used the service, visitors and staff.

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

- Staff told us, and records confirmed team and manager meetings took place regularly. We saw feedback was obtained by the service about the care people received. This would ensure improvements were promoted.
- All staff commented about the support from the registered manager and the senior management team. One staff member said, "Really happy [registered manager] is lovely so approachable and supportive."

Working in partnership with others

- Records we looked at and our observations confirmed the service worked in partnership with the wider professional team.
- The service had a number of rehabilitation beds, supported by a multi-agency team, for people to use on a short-term basis to improve their abilities to return home safely.