

# The Sussex Beacon

## Quality Report

Bevendean Road  
Brighton  
East Sussex BN2 4DE  
Tel:01273 694222  
Website:www.sussexbeacon.org.uk

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

### Ratings

#### Overall rating for this location

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Outstanding 

#### Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

The Sussex Beacon is a clinical care centre for men and women living with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) in Brighton and the surrounding area. There is a 10 bedded inpatient unit together with outpatient and day services that include anxiety management, sleep service, day service and women and family's service. Patients are able to access a range of services that include treatment support, respite and end of life care.

The service is commissioned by East Sussex, Brighton and Hove (ESBH) commissioners and West Sussex (WS) commissioners. In addition the provider has to raise over £2.2 million pounds a year to supplement the commissioned funding which is approximately £600,000 per year.

The Beacon's catchment areas are East Sussex, Brighton and Hove and West Sussex for funded beds. They will take out of area referral if there is funding to support the patient. The provider gets about one out of area referral a year.

This was a planned, comprehensive inspection carried out, using our new methodology, as part of our commitment to inspect and rate all acute independent healthcare services by 31st March 2017.

The inspection visit took place on 17 and 18 March 2016.

We have included end of life care as part of the report on medical care as this is now only a very small part of the services offered. There are very few people who received end of life care at the Sussex Beacon.

We have included services offered on an outpatient basis within the main body of the report, rather than a separate core service as the provision is seamless and all treatment is part of a fully integrated package of care. We were unable to differentiate between outpatient and inpatient services as there was too much overlap.

Overall, we rated this service outstanding. This was an exceptionally well led service with a clear vision that was known to all staff, volunteers and patients. The culture of the organisation was open and collaborative with strong internal and external relationships. All the feedback we received from patients, relatives, staff, volunteers and visiting professionals was extremely positive. The response to individual needs and preferences was exceptional.

The service was exceptionally responsive and respectful of individual needs and preferences. Whilst serving all patients with HIV/AIDS in the catchment area and beyond, it was particularly mindful of the needs of individuals who had protected characteristics such as those from the Lesbian, Gay, Bisexual and Transgender (LGBT) community and those who had a Black or ethnic minority (BME) identity. The focus of the service was on meeting individual needs rather than addressing needs through cohort provision and all patients were seen and respected as individuals.

We also noted that the service was very proactive in response to a changing healthcare environment, adapting to the changing needs of the patients it served. We saw examples of innovative practice and a constant striving to develop services whilst at the same time ensuring there was adequate funding to sustain them .

### **Are services safe at this service**

- There were well embedded systems and process in place that promoted patient safety and harm free care. There was good evidence of learning from incidents and an embedded culture of incident reporting.
- Staffing levels were good and allowed sufficient time for staff to promote independence and personal choice in care.
- Consultant medical advice was readily available with good consultant led treatment management plans that mirrored protocols in the local NHS trust.

# Summary of findings

- Staff had a good understanding of their role and responsibilities in regard to both adult and child safeguarding although not all staff had completed the appropriate level of child safeguarding training.
- Medicines were generally managed very well with robust systems and readily available advice from a pharmacist. We did note that the medicine cupboard keys were not always stored securely and addressed this with the registered manager at the time.

## **Are services effective at this service**

- The service had a planned ongoing programme of clinical and non-clinical audit that was used to inform the board about the quality of patient care. The audit results were used to drive improvements and provided a continuous focus on patient safety.
- National benchmarking was not possible as there were no pertinent national audit programmes for this provider due to the specialist nature of the provision.
- Patient management was focussed around agreed goals and targets and the level of achievement of these for individual patients was good.

## **Are services caring at this service**

- The staff and volunteers at this hospital provided a very caring and compassionate service,
- We found that patient feedback was exceptionally positive.
- Staff 'went the extra mile' to support patients to maintain independence and control over their own lives.
- Emotional support for patients and staff were well developed.

## **Are services responsive at this service**

- The service was responsive to the changing needs of the cohort of patients that it served. The provider had recognised changing demographic needs and flexed the services to ensure that it continued to provide appropriate care to the community.
- Responsiveness to individual needs was a real strength. The service offered personalised care based on a comprehensive assessment of needs and preferences.
- The service was able to provide a comprehensive care package through outpatient and inpatient services that supported patients around the clock.
- There were very few complaints but the service managers responded to all negative comments and suggestions with clear evidence of service adaptation and learning, when necessary.

## **Are services well led at this hospital/service**

- The board of Trustees, the management, staff, volunteers and patients were all aware of and felt a sense of ownership of the service vision.
- The governance processes were well developed for such a small service and allowed good oversight of the quality of the provision by the executive team and board.
- There was very strong leadership of the service with an open and collaborative approach to managing the service. Staff felt passionate about the service they provided and felt a strong sense of belonging.
- There was very good staff and patient engagement with representation by patients at board level.

# Summary of findings

- The very nature of the service meant it was at the forefront of developments in the care of people living with HIV/AIDS. There was good evidence of multidisciplinary service development.
- The service recognised the continuing need to adapt in order to meet the ongoing needs of the patients.

## **Our key findings were as follows:**

- The service was clean and well maintained.
- The provision of food was very good with plenty of choice and variety
- Symptoms control was very good and people were offered holistic care and management to help them manage their individual symptoms.
- There were low levels of incidents but good learning where incidents did occur
- Record keeping was very good
- Staffing levels were good and supplemented by many volunteers which allowed the staff more time to provide direct care
- There was a strong focus on learning and sharing learning across the organisation
- Patient outcomes for individual patients were good with treatment plans being linked to outcome goals.
- There was evidence of exceptional multidisciplinary working with staff of all grades and professions working closely for the benefit of the patients.
- Relationships with external stakeholder organisations was good with shared learning, shared protocols and some service provided under a service level agreement to allow continuity of care.
- End of life care was very personalised and entirely focussed on the patients' personal preferences and needs. People always died in their preferred place of care.

## **We saw several areas of outstanding practice including:**

- The responsiveness to individual needs and preferences.
- The joint working with other healthcare providers
- The flexibility of the service and the on-going adaptation of services to meet the needs of the patients.
- The engagement of patients and relatives in service design and planning.
- The organisational culture that focussed on maintaining independence for patients.
- The oversight by the leadership team and the trustees through a strong integrated governance model.
- A proactive and consultative approach to service development with an encouragement of innovation. Examples of this included the Alcohol Support Service and the Women and Families Peer Support Programme.

## **In addition the provider should**

- Ensure that all staff have completed the appropriate level of child safeguarding training.
- Ensure that the medicine cupboard keys are stored securely

**Professor Sir Mike Richards**  
**Chief Inspector of Hospitals**

# Summary of findings

## Overall summary

We rated this service as outstanding overall because:

- The service was exceptional in engaging patients who may be reluctant to accept support from HIV services. Patients told us they felt safe and well looked after. Staff ensured that patients received consistent care and that staff had up-to-date information on individual patient's care. There were sufficient numbers of staff on duty to keep people safe and meet their needs.
- Staff had undertaken appropriate training to ensure they had the skills and competencies to meet patient needs. The principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) had been adhered to which ensured patients' rights were upheld.
- Patients were supported to maintain good health and had access to health professionals. Staff worked in collaboration with professionals such as GPs and the falls prevention team to ensure advice was taken when needed. Staff placed a high value on building relationships with patients and supported them in a way that ensured they felt understood and valued.
- Patients and health professionals spoke positively about the caring approach of staff that ensured needs were met. Staff were highly motivated to offer care which was compassionate and kind. Patients told us they had enough to eat, enjoyed the food and were offered choices.
- The leadership of the service was strong, visible and well informed. The entire Beacon community bought into the vision and shared goals of providing an exceptional service to people living with HIV/AIDS.
- Staff and patient engagement was very good with representation at all levels including patient representation at board level. The service adapted and made changes in response to patient feedback and actively sought new ways of engaging with harder to reach patients.

# Summary of findings

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Outstanding



# Sussex Beacon

**Services we looked at**

Medical care; End of life care; Outpatients and diagnostic imaging but all reported under medical care because of the scale of the services and the seamless nature of the provision.

# Summary of this inspection

## Background to The Sussex Beacon

The Sussex Beacon is a clinical care centre for men and women living with Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome (HIV/AIDS) in Brighton and the surrounding area. There is a 10 bedded inpatient unit together with outpatient services that include anxiety management, sleep service, day service and women and family's service. Patients are able to access a range of services that include treatment support, respite and end of life care.

The service is commissioned by East Sussex, Brighton and Hove (ESBH) commissioners and West Sussex (WS) commissioners. In addition the provider has to raise over £2.2 million pounds a year to supplement the commissioned funding which is approximately £600,000 per year.

For ESBH the funding from the CCG is managed by the local authority commissioner and for West Sussex the CCG funding is managed by the manager of the HIV community nursing team within a local community NHS Trust.

The Beacon's catchment areas are East Sussex, Brighton and Hove and West Sussex for funded beds. They will take out of area referral if there is funding to support the patient. The provider gets about one out of area referral a year.

The service has a registered manager who has been in post since November 2015. The Chair of the board had been in post for 22 months.

We carried out this inspection as part of our planned comprehensive inspections of all acute independent healthcare services.

## Our inspection team

Our inspection team was led by:

**Inspection Lead:** Terri Salt, Inspection Manager, Care Quality Commission

The team included a CQC inspector and a pharmacist inspector as well as 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.

## Why we carried out this inspection

This unannounced inspection was carried out as part of our planned programme of comprehensive inspections of independent healthcare providers.

## How we carried out this inspection

The inspection took place on 17 and 18 March 2016.

Before the inspection, we checked the information that we held about the service. This included previous inspection reports and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. We also reviewed feedback from health and social care professionals.

We spoke with one member of the board of trustees, the chief executive, the registered manager, five patients, seven members of staff and four health and social care professionals. We looked at four care records for patient on the inpatient unit and four records for patient supported by the health and wellbeing team, four staff



# Summary of this inspection

records, medication administration record sheets, staff rotas, the staff training plan, logs of complaints, quality assurance audits and other records relating to the management of the service.

We asked the provider to submit specific data subsequent to our visit and used that to inform our findings.

The service was last inspected on 5 February 2014 and there were no concerns identified.

## Information about The Sussex Beacon

The Sussex Beacon is a 10 bedded inpatient unit and outpatient services that include anxiety management, sleep service, day service and women and family's service. Patients are able to access a range of services that include treatment support, respite and end of life care.

From 1st April 2015 – 31st March 2016, 233 patients were admitted to the inpatient unit. During the same period as further 215 patients were seen as outpatients. There were three deaths at the service during this period.

In the year preceding the inspection, The Sussex Beacon provided 2055 bed days for inpatients. Forty two percent of these patients were admitted for monitoring and maintenance of the complexities of living with HIV, 22% for treatment support, 15% for medical or surgical convalescence and 15% for mental health or psychological support.

## What people who use the service say

Patients, relatives and visiting professionals were all very complimentary about the services provided at the Sussex Beacon. We heard only positive comments about the Beacon whilst on our visit.









# Detailed findings from this inspection

## Mental Capacity Act and Deprivation of Liberty Safeguards






The provider was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff had been appropriately trained and were able to demonstrate an understanding of the impact of this legislation on their work.

## Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Good	Good	 Outstanding	 Outstanding	 Outstanding	 Outstanding
Overall	Good	Good	 Outstanding	 Outstanding	 Outstanding	 Outstanding

# Medical care

Safe	Good 
Effective	Good 
Caring	Outstanding 
Responsive	Outstanding 
Well-led	Outstanding 

## Are medical care services safe?

Good 

We rated safe as good because there were effective systems in place to ensure patients received harm free care.

Incident reporting was good with an embedded culture of reporting and a robust governance system around incidents. The board were aware of any incidents that had been reported and there was good evidence of organisational learning.

There were good infection prevention and control measures with systems in place to reduce risks of hospital acquired infections and cross contamination. The premises were clean and in good repair. Staff had a good understanding of infection control practice,

Patients were carefully assessed and their condition monitored so that any changes in their condition were noted and acted upon. There was an effective early warning scoring system in use to identify patients at risk of unexpected deterioration and formal transfer protocols to ensure they were moved to a more appropriate care environment, if necessary.

Staffing levels were good and supplemented by many volunteers.

There was an issue identified where the keys to the medicine cupboard were not always secure. We raised this with the registered manager who took immediate action.

### Incidents

- The service had a clear process for reporting incidents and any learning was shared with staff.
- Forms were completed electronically by staff then given to managers for risk scoring and investigation. Each area recorded all incidents on a reporting log and at each Quality and Governance meeting all incidents were reviewed and agreed for closure or further action.
- Team leaders and relevant managers attended the Quality and Governance meeting so that they could provide feedback to staff.
- Staff felt confident that reported incidents were followed up by the registered manager.
- Staff were able to describe the types of incidents they were expected to report, such as falls or medicines errors.
- There was evidence of learning from incidents, with staff able to describe learning and documentary evidence of changes that had been made in response to incidents.
- A specific example was the development of a medicines competency assessment for all Registered Nurses. This was introduced last year following a number of medication errors. Compliance with completion of competencies was currently 100% and resulted in a reduction in the number of errors.
- Another example was an organisational wide change introduced in response to a former member of staff contacting a patient via social media. The provider had introduced a comprehensive Social Media Policy to ensure that staff were clear of their professional responsibilities confidentiality and conduct.
- All clinical incidents and accidents were reviewed by the registered manager with investigations carried out when needed. Following investigation an action plan was agreed. The investigations were discussed at clinical managements meetings.



## Medical care

- There had been no Serious Incidents reported in the preceding year.
- Across the whole organisation there had been 199 incidents recorded in the year preceding the inspection visit. Whilst numerically this appeared high, the incidents reported were generally very minor and had minimal impact on patient care. This suggested a positive culture of incident reporting and a learning organisation.

### **Safety thermometer or equivalent (how does the service monitor safety and use results)**

- Although not displayed as a safety thermometer the service did monitor patient safety incidents such as falls and pressure damage and review these as part of their quality monitoring systems.
- Falls were reported and analysed monthly to identify any patterns and triggers. This monitoring system had helped reduce the incidence of falls by 20%. Falls levels appeared generally low but there was no comparable service to benchmark against.

### **Cleanliness, infection control and hygiene**

- The service had a Director of Infection Control (DIPC) as required by the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. The DIPC was also the registered manager.
- There was a link infection and prevention control nurse who had completed training with a local community NHS trust.
- The provider had systems in place to secure expert infection prevention and control advice from both the microbiology team at a local acute NHS trust and from the infection control team of a local NHS community trust.
- The clinical areas which we visited were visibly clean, tidy and uncluttered. Staff followed infection control procedures and these were regularly audited.
- Hand hygiene gel was available for staff and visitors and signage reminded people to use this.
- All inpatients were cared for in single en-suite rooms so were readily isolated in cases where an infection risk was identified.
- The service had protocols for barrier nursing and outbreak management that were known to staff.

- The catering staff had current food hygiene certificates and all client support workers were trained to level two in food hygiene.
- The provider had regular cleaning of medical devices audits
- Hand hygiene audits had recently been introduced and demonstrated good levels of compliance. Most recent audit showed 99% compliance.
- There had been no sharps injuries in the preceding 12 months. The occupational health service, including management following a sharps injury was provided by a local community trust.
- Staff were all well versed in the action to take in the event of a sharps injury.

### **Environment and equipment**

- Equipment was regularly maintained and serviced. There was an electronic system in place which identified when repairs were needed and recorded any remedial action that had been taken. The system ensured that maintenance issues were responded to in a timely way. These records were reviewed and also ensured equipment was replaced in a timely way.
- There were emergency procedures in place for emergencies such as fire. Guidance was available for staff on how to manage these emergencies. Staff were aware of how they should respond in an emergency and took part in regular fire drills to maintain their knowledge. Fire safety equipment was regularly checked and serviced.
- The premises were secure for people because there was a robust security system in place. This system identified visitors and monitored access to the in-patient unit.
- Environmental risk assessments were also carried out and there were personal evacuation plans for every patient so staff knew how to support them should the building need to be evacuated.

### **Medicines**

- While medicines were safely stored, the medicines keys were not kept securely at all times. This meant that access to medicines may not always be restricted or secure. We discussed this with the registered manager on the second day of our inspection and they agreed to review the storage of keys used to access medicines.
- The current temperature was recorded for the medicines fridge daily.



# Medical care

- When a cream was prescribed and administered by a care worker, they would inform the qualified nurse who would then record this on the medication chart.
- Policies, guidelines and references were available which provided information about the safe and correct use of medicines. However we noted that these were not all up to date. We spoke with the registered manager and they were aware the policies needed to be reviewed. The policies did reflect current best practice.
- Self-administration of medicines was encouraged via risk enablement processes. Records of administration were clearly documented on the chart by registered nurses.
- Staff spoke with patients about the benefits of medicines and ensured that they were aware of any side effects which may be experienced.
- Patients told us that staff discussed any changes to medicines with them and were clear on possible side effects they might experience. Patients knew who to contact if they had concerns.
- Medicines including oxygen required in an emergency were available. Records indicated regular checks had been undertaken as per the service procedure.
- Pharmacy services were provided by a local acute trust via a service level agreement – the pharmacists were onsite twice a week. They also provided telephone advice both in and outside of normal working hours.
- Prescribing protocols were shared with the local acute trust HIV service.

## Records

- There had been a documentation audit in February 2016 and records within the inpatient unit had been checked for record keeping and documentation. The audit identified that at times staff were using abbreviations which meant the records were not always easy to read.
- The action from this audit was that this should be fed back to the staff team and staff were to be more aware of the need to reduce the number of abbreviations used. It was agreed that this would be reviewed in the July 2016 audit.
- The audit also looked at the security of records. We saw that 10 records were sampled and all 10 were stored securely.
- Records that we reviewed were well completed, legible and provided a comprehensive account of the patients care and treatment.

## Safeguarding

- Patients told us they felt safe and well looked after. Patients were cared for by staff who knew how to recognise the signs of possible abuse. Staff were able to identify a range of types of abuse including physical, emotional and neglect. Staff were aware of their responsibilities in relation to keeping patients safe.
- There was a clear line of accountability for safeguarding within the organisation. There were two safeguarding adult leads and a safeguarding children lead who all reported to the registered manager/safeguarding lead for the organisation.
- A member of staff explained that they would discuss any concerns with the registered manager and were confident they would take these seriously and respond appropriately. If they did not feel the response was appropriate they knew which outside agencies to contact for advice and guidance.
- The registered manager was clear on their responsibilities and what agencies should be contacted.
- All staff were required to complete level 2 safeguarding vulnerable adults training. Records supplied by the provider showed 88% of staff had completed this at the time of the inspection.
- Only 60% of staff had completed level 2 child safeguarding training.
- The intercollegiate document, “Safeguarding Children and Young people: roles and competences for health care staff (2014) requires all staff in NHS funded services to have a minimum of level one child safeguarding training. This includes executives, Board members, catering staff and domestic staff.
- All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers are required to have completed level 2 training.
- In England all providers of NHS funded health services including voluntary providers, should identify a named nurse. The named nurse has a key role in promoting good professional practice within their organisation, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place.
- Patient assessments included consideration of whether a patient was at risk of domestic violence.
- Additional safeguarding advice was available through either the local community NHS trust or local acute NHS trust.



## Medical care

- Full recruitment checks were carried out on all prospective staff members and volunteers, including DBS checks.

### Mandatory training

- Staff had undertaken appropriate training to ensure they had the skills and competencies to meet patients' needs.
- The provider reported on 'in year' percentages with an end date of September 2016 for 100% completion of mandatory training by staff. This made the levels look quite low with Fire Safety at 80%, and Mental Capacity Act 2005 training at 72% but there was an expectation that 100% of staff would have completed the training by the target date.
- Information Governance training also appeared low with 2% having completed the current training. This was because the provider had very recently introduced new training and only a very few staff had completed this. Other staff had completed the previous training and so the 2% provided was not an accurate reflection of staff training levels in information governance.
- Records from previous years showed high levels of mandatory training completion across all programmes.

### Assessing and responding to patient risk

- The inpatient unit used the National Early Warning Score (NEWS) tool to identify patients who were at risk of an unexpected deterioration in their condition. These were completed and acted upon, where necessary.
- Staff were aware of the risk of sepsis and monitored this via the NEWS scoring and escalation system. Any patient identified with a possible diagnosis of sepsis was transferred at an early stage of concern.
- Systems were in place to identify risks and protect patients from harm. Risk assessments identified individual risks and these were reviewed daily or sooner if needed. Where someone was identified as being at risk, actions were identified on how to reduce the risk and referrals were made to health professionals as required.
- Staff were aware of how to manage the risk associated with patients' care needs and how to support them safely. For example, pressure damage risk assessments had been completed which measured and evaluated the risk of developing pressure ulcers and how staff should monitor and mitigate this risk.

- There were clear transfer protocols in place in case of a sudden and unexpected deterioration in the patient's condition. Patients were transferred to the local acute trust emergency department by ambulance.
- When needed patients had pressure relieving mattresses in place to reduce the risk of developing pressure ulcers and maintain their skin integrity.
- Patients' care plans contained information on the correct setting for the pressure relieving mattress. Staff told us that the setting was set based on a patient's weight and height and was reviewed when needed. When patients' support needs changed this was recorded which ensured that patients received care that reflected their current needs.

### Nursing staffing

- There were sufficient numbers of staff on duty to keep patients safe and meet their needs. Safe recruitment practices were in place and records showed appropriate checks had been undertaken before staff began work.
- We reviewed the rota and the numbers of staff on duty matched the numbers recorded on the rota. Staff told us they felt there were enough staff on duty. Health professionals told us that they felt there was enough staff to meet patients' needs.
- We looked at the staff rota for the past four weeks. The rota included details of staff on annual leave or training. Shifts had been arranged to ensure that known absences were covered.
- Recruitment processes ensured that Disclosure and Barring Service checks (DBS) were requested and we saw these were present in all staff records we looked at.
- Staff files contained evidence to show, where necessary, that staff were registered with appropriate professional bodies such as the Nursing and Midwifery Council. The Nursing and Midwifery Council regulate nursing staff and ensure professional standards are maintained.
- Patients told us that they felt there were enough staff and that staff responded to them in a timely way. We asked someone in the inpatient unit how they felt about their stay and they replied, "You just feel safe."
- We observed that patients were not left waiting for assistance and patients were responded to promptly. Staff were available to help patients depending on their needs and wishes; patients received unrushed care from staff that were patient and kind.
- Handover meetings took place to ensure that staff passed on changes to patients' health and the support



## Medical care

they needed. Staff discussed changes to the support patients needed with personal care and changes to appetite or medicines. This ensured that patients received consistent care and that staff had up-to-date information on their care.

- Physiotherapy and occupational therapy services were provided by a local NHS community trust via a service level agreement funded by the provider. By using this approach it meant that when patients were discharged these same staff were a key part of their care pathway.

### Medical Staffing

- The provider had a service level agreement with the HIV service at the local acute trust for consultant medical cover.
- There was a consultant ward round every Thursday morning where a comprehensive review of patient treatment plans took place.
- Out of hours emergency medical cover was provided by the on call HIV registrar from the local Hospital.
- The provider also had a GP trainee (a qualified doctor training to be a GP) who provided care whilst on placement with a new trainee every four months. The trainee was managed by a HIV consultant and also received support from the HIV registrars. They were available throughout the week to review and treat patients. They also participated in the HIV service weekly teaching programmes and undertook sexual health and HIV clinics at the local hospital as well.

### Major incident awareness and training

The provider had a business continuity plan which key staff were aware of.

### Are medical care services effective?

Good



We rated effective as good because:

Patients received care that met their identified needs and which supported them to maintain their independence, as far as possible.

The medical and nursing teams provided care in accordance with published national guidance and shared clinical protocols. Multidisciplinary working was well established with good communication across internal and external professional groups.

Pain relief was well managed with good feedback from patients about this aspect of their care. Where a person was identified as approaching the end of their life, they were prescribed anticipatory medicines using advice from a local hospice and following their prescribing regime.

The food provision was exceptionally good with an on-site catering team who worked with nursing staff to ensure that the nutritional needs and the individual preferences of patients were met.

Staff were supported to complete additional and specialist training to enable them to better support patients in their cared. This was an organisation that valued learning and encouraged staff to share their knowledge with other staff from inside and outside the organisation.

Patients' rights were respected and they were encouraged to remain as independent as possible. This included allowing the independence and freedom to make their own decisions. Staff understood the Mental Capacity Act 2005 well. They could detail examples of where this had impacted on their work and shared examples of the principle of the least restrictive options being used. Fully informed consent and patient involvement were seen as key to providing good care.

### Evidence-based care and treatment

- The service worked in partnership with other organisations to ensure that they were following current practice and providing a high quality service.
- The doctors follow British HIV Association (BHIVA) guidelines for the management of HIV care.
- Where appropriate the medical staff adhered to NICE guidance (around management of community acquired pneumonia, for example).
- Clinical protocols were shared with the local acute NHS Trust where the Beacon's consultants also worked. This allowed for greater consistency of care.
- The provider had not participated in any national audits as they did not meet the criteria for inclusion.



## Medical care

- There was an audit in November 2015 of the recording of patients' allergies. An action from this audit was that red wrist bands would be ordered for patients on the inpatient unit with an allergy. We saw that this action had been completed in January 2016.
- There was audit programme in place which covered a range of clinical and non-clinical audits across the organisation.
- The manager and senior staff also undertook observation audits.
- The Beacon did not bench mark data or audit findings against any national data as the specialist nature of the service meant that indicators from other types of service were not comparable.
- Staff were very committed to ensuring patients would be supported to return home to die, if that were their wish. Good links with the community NHS trust meant this was possible by engaging with the rapid discharge team, if necessary.
- Individual patient feedback was used to monitor outcomes for inpatients and outpatients. There was no collation of the feedback into numerical or cohort based results as each person's circumstances were so different and the goals and outcomes measures were developed to meet their particular needs and preferences.
- No comparative outcome data was available to compare this service to other similar services because of the unique nature of the provision. Data about long term outcomes could not be directly attributed to care provided by the Sussex beacon as most patients received shared care and treatment from a number of providers.

### Pain relief

- When needed, patients in the inpatient unit had a pain management programme. Staff spoke with patients about the benefits of medicines and ensured that they were aware of any side effects which may be experienced. Staff ensured that patients were involved in discussions about their symptoms and pain management.
- Patients were admitted to the inpatient unit when they needed additional support to manage their pain relief
- The inpatient unit used a pain scoring system and were provided with appropriate analgesia when necessary.
- For patients approaching the end of their life, anticipatory medicines were prescribed to ensure there were no delays in giving adequate pain relief.
- Alternative pain management strategies such as heat packs or cool packs were available.
- The manager monitored pain assessment through regular discussion with patients, through direct observation and through a review of the records. There was no formal pain audit result available at the time of the inspection but we were assured that the staff and manager had a good understanding of how well pain was being alleviated because of their direct involvement and the low numbers of patients.

### Patient Outcomes

- One hundred percent of patients who were identified as approaching the end of their life died in their preferred place of care. This cohort was very small with just three patients dying in the preceding year.

### Nutrition and hydration

- Nutritional risk assessment was an integral part of the holistic assessment and treatment plan for all in patients. When necessary, the malnutrition universal screening tool (MUST) was used to identify patients at particular risk of malnutrition and to monitor changes in their condition.
- Food and fluid intake charts were completed by staff at meal times to record and monitor how much patients ate and drank.
- There were sufficient staff to assist patients to eat and drink, when necessary.
- Where necessary, advice was sought, or onward referrals made to dieticians.
- The HIV specialist dietician service at a local acute trust provided a comprehensive, specialist dietetic service.

### Competent staff

- Staff we spoke with confirmed that they received regular supervision and a yearly appraisal. The appraisal rate was 94% with a target of 100% by the end of September 2016. Individual staff records were maintained that corroborated this.
- Following attendance at external events and conferences, staff would feedback their learning to the wider staff team at the weekly teaching sessions. These sessions usually focused on the inpatient unit and were also attended by staff and professionals from external agencies.





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- Staff received clinical supervision which allowed them the opportunity to discuss the emotional aspects of their role and ensure that they received the support they needed in this area.
- Staff were able to access an external counselling service which gave them the opportunity to talk with a counsellor who was not connected to the service. This was funded by the service.
- Staff undertook a comprehensive induction programme which included essential training and shadowing of experienced care staff. Staff had completed the provider's induction checklist which involved staff familiarising themselves with the layout of the building, fire safety procedures, policies and procedures and reading through care plans.
- A range of volunteers provided support in a variety of areas within the service. Volunteers were managed by the manager of the department in which they worked and they ensured that the volunteer received the appropriate training to carry out their role.
- Volunteers also had regular one to one meetings with the department manager. All volunteers attended safeguarding training and this was followed by a yearly update. A volunteer spoke with us about the training and support they received. They took part in an induction programme which included a one day HIV awareness training. Time was also spent shadowing an experienced member of staff. Before they were allowed to work independently an observational assessment was carried out by the head of the department in which they worked. They also received regular supervision with the volunteer coordinator.
- Two team members had completed a local Hospice palliative care course. The service had good links with the hospice that also provide update training.

### **Multidisciplinary working ( in relation to this core service)**

- Staff worked in collaboration with professionals such as GPs and the falls prevention team to ensure advice was taken when needed and patients' needs were met.
- There were daily ward rounds and multidisciplinary meetings where issues such as discharge planning and patients' emotional needs were discussed. A weekly ward round took place which a consultant from the local hospital attended.
- Staff worked in a multidisciplinary way to centre care on the person and ensure they were responsive to their

needs. For patients who were admitted to the inpatient unit for respite or for support with changes to their medicines, staff ensured that the local community team had the information they needed to plan the support and care they would need when they returned home.

- The staff worked closely with the community HIV nursing team and the local drugs and alcohol service.
- There was good support from community healthcare professionals employed by the local NHS community trust.

### **Access to information**

- The provider had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, for example, details of their current medicine.

### **Consent, Mental Capacity Act and Deprivation of Liberty Safeguards**

- Consent to care and treatment was sought in line with legislation and guidance. The staff team were very focussed on upholding patient's rights and were very clear that they sought consent before providing any care or support. Patients wished were seen as paramount and the staff were very protective of individual preferences.
- Patients told us they were asked for their consent before staff offered support with tasks.
- 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.
- 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 Act. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
- Patients' rights were upheld as the principles of the MCA and DoLS had been adhered to. The registered manager told us that at the time of our inspection no-one was subject to DoLS. The manager understood the legal framework and the process for applying to deprive someone of their liberty.
- Staff were able to speak with us about someone on the inpatient unit who had previously been subjected to DoLS. This had been reviewed and due to changes in their mental health had been removed.



## Medical care

- Staff told us that if they had concerns about patients' ability to make decisions they would discuss this with their manager to ensure the correct process was followed; this would also be recorded in their care plan.
- Training had been provided in the requirements of the Mental Capacity Act 2005.

### Are medical care services caring?

Outstanding



We rated caring as outstanding because patients, relatives and visiting professional staff provided us with feedback that was entirely positive and described a staff group that always, "Went the extra mile". We were told about caterings staff, volunteers, nursing staff, managers and other professional staff who all demonstrated that they bought into the culture of putting patients at the core of all they did.

The compassionate care was deeply embedded in the organisational ethos and disseminated across the entire organisation. There was very much a "Nothing is too much trouble" culture. Staff were highly motivated and inspired to offer care which was kind and compassionate. The staff themselves said they had time to care and that was why they liked working at the Beacon.

Care was planned in partnership between patients and staff with patient wishes understood and facilitated. Patients were involved fully in decision making and given the time and space to consider the options available to them. Staff empowered people to make their own decisions, even when the person faced particularly difficult challenges in doing this because of social circumstances of mental health problems.

The emotional support and services available to patients was exceptional. There was also good emotional support for staff. We saw examples of where staff had supported people over a period of time to accept help and support by using a 'one step at a time' approach to gain trust and build relationships.

#### Compassionate care

- Staff were highly motivated to offer care which was compassionate and kind.

- Staff had an appreciation of patients' need for privacy and to be treated in a dignified and respectful way. Patients and their families were treated with compassion, dignity and respect..
- Staff knew patients well and greeted them when they arrived at reception and spent time chatting with them to ensure they felt welcomed and at ease.
- We observed the reception staff speaking discreetly with patients at the desk and staff were clear on the importance of ensuring that personal information was kept confidentially.
- The service had a strong, tangible person centred culture. Staff placed a high value on building relationships with patients and supported them in a way that ensured they felt understood and valued.
- Patients and visiting health professionals spoke positively about the caring approach of staff.
- Staff put patients at ease which made them feel comfortable having sensitive conversations.
- Patients told us they never felt stigmatised by staff.
- We spent time observing the care practices in the communal areas and saw that patients' privacy and dignity were maintained. Staff knocked on patients' doors before entering and made sure they were happy for them to enter the room.
- There were comment card boxes throughout the building where patients and visitors could leave feedback. The cards we saw were entirely positive.
- We heard about a patient who was enabled to go and vote personally in the recent referendum, with support from staff.
- Pets of dying patients were encouraged to visit and can spend time in the garden or inside the building, dependent on the type of animal.
- All inpatients were made a birthday cake if they are admitted at the time of their birthday.
- Patients were supplied with clothes and toiletries, if necessary.

#### Understanding and involvement of patients and those close to them

- Staff placed a high value on building relationships with patients and supported them in a way that ensured they felt understood and valued.
- Patients were also encouraged to support one another and there was a strong emphasis on peer support. We spoke with someone at the day service and they told us,



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“I can discuss my problem if I am not feeling too good with friends, knowing that they all suffer from the same illness. When I am outside this environment, I hide what I am suffering from.”

- The women’s service provided exemplary peer support for patients and group meetings which are educational and supportive.
- The service also facilitated monthly women’s health focus groups, which focussed on providing advice and encouraging women to manage their life alongside their health condition. In addition, the women were offered a healthy meal and complementary therapy.
- Staff ensured that patients were involved in discussions about their symptoms and pain management. They were encouraged to express their views and preferences with regard to the care they would receive.
- Patients had time to discuss their concerns and to understand the treatment options available to them.
- At the time of our inspection no one was receiving end of life care, however, staff were able to speak with us about the importance of advanced care plans which ensured that family and professionals involved in their care had clear information on each person’s wishes.
- Staff spoke with us about the importance of ensuring that patients’ individual wishes were respected when receiving end of life care.
- Relatives were made to feel welcome and felt comfortable discussing any changes or updates to the care their relative received, with that person’s consent.

### Emotional support

- Emotional support services were tailored to patients’ individual needs and were provided for as long as needed.
- There was a peer support service which focused on enabling women living with HIV to access support from a peer mentor. The peer mentors were trained to facilitate groups and provided one to one support with the aim of reducing isolation, feelings of stigma and building confidence.
- Staff had a good understanding of cultural acceptance which may affect some patients using the service.
- A member of the women’s service spoke with us about female genital mutilation and the support that they offered women who had experienced this. They spoke with us about the importance of taking into consideration the physical and emotional impact this had for the women they supported.

- One person spoke with us about the support they received and how they felt able to discuss concerns they did not feel comfortable speaking with other people about. They told us, “It’s a safe space, you’re respected”.
- Patients were able to attend support groups and courses to allow them to have a better understanding of how to build health coping mechanisms which allowed them to manage their emotional response to living with HIV.
- Patients were also able to access one to one counselling using cognitive behavioural therapy (CBT). CBT is a talking therapy which is commonly used to support people to manage their depression or anxiety. CBT is helpful in allowing people to build new coping mechanisms and empower them to manage future problems without the help of a therapist.

### Are medical care services responsive?

Outstanding



We rated responsive as outstanding because services were tailored to meet the complex needs of individual patients. Choice and personal preference was key to how this organisation provided services.

Patients had an enhanced sense of wellbeing due to the individualised care and support provided. The staff ensured they provided flexibility in the way they delivered care and encouraged patients to retain control of their decision making and treatment. Care was genuinely individualised and based on patient preferences and needs

The service actively reached out to other organisations to ensure continuity of care and local involvement in service planning. They worked closely with NHS providers and commissioners to ensure they continued to meet the changing needs of their patients.

The nature of the service and the people they worked with and for meant there was a very strong focus on equality. Staff understood the vulnerabilities and anxieties that some of their patients faced and were responsive to these. The service provided for groups and individuals who said they did not feel comfortable or confident accessing non-specialist services. The staff worked with these patients, gaining their trust and supporting them to access other services they needed.



# Medical care

Staff had the skills to understand and meet the needs of patients and their family in relation to emotional support and practical assistance. Specialist services were available for specific groups such as women and children.

## Service planning and delivery to meet the needs of local people

- The service had established close links and had good oversight from the local authority and the local Clinical Commissioning Group (CCG). The chief executive and registered manager had regular meetings with the commissioners which focused on the quality of the care provided.
- We were told by several external healthcare professionals that the service responded well to the complex needs of the patient group both on a physical and psychological level – which ranged from the provision of respite, a rehabilitation admission, to the care of individuals at the end of life.
- Patients used the Beacon as a resource and often rang staff for advice and support. The nursing and support staff were very adaptable in dealing with the often unpredictable nature of a day's work.
- The service had close links with the community teams and HIV clinics which had allowed for a process of continuous and seamless development of the HIV services for Brighton and East Sussex.
- The service had planned for the changing demographics and care needs of people with HIV/AIDS and had adapted the service so that they could continue to provide a comprehensive treatment package to their patients. What was originally a hospice type service had become a much wider support centre with a focus on enabling people to manage their condition and live as independently as possible, for as long as possible
- Specialist services were available for women and children. The women and families' service provided one to one support for women and their family who were living with HIV. The service offered practical support and advice such as completion of housing applications or liaising with other health professionals.
- The service focussed on working closely with the local HIV clinical psychology team and following this they received a higher number of referrals from the team. This ensured that more patients received the specialist support offered by the service.

## Access and flow

- Patients are referred by doctors, nurses and other health and social care professionals. The Beacon held weekly meetings to review all admissions.
- Most patients were admitted within three weeks of referral although this was dependent on their need and reason for referral.
- Urgent referrals were accepted, if a bed was available.
- Length of stay was generally seven days, ten days or two weeks depending on the needs of the individual patient. This was agreed as part of the admission process.
- There were very occasional delayed discharges due to the complexity of an individual patients needs and waits for assessment of complex needs by social services or a placement. This was less than one person a year.
- There were no delayed discharges attributable to the provider.
- The service was flexible and responsive to patients' needs. Admissions to the inpatient unit were normally Monday to Friday, but there was flexibility for planned admissions at the weekend if needed.
- Patients were admitted to the inpatient unit when they needed additional support to manage their symptoms, pain relief or respite. At times, patients were also admitted for end of life care. .
- Patients usually accessed the day service for 16 weeks. However if their needs were more complex the support offered could be extended.
- We reviewed the performance report which was submitted to a local authority commissioner for the period of October 2015 to December 2015. We saw that the service reported on achieving their key performance indicators. The report checked on the response times to referrals, the purpose of admissions to the inpatient unit and the patients' experience.

## Meeting people's individual needs

- The registered manager spoke with us about the importance of ensuring care was personalised and as patients' wished. This focus on patients' wishes ensured that they had an enhanced sense of wellbeing and quality of life. Staff understood the importance of knowing a patient's life history and told us how this could impact on how they responded when care was offered, as well as on how care was offered. Knowing this information ensured that they delivered person centred care.



## Medical care

- Staff focussed on promoting patients' independence and encouraged goal setting and how these would be achieved.
- The particular needs and preferences of all patients were identified and respected. Patients were seen very much as individuals. This meant that whilst the needs of LGBT and BME patients were recognised and addressed there was little in the way of planning to meet the needs of these patients as groups. The culture was to promote personalised care not cohort care.
- The unit admitted and cared for pregnant women, when necessary; they offered HIV related support and not pregnancy support. All pregnant women were under the care of the specialist HIV consultants and midwives at the local hospital. If there were any concerns during the admission, the patient would be medically reviewed and transferred to the maternity unit.
- A complimentary therapist was available for two afternoons a week for the inpatients.
- The Health and Wellbeing Services employed psychological practitioners who provided one to one support and mindfulness groups.
- There was an HIV Chaplaincy service who provided spiritual care and support.
- The provider did not keep holy text onsite but explained they would obtain them if they were requested by a patient.
- The manager said, "We are open to faith leaders visiting and spending time with their patients/community members. We do not have a multi faith room as each room is a private side room and there quiet areas in the garden for relatives and patients to use."
- There was a garden with memorial plaques and a memorial bench. Relatives could come and spend time in the garden if they wished. The mother of a patient who died in 1997 continued to come to the Beacon to have a coffee and spend some time in the garden. She had done this every year since her son died.
- The day room was called the 'Martin Fisher Room'. Martin was a HIV consultant at the local hospital who suddenly died last year. As Martin was a long-time supporter of The Beacon both service users and staff felt it was appropriate to name the room in his memory.
- The inpatient unit had puzzles, board games and arts and craft materials available for patients, there was also a television and a selection of DVDs. Patients told us they felt able to take part in activities with support from staff.
- Patients also had access to free Wi-Fi and computers and printers.
- Staff spoke with us about someone that would benefit from involvement with hospital mental health services, but they were reluctant to engage with this service. Through their attendance at the day service they were involved with the anxiety management team and after a period of time they agreed to meet with the hospital mental health professionals.
- Leaflets were available for patients and families which addressed subjects such as how to manage their medicines. Patients were able to take the leaflets home and read these at a time which suited them.
- The registered manager told us that they were moving the leaflets from a table outside the inpatient unit to another area of the service as they felt that the information at times could be overwhelming for patients when they were admitted.
- There was also a service user 'welcome pack' in each room in the inpatient unit which provided information on areas such as staffing, meals and visitors. Information on contact details for welfare advice and details on how to make a complaint were also in each room.
- Emotional support services were tailored to patients' individual needs and were provided for as long as needed. There was good long term support for patients and families when needed.
- Through the health and wellbeing service patients could also access various psychological support services such as alcohol support, anxiety management and 'mindful living'.
- Patients were able to attend support groups and courses to allow them to have a better understanding of how to build health coping mechanisms which allowed them to manage their emotional response to living with HIV.
- Patients spoke positively of the quality of the food and also the choice available. The chef had details of dietary needs and allergies in the kitchen. This ensured that all kitchen staff were aware of any changes to patients' diets and that these were recorded.



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- Patients told us they had enough to eat, enjoyed the food and were offered choices that included hot and cold food.
- On the inpatient unit there was a choice of a meat, vegetarian and health option for each meal. If patients preferred an alternative they would speak with a member of staff and an alternative would be provided.
- We saw that in the day lounge of the inpatient unit healthy snacks such as fruit and yogurt were available. If patients did not want the planned meals the chef would make an alternative.
- Cereals, bread/toast, fruit, biscuits, tea, coffee, milk and juice were available 24 hours a day.
- Patient hydration needs were met and regular hot and cold drinks were offered.
- Some patients on the inpatient unit were able to make their own hot and cold drinks and there were facilities available for them to do this in the day lounge.
- Patients who attended the day service used the dining area which was also used by staff. Patients were able to have a meal and spend time socialising with others.
- As the provider had their own kitchen any requests for particular diets, such as halal or kosher foods could be met.

### Learning from complaints and concerns

- There was a complaints policy and the registered manager explained how they would respond to a complaint. The concern would be documented and responded to promptly. The patient and any relatives would be kept informed throughout.
- Patients we spoke with told us they had never had a reason to make a complaint but felt that the registered manager would respond appropriately.
- We reviewed the written records relating to complaints and saw that the registered manager had responded in line with the policy and recorded the details of the complaint, the action taken to resolve the complaint, who was informed and if the complaint was resolved.
- Staff demonstrated an understanding of how to deal with a complaint and told us they would take a note of the complaint and pass this on to the registered manager. Health care professionals also felt comfortable raising any concerns or complaints.

### Are medical care services well-led?

Outstanding



We rated well led as outstanding because:

There was a clear and explicit vision for the service that was understood by staff, volunteers and patients. It was a shared vision rather than an imposed vision and one that all staff felt comfortable supporting.

The service had evolved and adapted well to the changing healthcare needs of people living with HIV. It had done this through good strategic oversight and planning by well-informed trustees, effective and proactive management and an organisational culture that was willing to mould itself to the needs of the patients it served.

The trustees and management team were known and respected. They used the positive culture to drive improvements in care. Staff wanted to deliver the very best and were happy to make any necessary changes identified through sound governance systems to improve the patient experience.

Patient and staff engagement was exceptional. The provider used a variety of means to ensure that patients could comment on the service and make suggestions. Patients were involved through as Service User Forum and were represented on the board.

The service worked in partnership with other agencies to ensure good outcomes for patients and to ensure good practice. There was strong evidence of joint working with the local NHS providers and other stakeholders. As with the internal culture, the outward facing relationships with providers and the local community were built on a foundation of good communication and positive relationships.

### Leadership

- The strategic management and responsibility for the service sat with the board of trustees. There were six members on the board of trustees. The board of trustees was responsible for governing and the effectiveness of the service.
- The board of trustees had specific expertise that allowed them to have strategic oversight and the knowledge to provide robust challenge to the executive team.



## Medical care

- Day to day operational management was delegated by the trustees to the leadership team. The leadership team met every week and was made up of the CEO, Clinical Services Director, Head of Resources and Facilities and Head of Health and Wellbeing Service.
- The trustees had specific expertise that enabled them to provide good challenge to the executive team. The treasurer worked in the finance industry and was an accountant. Other trustees with clinical knowledge were a medical consultant whose specialism was HIV and a consultant nurse in HIV. There was a trustee who was a lawyer and a trustee who was a specialist in governance.
- When new trustees were required, the organisation conducted a skills audit of existing trustees and tried to find an appropriate person to ensure that the level of expertise was maintained at board level.
- New trustees were made aware of the legal rules and eligibility requirements. The trustees were offered on-going training and an annual away day.
- There was also a service user trustee to ensure the voice of service users was represented.
- The two standing Board committees had trustee representation on them.
- Staff and patients shared this vision and spoke with us about the importance of promoting independence and encouraging patients to adhere to their prescribed medicines and to achieve the healthiest lifestyle possible.
- A member of staff spoke with us about the vision of the service. They told us, “I see the Beacon as being holistic, it’s about physical and mental health and about empowerment, and we don’t want people to become dependent.”
- Across the whole organisation we found very good levels of, “Buy in” to the organisational vision and values. This included permanent staff, visiting healthcare professionals and volunteers working across the site.
- Patients were also understanding of the vision of the service and could describe the organisations commitment to maintaining independence and enabling people to live as full a life as they wished. There had been patient involvement in development of the vision and the strategic development of the service.
- The 2017-2020 Strategic plan was on development and had not yet been completed.

### Culture

- There was an open culture with a focus on ensuring that the service had a positive impact on the local community.
- All staff we spoke with described a constructive working environment where staff from each department worked together as a team to achieve good outcomes for patients.
- Staff spoke highly of the chief executive, registered manager and the senior management team. They told us they would feel comfortable speaking with them about any concerns or issues; they felt their concerns would be listened and responded to.

### Vision and strategy for this this core service

- The chief executive told us their vision was about enabling patients to live life well and allowing patients to manage their own health condition. They spoke with us about the move from, “Wrapping people in cotton wool” to enabling them to learn coping mechanisms and support themselves.

### Governance, risk management and quality measurement for this core service

- The provider had an integrated governance model that covered the whole service. This included a framework for ensuring the board received the information to be assured that the services were provided safely and in the best interests of patients.
- The Board of Trustees met every two months, the Finance and Audit Committee met every two months and the Quality and Governance Committee every six weeks.
- Quality assurance systems were in place included a planned audit programme. Information gained through the auditing process was used to drive service improvements,
- There was an organisational risk register that was owned by the trustees and regularly updated by the registered manager to ensure it remained current. Trustees were supplied with a current risk register prior to each board meeting.



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- The registered manager had a good understanding of the risks and the potential impact these would have on the service. Where risks were identified there was appropriate action in place to reduce or mitigate against any untoward consequences.
- Each member of the leadership team was responsible for monitoring and updating their departmental risk matrix. Each of these risk matrices was discussed at the monthly leadership meeting and any risk with a score over 12 (based on impact and likelihood) was added to the organisational risk matrix.
- Quarterly performance reports were supplied to the local CCG and these showed high levels of achievement against the KPIs over time.
- Audit results were communicated to the Clinical Governance Committee and were also considered at the board meetings. All incidents were reviewed at this meeting including health and safety incidents, so a full overview of incidents was undertaken.
- Individual complaints and investigations were reviewed by the board to make sure they were investigated appropriately.
- There was also an effective system of communication between the chief executive and the board of trustees. They met monthly and spoke on the telephone regularly. Monthly board meetings took place with the board of trustees and the senior management team. Updates were given to trustees on areas such as the care provided, finances and quality assurance.
- The registered manager notified the Care Quality Commission of any significant events that affected patients or the running of the service.
- There was sound monitoring of service level agreements with third party contractors through regular reports and meetings.
- Staff reported clear lines of responsibility and accountability across the service.
- The minutes of the service user meetings showed that discussions had taken place with patients about what time would be most suitable and the time of meetings had been rearranged to an afternoon.
- The September 2015 minutes showed that discussion had taken place on where best to locate the feedback boxes to ensure that people could post their comments easily.
- A new feedback button on the service website had been introduced to increase the feedback the service received.
- A health professional also spoke with us about the difficulties the services had engaging patients with service user meetings and how the women's group had increased the involvement with the service. They told us, "There is a patient representative who is a trustee but otherwise patient involvement has been difficult to engage, often because service users of the Beacon may have complex social problems making it difficult for them to engage in this way. The women's group has managed to overcome this and have peer mentors who support other service users."
- There was also a client satisfaction questionnaire in each room on the inpatient unit. This asked for feedback on areas such as the care provided, the availability of information, dignity and the environment. Feedback provided by patients, relatives and health professionals was analysed to monitor their views on the care provided.
- There was a large cohort of volunteers, many of whom had worked at the Beacon for a long time. They felt engaged and accepted as a valuable part of the team. One volunteer told us, "I've really enjoyed it, they do look after their volunteers they appreciate them."
- Staff were positive about their working relationships and the involvement they had in service planning and delivery. They described an open culture and approachable management style.

### Public and staff engagement

- Patients and family members were encouraged to give feedback on the services offered. Service user meetings were held every two or three months but were not always well attended. The registered manager told us they have held the meetings on different days and times in an attempt to improve attendance however this continued to be low.

### Innovation and Sustainability

- The board was very aware that changes in funding arrangements for healthcare services could have serious impact on their ability to deliver and develop new services long term. This was highlighted as a top level concern on the risk register and there were clear strategies in place to mitigate this risk through the provider fundraising arm.





## Medical care

- Innovation was encouraged and was a real strength of the service which adapted and moved with the

changing needs of HIV community. The involvement of service users at board level allowed for an on-going evolution of the provision that was aligned to the needs of the patients.

# Outstanding practice and areas for improvement

## Outstanding practice

- The service had a strong visible person centred culture and patients valued their relationships with staff and spoke positively about the caring approach of staff.
- Staff were exceptional at providing care that enabled patients to remain independent and achieve their goals.
- The service was exceptional in engaging patients who may be reluctant to accept support from HIV services.
- The comprehensive nature of support offered to patients at the Beacon was exceptional with complementary therapies and wellness being provided alongside mainstream medical management.
- The service was exceptionally responsive to both individual patient needs and the needs of specific patient groups. Where a need was identified, staff went out of their way to ensure that the need was met.
- The ability of the service to flex and adapt over time to ensure it continued to meet the changing needs of the patient groups was notable.
- There was a very robust governance framework that provided the board with sufficient information to assure them of the quality of the services being provided.
- We saw many examples of innovation such as the Alcohol Support Service and the Women and Families Peer Support Programme.

## Areas for improvement

### Action the provider SHOULD take to improve

- The provider should ensure medicines were stored safely and securely.
- The provider should ensure all staff, including volunteers and trustees, complete child safeguarding training to the appropriate level for their role

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.