

Lansglade Homes Limited

Beacon House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Beacon House is registered to provide residential and nursing care for up to 40 older people with physical disabilities and those who may be living with dementia. At the time of our inspection there were 34 people using the service.

Accommodation is provided over the ground and two upper floors with various lounges, a dining room, and an accessible garden.

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

There were shortfalls in the assessment of risks to the health and safety of people living at Beacon House. People who had been assessed as having swallowing difficulties and were on a modified diet to ensure they were able to eat and drink safely did not have a choking risk assessment in place.

Nurses practice needed to align with best practice guidance in relation to wound care. Correct procedures were not taking place which meant essential information about people's pressure wounds was not recorded to ensure the healing process was taking place or not.

Pressure mattress settings did not always match people's weights. We observed 8 mattresses that were not set correctly according to people's weights. Repositioning charts for pressure area care and food and fluid charts had significant gaps.

Where PRN (as needed medicines) protocols were in place there was no guidance regarding variable doses. For example, when to give 1 tablet and when to give 2 tablets.

We have made a recommendation about the management of as needed (PRN) medicines.

Quality checks and audits needed to be strengthened to ensure areas for improvement were identified and acted upon swiftly. Quality checks had failed to identify the gaps in monitoring charts, incorrect mattress settings, risk assessments not in place, incorrect recording in risk assessments and inconsistencies in recording.

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

The registered manager had not always considered or investigated some adverse incidents or reported these to the Local Safeguarding Authority and CQC as required by law.

People were safe because staff knew how to recognise the signs of abuse and how to report it. People and staff felt they would be listened to if they raised any concerns. People received support from staff who had

undergone a robust recruitment process. They were supported by regular, consistent staff who knew them and their needs well.

People, relatives, and staff were positive and about the leadership of the service and praised the registered manager. Staff felt well supported and said the registered manager was open and approachable. The service worked in partnership with outside agencies.

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

Rating at last inspection

The last rating for this service was Good (published 28 November 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We inspected and found there was a concern in relation to ensuring consent to care and treatment in line with law and guidance, so we widened the scope of the inspection which included the key questions of safe, effective and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-Led sections of this full report.

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

Enforcement and Recommendations

We have identified breaches in relation to assessing risks, monitoring and management of pressure area damage, nutrition and hydration monitoring, the Mental Capacity Act and quality monitoring of the care people received.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect. at this inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Beacon House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people using the service and had discussions with 4 relatives to gain their view of the service. We spoke with 7 staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also had discussions with 5 care and support staff.

We reviewed a range of records. This included 4 people's care records in depth and 9 medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance audits, training records, key policies and meeting minutes were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risks to people were not always assessed, monitored and safely managed. The electronic care planning system identified 14 people who required repositioning for pressure area care. Repositioning charts had significant gaps and we observed entire days where no repositioning was recorded or only 1-2 entries during a day. This placed people at risk of further tissue damage.
- Where people were identified as having swallowing difficulties, records showed they were on modified diets to ensure they ate and drank as safely as possible. However, there was no accompanying choking risk assessment in place to ensure staff recognised and responded appropriately to a choking incident.
- Pressure mattress settings did not always match people's weights. We observed 8 mattresses that were not set correctly according to people's weights. This placed services users at risk of pressure area damage because mattresses were at incorrect settings.
- Risk assessments had not always been completed correctly. A person's Malnutrition Universal Screening Tool (MUST) had been incorrectly completed. (This is a tool to help staff establish if a person is at risk of malnutrition.) The person lost 12.32% of their body weight in 6 months. The tool identified that they lost less than 5% which means they were scored at low risk of malnutrition.
- The electronic care planning system identified 9 people who had been assessed by the staff as needing to have their fluid intake monitored. They had a set target of a fluid intake of 1000ml or 1500ml in 24 hours. Records showed people regularly did not meet their target with some people having less than half the required target. There was no guidance in place to describe what support people needed to drink more or when they should be referred to a health professional for the lack of fluid intake.
- Lessons were not always learned when things went wrong. Following accidents and incidents appropriate actions were not always taken to mitigate risks. For example, we saw an incident where a person was attempting to enter the HR office. The steps leading to the HR office were steep and narrow. At the time of our inspection no safety gate or other apparatus was in place to keep people safe from climbing the stairs to the HR office.

Systems had not been effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This had placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they received training to understand what safeguarding meant. They described some forms of abuse and gave us some examples of when they reported concerns to the manager. However, with the exception of 1 staff member, they needed prompting by the inspector to think of outside organisations they

could report concerns to, for example the local Safeguarding Authority and CQC

- The manager had not always considered or investigated some adverse incidents recorded in people's care plan or reported these to the Local Safeguarding Authority and CQC as required by law.
- People and relatives told us they felt safe at Beacon House. A person said, "I am safe here, everything I need gets done." A relative commented, "I do feel that [family member] is safe here. They have told me they feel safe because there are lots of people around."

Using medicines safely

- People did not always receive their PRN (as needed) medicines safely and consistently. Where PRN protocols were in place there was no guidance regarding variable doses. For example, when to give 1 tablet and when to give 2 tablets. We looked at 9 Medication Administration Records (MAR) and found no guidance about variable doses.

We recommend the provider refers to current NICE guidance, 'Managing medicines in care homes' to update their practice accordingly.

- Staff had received training in the safe handling and administration of medicines and their competencies were regularly assessed.
- Systems were in place to check medicine administration records to ensure people received their medicines. Audits of medicine administration were completed to enable any errors to be identified and to enable investigations and actions to take place to help reduce the risk of recurrence.

Staffing and recruitment

- People told us there were enough staff to meet their needs. A person said, "When I press my call bell the staff come quickly." A relative told us, "There always seem to be enough staff around and [family member] has never complained about having to wait long for staff."
- Staff said there were enough staff to meet people's needs. They told us how they were deployed to work and what their responsibilities were. A staff commented, "We have enough staff on shift, and we are able to meet the resident's needs."
- Dependency assessments were not completed for every person living in the service which meant staffing levels were not always based upon people's dependency needs. However, our observations confirmed there were sufficient staff to meet people's needs in a timely manner. We saw the deployment of staff throughout the day was organised and people who required support with their personal care needs received this in a timely way.
- Safe recruitment practices were in place to ensure only staff suitable to work with vulnerable people were employed.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- Staff received training in infection prevention and control. Personal protective equipment (PPE) including gloves and aprons were used when needed.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was not always working within the principles of the MCA and if needed, appropriate legal authorisations were not always in place to deprive a person of their liberty.
- A person had been receiving covert medicines. The covert procedure had been already implemented without a DoLS or best interests' decision prior to this being commenced.
- Care plans detailed where people required bedrails for their safety. However, there were no DoLS in place or best interests' decisions to demonstrate that bedrails were in peoples' best interests and the least restrictive practice.

The principles of the Mental Capacity Act 2005 (MCA) had not always been carried out for all important decisions. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People had support to eat and drink enough. Meal options promoted a healthy diet, and a selection of nutritional food and snacks were available to people.
- We received positive feedback about the quality of the food and people's dining experience. A person said, "The food is very good here. I like it." Another person commented, "I get the foods I like and that's good enough for me."
- People had been assessed for their risk of not eating and drinking enough by using a Malnutrition Universal Screening Tool (MUST). Staff referred people to their GP and worked collaboratively with the Speech and Language Team (SALT) and a dietitian when people had been assessed as being at risk. However, the monitoring of people's food and fluids showed significant gaps. This placed people at risk of

dehydration and associated complications. We found no evidence of this during our inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessment of people's needs was completed before they went to live at the service.
- The initial assessment was used as a foundation for people's plan of care.
- People's needs in relation to equality and diversity were considered during the care planning process, such as age, disability, and religion.

Staff support: induction, training, skills and experience

- We saw that an ongoing schedule of training was in place and when staff first commenced at the service, they completed a comprehensive induction. A staff member said, "I have been booked to complete all my mandatory training." In exploring their induction process, they explained, "I have been on induction shadowing carers and reading records and policies."
- Records showed that staff completed mandatory training and the nurses also completed specialist training in various subjects.
- Staff told us, and records showed they received supervision meetings and annual appraisals from their line managers.

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

- People had access to the healthcare services they required. A professional log was kept to record the communication staff had with other agencies about each person such as the GP, district nurses and social workers.
- Information about people's specific medical conditions were included in their care plans. This supported staff to understand people's healthcare needs and to promote healthier lifestyles.

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

- The home environment supported people's well-being. It was pleasantly decorated and well maintained. There were several communal areas where people could choose to spend time if they wished. A relative told us, "It a proper home from home."
- People's rooms were personalised, and they were encouraged to have their own belongings where they could, to make them feel more at home.
- Garden space was available and accessible to people. Ramps were provided for the use of wheelchairs.

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.

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Inspection. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Quality checks and audits needed to be strengthened to ensure areas for improvement were identified and acted upon swiftly. Quality checks had failed to identify the gaps in monitoring charts, risk assessments not in place, incorrect recording in risk assessments and inconsistencies in recording.
- Environmental checks had failed to identify that mattress settings were set incorrectly according to people's weights which placed people at increased risk of pressure damage.
- There were shortfalls in the monitoring of service users pressure damage. Repositioning was not recorded in line with the guidance in service users care plans. The monitoring of wounds by taking clinical photographs was not being undertaken in line with current best practice guidance. This demonstrated a lack of effective oversight as this had not been identified by any audits or quality assurance systems prior to our inspection.
- Quality checks and management oversight had not been effective in identifying that care plans contained inconsistent information, and some lacked all the essential information required for staff to meet people's needs.
- Accidents or incidents had not always been reported to the relevant authorities as required by law. We found 3 incidents which should have been reported to the local authority safeguarding team and the Care Quality Commission.

The governance systems were not always effective enough to consistently assess, monitor and improve the quality and safety of the service and the care people received. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff knew who the registered manager was and spoke very positively about them and the management team. One person told us, "It's very good here. I get everything I need." A relative commented, "I would give them a 9 out of 10 from what I have experienced. I feel I have some quality time instead of being burnt out all the time. Coming here was good for the family to understand the real needs of [family member]."

- Staff told us they enjoyed working at the service and found their roles rewarding. A staff member told us, "The good thing about Beacon House is that are considerate to staff and there's good interaction. The management are involved, supportive and nice."
- There were systems in place to ensure staff were able to feedback on all aspects of the service and the care they provided. For example, there were regular staff meetings, daily handover meetings between staff and the registered manager and regular 1–1 supervision meetings.
- Prior to COVID -19 meetings with people and relatives were taking place. A couple of attempts were made to reintroduce the meetings, but no one attended. The registered manager advised that they plan to start them again in the near future.
- Satisfaction surveys were sent out to people and relatives to gain their views of the service and the care they received. These were available in easy read format. In addition, staff spoke to people daily so if there were any concerns or request for activities, change in food options etc this would be considered and supported.
- There was a seasonal newsletter that was available to people, relatives, staff and visitors. This was available in easy read format. People living in the service had access to advocacy services when needed to ensure their views and wishes were heard and made known.

Working in partnership with others

- The registered manager and staff enjoyed good working relationships with people's GP, district nurses and other health professionals such as chiropody and dental services. These good relationships enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, timely prescribing and swift support for people's health needs.
- There were strong links with the local community. People were able to access the local church. A local school had been involved in making 'dream catchers' and people wrote thank you letters.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The principles of the Mental Capacity Act 2005 (MCA) had not always been carried out for all important decisions.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems had not been effective to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This had placed people at risk of harm.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The governance systems were not always effective enough to consistently assess, monitor and improve the quality and safety of the service and the care people received.

The enforcement action we took:

Warning Notice