

Wilton Rest Homes Limited

Beacon House

Inspection report

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Date of inspection visit:
24 July 2023
25 July 2023

Date of publication:
24 August 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Beacon House is a residential care home providing personal care and accommodation to up to 23 people. The service provides support to older people who may be living with dementia. At the time of our inspection there were 19 people using the service. The service also has seven bungalows on site but at the time of our inspection, no one living in the bungalows was being provided personal care.

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

People told us they were happy with the care they received, they felt safely cared for by staff who knew them well.

We identified 2 issues with medicines management which were immediately addressed by the manager to ensure people's safety. The manager was aware staff recruitment files lacked some required information, which they had already identified and were seeking. Some aspects of people's care records required improvement and this was addressed during the site visit.

There had been 3 managers of the service since January 2022. Governance processes had not been operated effectively prior to the new manager starting to ensure issues were identified and addressed for people. The new manager had started to take actions to address this, but it will take further time to complete them and to embed the new processes.

There were sufficient staff. People's feedback was positive overall, but some felt on occasions they had to wait for staff to attend when they requested. People's care was provided safely and people had any equipment they required. People were protected from the risk of acquiring an infection. Processes and practices were in place to safeguard people from the risk of abuse. Processes were in place to identify, review and learn from safety incidents.

The manager was taking actions to ensure people's views were sought regularly and acted upon. Professionals confirmed staff worked well with them.

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 22 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Beacon House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by an inspector and an Expert by Experience on the first day and an inspector on the second day. 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 personal care as a single package under one contractual agreement dependent on their registration with us. Beacon House is a care home without 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 not registered manager in post. A new manager had recently been appointed and they had submitted their application to CQC to become the registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from commissioners. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people and 1 relative, a health care professional, 4 staff and the manager. We reviewed 3 people's care records and their medicine records. We also reviewed records related to the safety and management of the service.



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 requires improvement. At this inspection the rating has remained 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.

Using medicines safely

- Two people had thickeners for their drinks which was stored in their unlocked bedrooms, this did not reflect national patient safety guidance. If unauthorised people access thickener and eat it, this can be a choking risk. We brought this to the attention of the manager, who acted immediately to remove the thickener to a secure place. All other medicines, including controlled drugs, were stored securely, in the correct place, at the correct temperatures.
- The provider had processes to order medicines. We identified a recent incident, where staff had requested a prescription for a topical cream, which was verbally agreed, but not delivered. Staff had administered the cream from an existing supply, which was not dated with the date of opening. Staff should only administer a medicine which has either been prescribed or authorised for the person's use as a homely remedy. We brought this to the attention of the manager, who took immediate action. They obtained the prescription, ensured the cream was disposed of and addressed the issue with staff. We spoke with a health care professional, who was satisfied there had not been any negative impact or risk to the person.
- We observed staff administer medicines, reviewed records and spoke with staff and a health care professional. We saw staff had otherwise only administered medicines to people as per their prescription. People confirmed they received their medicines as prescribed. People said, "All of the medication side of things is done well" and "I have to have it every four hours and they [staff] stick to that." Staff had received annual medicines training and were competency assessed.
- Staff had body maps to guide them about where to administer people's topical creams. Staff recorded their administration. We saw other containers were labelled with the date of opening. Where people were prescribed emollients which can be a fire risk, there were risk assessments. Staff documented the application of topical patches to people's skin on a body map as required.
- People had medicines plans and staff administered people's medicines as per their preferences. They then signed their printed medicines administration record [MAR] sheet. Processes were in place to check MARs were signed.

Staffing and recruitment

- The staff recruitment records we checked had references for staff's last 2 positions, but not all of their previous roles in health or social care as legally required. The new manager was already aware of this issue. They had recently audited the staff files and created a tracker of any missing information which they were in the process of seeking. The provider's recruitment policy only required 2 references which was incorrect. The manager advised the provider was just about to join an electronic policy update service, which will address this issue.
- The provider used a staffing dependency tool to assess people's staffing needs. Overall people were

satisfied with the staffing levels. Five people said although their needs were met, staff were busy and on occasions they had to wait. Their feedback included, "I do have a call-bell and I do use it. It depends on how busy they are if they get here quickly or not" and "When I've used the buzzer they do come quickly but, like everywhere else, there aren't enough staff." The manager was implementing a daily call bell audit to enable them to monitor call response times.

- Each shift was led by a senior carer and there was a duty manager for the day, to ensure there was sufficient leadership and co-ordination of each staff shift. Processes were in place to induct and train new staff. A person said, "[Staff member] was supervising a new carer this morning, making sure things were done properly. They would not leave a new person to get on with it."

Assessing risk, safety monitoring and management

- Some aspects of people's care records required improvement, to ensure staff had written information as well as verbal guidance. People did not have a falls risk assessment as per the providers policy and national guidance, although the risks of them falling had been identified and were managed safely. A person had a sensor mat to alert staff they had stood up, which staff were aware of, but it was not referenced in their care plan. If people required re-positioning to manage the risk of them developing pressure ulcers, they had charts in place with guidance for staff about the frequency they were to be re-positioned. However, their care plans did not mention their re-positioning needs. These issues were brought to the manager's attention and addressed during the site visit.

- People's care was provided safely and people had any equipment they required. As staff understood the risks to people well and used the safety equipment each person needed, to reduce any risks to them. There was also guidance for staff about ensuring people's environment was safe. People were referred externally for assessment if risks to them were identified. People had a range of risk assessments in place for nutrition, choking, weight loss and tissue viability, which were reviewed monthly.

- People were involved in decisions about how they wanted potential risks to them to be managed. If people required bedrails to manage the risk of them falling out of bed, legal requirements were met.

- The required safety checks in relation to the safety of the building and the water, fire, gas and electrical safety had been completed.

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 working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. We saw people's visitors were asked to complete a lateral flow test, to show they were negative for COVID-19 before entering which is no longer a requirement. This was brought to the managers attention who advised this would be stopped immediately.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were not assured that the provider's infection prevention and control policy was up to date. This was to be addressed with the new electronic policy system which was about to be implemented.

Visiting in care homes

People could have visitors daily, at any time. They also went out into the community with their visitors.

Systems and processes to safeguard people from the risk of abuse

- Processes and policies were in place to protect people from the risk of abuse. People reported they felt safe. A person told us, "It does feel safe. Oh yes, the staff know me well and I know them. That makes me feel safe."
- Staff had either completed their safeguarding training, which they were required to update annually, or it was booked. Staff spoken with understood what should be reported, how and to whom. Staff told us if a person had any marks on their skin, these were to be recorded on a body map, which we saw. Staff had access to the provider's guidance and the local multi-agency safeguarding policy. People were provided with accessible information about how to keep themselves safe
- Staff had not needed to raise any safeguarding alerts recently, but the relevant processes were in place if required. The manager understood their role and responsibilities.

Learning lessons when things go wrong

- Processes were in place to record, review and share the learning from incidents. If people experienced a fall this was documented on an incident form which was then reviewed. It was also recorded on the person's falls register, to identify how many falls people had experienced over time and the circumstances. The manager told us in the last month they had implemented a new 'lessons learnt form' for any falls people experienced, in order to identify the learning from each fall. Any learning was then shared with staff.
- The manager was signed up to receive patient safety alerts regards medicines, which they told us were shared with staff.

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 improvement. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The new manager had only been in post for 3 months and they were the third manager since January 2022. The service had lacked stability of management over this period.
- This was the manager's first post as a registered manager but they were passionate about care and had valuable experience from their previous role, and the required qualifications. The manager promoted a positive, person centred culture for people. Staff had completed or were booked to complete training on equality and diversity, dignity and respect and working in a person-centred way. The manager told us they had worked with the day and the night staff teams since starting, to enable them to work better together as a whole team and to have a greater understanding of each other's work.
- Staff spoken with enjoyed their work and wanted to provide people with good care, they also knew the people they cared for well. People told us, "They're [staff] very good – they look after you." People commented about the manager, "I do know the manager. She speaks to me quite a lot. We have had a couple of changes of manager since I've been here. The current one is very nice, very approachable."
- The provider's statement of purpose needed to be updated with the details of the current manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The provider had commissioned an independent assessment of the service which was completed on 15 May 2023. The report had identified a number of aspects of safe, effective and well-led required improvement, including: incident reviews, recruitment, nutrition, staff supervision, training and quality assurance.
- The manager had acted promptly in response to the report's findings and formulated a service improvement plan to address the areas identified. They had prioritised the work and actioned safety issues first for people in relation to nutrition and incidents. Details of people's dietary risks and needs were now displayed in the kitchen for staff's information and learning from incidents was now identified and shared with staff. They had also acted to ensure staff training was completed or booked and staff supervisions had taken place. They had created a series of trackers to enable them to monitor progress in relation to the required actions. However, it will take further time for them to fully complete all of the identified actions and to embed the new processes.
- The provider had processes to audit the quality of the service provided. However, the audits needed to be more thorough. We saw audits completed from January to March 2023 had not identified issues overall, however, the external assessment identified a range of issues.

- The manager had taken action, to ensure they reviewed the audits when completed to check if they were robust. They were also about to commence the use of monthly, quarterly and annual governance planners. To ensure all aspects of the service were subject to review. It will take further time for them to embed these processes and to be able to demonstrate their impact upon identifying potential areas for improvement and ensuring required actions are completed.
- The manager understood the risks to the service and what areas required action. They had acted promptly when the activities coordinator left to ensure their post was recruited to and a new staff member was due to start in this role the following week. They had also introduced a 10:00am daily 'huddle' for senior staff to ensure any relevant information was shared across the staff team.
- The provider visited the service regularly and received a weekly report from the manager.

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

- The manager understood the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed relevant people were informed of any incidents.

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

- The manager had sent out surveys to both people and staff in June 2023 to seek their views on the service. The surveys sent to people were provided in an accessible format if required, to enable people to understand the survey and to participate.
- Overall, people were satisfied with many aspects of the service. Where people had raised issues in relation to areas such as the laundry and wanting to review their daily notes. The manager had drawn up an action plan. Action had been taken in relation to the laundry and people's notes were to be discussed with them if they wished as part of the monthly 'resident of the day' review process which had recently been introduced. The results from the staff survey showed staff felt well supported and were satisfied with the training and supervision provided.
- In addition to the surveys, the manager had produced a newsletter to update and inform people of what was happening in the home and a residents meeting had been booked. It was planned these would be regular events, running every 6 weeks.

Working in partnership with others

- Staff worked with a range of external agencies to plan the safe delivery of people's care. People were referred to a range of external professionals as required. Professionals confirmed staff communicated and engaged well and worked effectively with them.