Lansglade Homes Limited

Beacon House

Inspection report

12 Linden Road
Bedford
MK40 2DA
Tel: 01234 328166

Date of inspection visit: 1 December 2015
Date of publication: 22/12/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Beacon House is a residential home providing nursing and personal care for up to 40 people with a range of physical, social and psychological needs. It is situated in a residential part of Bedford. On the day of our inspection, there were 29 people living in the service.

The inspection was unannounced and took place on 1 December 2015.

The service did not have a registered manager in post. A new manager was due to commence employment within the service in early December 2015. Once in post they would start the process to register as manager with the Care Quality Commission (CQC.) In the interim, the operational manager was overseeing the day to day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People were protected from harm or abuse by staff that were aware of the principles of safeguarding and reporting procedures.

Summary of findings

Risk assessments were in place and risks to people were managed appropriately. Accidents and incidents were recorded and the cause analysed, so that preventative action could be taken to reduce the risk of reoccurrence.

Staffing levels were sufficient to meet people's needs and keep them safe. Safe recruitment processes were in place.

Safe and suitable arrangements were in place for the administration, recording and management of medicines.

There was regular staff training and supervision to ensure that staff had the right skills and knowledge for their roles.

The principles of the Mental Capacity Act 2005 were followed and staff sought people's consent before providing care.

People had a choice of nutritious food. Their weight was monitored on a regular basis, with appropriate referrals made to the dietitian when concerns were identified.

People's general health was supported through referrals to health care professionals when this was appropriate.

People were happy and content with the care they received from staff. People were treated with kindness and compassion.

Staff understood people's privacy and dignity needs. They were respectful of the decisions people made.

Staff were able to describe the individual needs of the people in their care. They worked hard to ensure people received care based upon their preferences and choices.

People received care which was person-centred and suited their individual needs and wishes.

People had the opportunity to explore their own interests and activities and the service worked to develop the range of activities available.

The service had systems to obtain people's feedback and provide them with a forum to raise concerns.

There was an open, warm and positive culture at the service. There was a clear set of values at the service which people, staff and the management all worked towards.

There were systems in place to ensure people and staff were supported by the management and the provider. Quality control systems were in place to ensure care was delivered to a high standard and identify areas for development.

Summary of findings

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 safe.

Staff were aware of abuse and the principles of safeguarding, and were able to protect people from harm.

Assessments were in place to manage risks. Incidents were reported and investigated appropriately.

Staffing levels were sufficient to meet people's needs. Safe and robust recruitment practices were in place.

Medicines were managed safely.

Good

Is the service effective?
The service was effective.

There was regular staff training and supervision to ensure staff had the right skills and knowledge for their roles.

The principles of the Mental Capacity Act 2005 were followed and staff sought people's consent before providing care.

People were supported to have a balanced diet.

People saw health professionals when they needed to.

Good

Is the service caring?
The service was caring.

There was a positive relationship between people and staff. People were treated with kindness and compassion.

People had the opportunity to express their views regarding their care.

Staff worked hard to ensure they promoted people's privacy and dignity.

Good

Is the service responsive?
This service was responsive.

People and their relatives were involved in decisions about their care.

People were supported to do the things they wanted to do and a range of activities in the home were organised in line with people's preferences.

There was an effective complaints policy in place.

Good

Is the service well-led?
This service was well led.

There was an open, warm and positive culture at the service.

Good

Summary of findings

There was a clear set of values at the service which people, staff and the management all worked towards.

There were systems in place to ensure people and staff were supported by the management and the provider.

Quality control systems were in place to ensure care was delivered to a high standard and identify areas for development.

Beacon House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 December 2015 and was unannounced. The inspection was undertaken by one inspector.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We spoke with the local authority and one healthcare professional, to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times, individual tasks and activities.

We spoke with seven people who used the service and one relative. We also spoke with the operational manager, two registered nurses, and one member of care staff, the activity coordinator and head chef.

We looked at six people's care records to see if they were reflective of their needs. We reviewed four staff recruitment files, four weeks of staff duty rotas and staff training records. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Good

Is the service safe?

Our findings

People told us that they felt safe and that staff protected them from harm or abuse. One person said, "I feel very safe here because they really do look after me." Another person told us, "I have no worries about my safety." People's relatives shared this view and we observed that people were relaxed and at ease in the company of staff and visitors to the service.

Staff were able to tell us about abuse and potential indicators which may suggest abuse has taken place. They told us the action they would take to protect people from abuse and told us about the reporting process they would follow, which involved reporting the incident to a more senior member of staff. One staff member said, "We would never leave something, if we had concerns we would raise them straight away." Staff were also aware of the service's whistleblowing procedure and were prepared to report colleagues to external bodies, such as the local authority safeguarding team, if they had concerns. Staff told us they had received safeguarding training and records confirmed this. We also saw that there was information about safeguarding available for people, visitors and staff throughout the service.

Staff told us that they reported incidents and accidents to the interim manager. The operational manager told us that each accident or incident was looked into and actions taken as a result. We saw records of incident reports, along with evidence of actions taken following incidents. Where necessary, incidents were reported to external organisations, such as the local authority or Care Quality Commission (CQC.)

Staff told us that the service had contingency plans in place for emergencies. They were able to describe the actions that should be taken in the event of an emergency, such as a fire. We checked records and found there were emergency plans in place, providing staff and people with guidance, as well as highlighting people's specific needs.

People had individual risk management plans in place to promote and protect their safety. Staff spoke with us about people's risk assessments and told us that they used to them to get information about specific risks that people were presented with, as well as control measures to manage the risks. We found that risk assessments were updated on a monthly basis to ensure the level of risk identified for people was still relevant to their needs. Staff also carried out general risk assessments to identify and address any potential environmental risks. These included fire risk assessments, individual evacuation plans for people and the checking of portable electrical equipment.

People told us there was enough staff on duty. One person told us, "It is better now, there is always staff about to help us." Staff said there were enough of them to meet people's needs safely. One staff member said, "We are very well staffed." The operational manager told us that the staff ratio was flexible and reviewed on a regular basis. For example, should one person become unwell, the numbers were flexible to allow for more staff members to be on duty. Our observations confirmed that the number of staff on duty was sufficient to support people safely and enable them to receive the care they required. Staff were distributed throughout the service and additional staff were available if people required extra assistance.

Staff were able to describe their recruitment to us, which included the service obtaining satisfactory references and Disclosure and Barring Service (DBS) checks before allowing them to start working. We looked at staff files and saw evidence that these checks had been completed and that staff had been recruited following safe practices. This meant the service was able to ensure all staff, were of good character and suitable to work with vulnerable people.

People received their medicines as prescribed. One person said, "I have had all my tablets today." People told us that staff spoke to them about their medication and they were happy to take them from staff. Staff made sure they received their medication on time and in line with the instructions of their doctor. Staff ensured that medication administration was carried out correctly, and only trained staff that had been assessed as competent, were able to give people their medicines Records we looked at confirmed this.

We also observed medication being given to people and saw that this was done in line with their care plans and prescriptions. We looked at information regarding people's medication, including Medication Administration Records (MAR). We found that these were signed following medication administration and that there were no gaps in the records. Symbols were used appropriately and the

Good

Is the service safe?

reverse of the MAR sheets used to record administration of PRN (as required) medication. There were stock checking systems in place and we saw that the totals on these records matched the stock levels of people's medication.

Good

Is the service effective?

Our findings

People were happy with the care that they received. They said that staff had the skills, knowledge and experience they needed and received regular training and support. One person said, "They always seem as though they know what to do."

Staff told us that they received regular training to provide them with new and updated skills to help perform their role. On commencement of their employment they told us they received induction training, which included training courses and shadowed shifts to get to know the service and the people they would be supporting. One staff member told us, "The induction was good, it helped me to know what to expect." We found that the provider induction programme was being changed to accommodate the essential standards within the Care Certificate. Records confirmed that staff had undertaken induction training.

Staff told us that they received regular face-to-face training to maintain their skills and keep their knowledge up-to-date. They said that the training was good and helped them in their job and in their development. One staff member said, "We have lots of training, but that is good. It helps to keep us up to date and to know what to do." Since the operational manager had covered at the service, we found that new training had been sourced for nursing staff, in conjunction with a local university. It was hoped that this would enable nursing staff to broaden their skills and knowledge. We looked at staff training records and saw evidence that staff received regular and appropriate training for their role. The operational manager maintained a training matrix to monitor staff training and ensure it was up-to-date.

Staff members also said that they received regular supervision sessions with senior staff. They informed us that these were useful sessions which allowed them to discuss issues or concerns within the service, as well as ideas for the development of the service and themselves. We looked at staff supervision records and saw that staff had regular supervision and annual appraisals to provide them with support and set goals.

Consent to care and treatment was sought by staff. People told us that staff asked for their permission before they carried out a task or offered them support. Staff told us that it was important to seek people's consent, and to provide care and support in line with their wishes. People were able to choose what they wanted to do on a daily basis, as well as where they spent their time. Throughout our inspection we observed staff supporting people to make their own decisions and making choices for themselves. People's records confirmed that their consent had been sought and documented.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they had received training on the requirements of the Mental Capacity Act 2005 (MCA), and the associated Deprivation of Liberty Safeguards (DoLS). We saw evidence that the MCA was followed in the delivery of care. Records confirmed that best interest decisions had been made on behalf of people following meetings with relatives and healthcare professionals and were documented within their care plans.

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 MCA. The application procedure for this in care homes is called the Deprivation of Liberty Safeguards (DoLS). Applications for the deprivation of liberty had been made for some people as they could not leave the service unaccompanied and were under continuous supervision. Decisions which impacted upon people's rights to liberty were made within the legal framework to protect people's rights.

People were happy with the food they received and felt that they had a healthy and balanced diet. They told us they were provided with choices at meal times and that they enjoyed the food they had. One person said, "Yes, the food is lovely, there is sometimes too much of it but it is nice." We observed that staff spoke with people on an individual basis about the available choices for each meal. They worked hard to ensure that people got the food that they liked and we saw that people could have alternative meals if they wished to, being mindful of any specific dietary requirements they might have. We observed people having breakfast and lunch and found that the meal time experience was relaxed. Staff supported and assisted

Good

Is the service effective?

people when required to eat their meal. We also observed people requesting and being provided with snacks throughout the day. Hot and cold drinks were regularly offered and also provided at peoples' request. People's weight was monitored and food and fluid charts were completed for people where there was an identified risk in relation to their intake. This provided information on what they had consumed. If people were identified as being at risk of weight loss their food was fortified and they were referred to the dietitian or GP.

People told us that their health needs were met by the service. One person said, "If I need the doctor then they get them for me." They were able to see health professionals, such as GP's and nurses whenever they needed to and felt that they were well looked after. Where changes in treatment were required, we were advised that these would be incorporated into care plans so that the care people received was always reflective of their needs. Records showed that people had been assisted to access optical and dental care and, where appropriate, referrals had been made to dieticians and occupational therapists.

Good

Is the service caring?

Our findings

Staff treated people with kindness and compassion. People were happy with the care they received and told us they had built strong relationships with staff and other people in the service. One person said, "I really do love being here, it has made such a difference." Another told us, "All the staff are so helpful" People's relatives were also happy with the care their family member's received. One relative told us, "They really are very good." During our inspection we observed positive interactions between people and staff. For example, one person requested support and this was provided intuitively by staff, who offered their hand and reassured the person through touch. The person smiled and gained comfort from this gesture.

Staff were positive about the service and the relationships they had developed with people. One staff member told us, "We are here for people; we want the best for them." Another said, "I really do love working here, they make it for me." We observed staff communicating effectively with people throughout our inspection. They always took time to ensure people had understood what was said and used eye contact and gentle touch to provide people with support. Staff had a good understanding of each person's individual communication needs and style, which meant they could communicate meaningfully with them.

People had care plans in place which recorded their individual needs, wishes and preferences. These had been produced with each individual so that the information within them focussed on them and their wishes. Care plans were updated regularly and relatives were provided with information on a regular basis, whenever things changed. We looked at people's care plans and saw that they had been individualised to meet people's specific needs. There was evidence of people's involvement in their care plans and signatures to state they agreed with the content of them.

There was a homely and welcoming atmosphere within the service. This was as a result of the respectful attitude that staff exhibited towards people when supporting them and visitors when they arrived. Staff took time to greet people and engage with them each time they entered the communal areas. When they had the opportunity, staff sat with people and chatted, about things of interest to that person or what was happening in the news. People appeared content and relaxed in the company of staff when this happened, smiling, laughing and joking with staff.

We observed that staff were responsive to people and were a constant presence in the communal areas, monitoring those people who remained in their rooms. When instant support could not be given, staff responded positively and provided an explanation for the delay and ensured they returned as quickly as possible. Call bells were answered swiftly and when asked for assistance, staff completed requests with a smile.

People and relatives confirmed that they were involved in making decisions about their care. One person told us, "They ask me about everything." People and their relatives felt involved and supported in planning and making decisions about their care and treatment. We saw that people were asked about their likes and dislikes, choices and preferences and these were documented within their care plan for staff to refer to. We observed that people were offered choice in relation to the time they got up in the morning, what clothes they wanted to wear for the day and whether they participated in social activities or not.

People's dignity and privacy was respected. One person told us that staff made sure their door was closed when they received care. Another person said that staff always knocked on their door before entering. Staff said that when providing personal care they would respect the person's dignity and communicate with them about the care they were providing. We observed people were supported to be suitably dressed in clean clothing and that personal care was offered appropriately to meet people's individual needs. When we spoke with staff they demonstrated their understanding of how they could maintain people's privacy and dignity while providing them with the care and support they required.

We spoke with staff about the availability of advocacy services and found that the home had previously used the services of an advocate for people. We saw that the service had available information on how to access the services of an advocate should this be required.

People's family and friends were able to visit the service whenever they wanted to. Relatives were supported to

Good

Is the service caring?

have meals or drinks with their loved ones. During our inspection we observed a number of relatives come and go. They all had friendly and familiar interactions with the staff on shift and were made to feel welcome.

Good

Is the service responsive?

Our findings

People received care which was tailored to meet their individual needs. Care was person-centred and the person had been involved in developing their care to ensure it was representative of their views and opinions. One person told us that staff kept them updated at all times to make sure they had the right information so that they could make decisions about their care. The operational manager told us that people and their relatives were given appropriate information and the opportunity to see if the service was right for them before they moved in. Records confirmed that pre-admission assessments were completed for people before they were admitted to the service.

Staff told us that care plans were important and needed to be kept up to date so they remained reflective of people's current needs. They said that any changes were made immediately to the care plans and risk assessments so that the correct care could be provided. We found that care plans were based upon the individual needs and wishes of people who used the service. People's likes, dislikes and preferences for how care was to be carried out were all assessed at the time of admission and reviewed on a regular basis. Care plans contained detailed information on people's health needs and about their preferences and personal history, including people's interests and things that brought them pleasure.

People's care and support plans, as well as reviews of care, were agreed by the person or their representative. Relatives we spoke with confirmed that they had been involved in these reviews and told us that the approachability of staff gave them an opportunity to give feedback and make any suggestions they may have regarding the care and support provided to their family member.

People told us there were activities organised throughout the week. One person said, "I really enjoy the quizzes that we have." We spoke with the activity coordinator who told us they would undertake a variety of activities with people. This might consist of sitting and talking with people, listening to music or watching a particular programme. For those people who wished to participate, there were quizzes, music session and a variety of other activities. Activities were provided within the service, in line with people's interests and were appropriate to their needs. We observed staff supporting people to engage in activities of their choice and suggesting ideas for things to do. We also saw evidence that the service ran regular group events, such as entertainers and arts and crafts.

People and their relatives were aware of the formal complaints procedure in the home, and told us they would tell a member of staff if they had anything to complain about. One person said, "I have nothing to complain about, but I know they would listen if I did." Relatives told us the operational manager always listened to their views and addressed any concerns immediately. We observed that they were a visible and approachable presence, which meant that small issues could be dealt with immediately. We found that there was an effective complaints system in place that enabled improvements to be made and that the manager responded appropriately to complaints. Records confirmed that there had been no formal complaints since our last inspection.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post. A new manager was due to commence employment in early December and we were told that they would commence the process of registering as manager with the Care Quality Commission (CQC.) In the interim period, management cover was being provided by the operational manager. Staff told us that they offered support and advice and were accessible to both staff and people. We observed that they were flexible and very 'hands on' in their approach, willing to work on the floor and support staff at any time. This approach was appreciated by people, relatives and staff who were all positive in their comments. The people we spoke to and their relatives, all knew who the operational manager was and acknowledged that they had a visible presence in the service which made for a well-managed service.

We found that the operational manager was supported by a team of care staff, domestic and catering staff, maintenance and administration staff. Staff said that the management structure within the home and the wider service promoted a positive feeling as they gave ongoing advice and support and ensured that staff knew what was expected of them. We were told that if the operational manager was not available, then staff could contact one of the registered manager's from the other services within the group or the provider who would also offer support and advice.

Our observations and discussions with people who lived in the home and relatives showed they were relaxed around the operational manager and staff and felt able to approach any of them. One person said, "She would help with anything." People and their family members said they would be happy to go to the operational manager if they had any worries or concerns, and knew they would be listened to and made to feel valued.

Staff echoed these sentiments and told us that the operational manager led a good service. One staff member told us, "We are a good staff team but that is because we have such good support." Staff advised that the close nature of the team helped them to provide the right care for people.

The service had a positive and open culture and there was a warm, welcoming atmosphere on arrival. People were treated as individuals and there were mutually beneficial relationships between people and staff members. Staff were committed to their role and enjoyed helping people to live a fulfilling life. Throughout our inspection we observed people in communal areas of the service, rather than staying in their bedrooms. We saw people enjoying each other's company and engaging in relaxed conversation with their peers, staff and visitors.

The operational manager had worked to implement positive values and behaviours within the staff team, which had a positive effect on people living at the service. Staff told us that there was positive leadership in place, from the operational manager, which encouraged a transparent culture for staff to work in and meant that staff were fully aware of their roles and responsibilities. All of the staff we spoke with understood their aims and objectives and how to work to achieve these. None of the staff we spoke with had any issues or concerns about how the service was being run and were very positive, describing ways in which they hoped to improve the delivery of care. Staff were motivated and had a desire to improve upon their knowledge so they could strive to give effective and high quality care to people.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An overview of the cause of accidents and incidents was undertaken to identify trends in order to reduce the risk of any further incidents. Relevant issues were discussed at staff meetings and that learning from incidents took place. Records showed regular staff meetings were held for all staff and the minutes showed that management openly discussed issues and concerns.

People were very positive about the service they received. People who used the service and their relatives told us they had been asked for feedback on their experience of care delivery and any ways in which improvements could be made. They told us that this took place in the form of care reviews and relative meetings. We found that the provider analysed the results to identify any possible improvements that could be made to the service.

The operational manager told us that they wanted to provide good quality care and it was evident they were continually working to improve the service provided and to ensure that the people who lived at the service were content with the care they received. In order to ensure that this took place, we saw that they worked closely with staff,

Good

Is the service well-led?

working in cooperation to achieve good quality care. During their period of time covering for the manager, they had worked alongside staff and gained an idea of the day to day issues that staff encountered. This had given them the ability to make changes and improvements for the better.

We saw that a variety of audits were carried out on areas which included health and safety, infection control, catering and medication. We found that there were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits. We saw the findings from the visits were written up in a report and areas identified for improvement during the visits were recorded and action plans were put in place with realistic timescales for completion. This meant that the service continued to review matters in order to improve the quality of service being provided.