

Lancashire County Council

Beacon View Home for Older People

Inspection report

Kiln Lane
Skelmersdale
Lancashire
WN8 8PW

Tel: 01695725682
Website: www.lancashire.gov.uk

Date of inspection visit:
14 July 2016

Date of publication:
01 September 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 14 July 2016. The inspection was unannounced. The service was last inspected on 25 September 2013, when we found the provider was compliant with the regulations we assessed at that time.

Beacon View Home for Older People accommodates up to 45 people. There are three units, one of which is specifically for people with dementia. Each unit has lounges and dining areas as well as bedrooms. Accommodation is on two floors and there are two lifts as well as stairs. Accommodation is in single rooms and some of these have en-suite facilities.

The service is registered to provide accommodation for persons who require nursing or personal care. There is a registered manager in post. 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 2008 and associated Regulations about how the service is run.

We found that risk assessments had been undertaken however not all identified risks had been assessed and managed by the service. The personal emergency evacuation plans we saw, did not contain adequate person centred information, to demonstrate how each individual could be best assisted to evacuate the premises, should the need arise.

Staff spoke knowledgeably regarding medicines management and confirmed that they were trained appropriately. We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found that the service followed safeguarding reporting systems as outlined in its policies and procedures.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that the principles of the MCA were not consistently embedded in practice.

The premises were adapted to suit the needs of the people who lived there. The décor in the communal areas was welcoming and homely. The service had considered best practice guidance around dementia care when decorating the home.

The staff approached people in a caring, kind and friendly manner. We observed lots of positive interactions throughout the inspection. We observed staff speaking with people who lived in the home in a respectful and dignified manner. Staff understood the needs of people they supported and it was obvious that trusting relationships had been created.

People's views had been gathered using effective systems. These included regular resident and staff meetings. A number of audits were undertaken to help ensure that quality of the service, however, some of the audits lacked details of actions to improve the service. We found the registered manager receptive to

feedback and keen to improve the service

We have made some recommendations about risk assessments, personal emergency evacuation plans, robust action plans following audits and ensuring the principles of the Mental Capacity Act are embedded in all practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe

Risk assessments were not always robust and not all identified risks had been assessed.

The system for managing medicines was safe and people received their medicines when they needed them.

People who used the service, who we asked, said they felt safe living in the home.

Suitable arrangements were in place to safeguard people from abuse.

Is the service effective?

Good 

The service was effective.

Staff had received regular training to enable them to carry out their job roles effectively.

People were provided with a choice of suitable nutritious food and drink to make sure their individual health care needs were consistently met.

We found that the principles of the MCA were not consistently embedded in practice.

We saw evidence that people received the support of other health care professionals such as the doctor, dietician or speech and language therapist.

Is the service caring?

Good 

The service was caring.

People living in the home were very complimentary about the staff and they told us they were happy with the care and support they received.

We saw that all staff knocked and waited for an answer before

entering bedrooms, bathrooms and toilets. This was to make sure people had their privacy and dignity respected.

People using the service told us that staff treated them with respect.

Staff were kind and patient in their approach towards those who lived at Beacon View and interactions with people were noted to be caring.

Is the service responsive?

Good ●

The service was responsive.

People had opportunities to participate in a range of appropriate activities.

We saw that care plans and associated documentation was regularly reviewed.

Care plans were personalised to the individual person but did not always demonstrate the person using the service had been involved in the review of their plans.

There was a system in place for managing any complaints received.

Is the service well-led?

Good ●

The service was well-led.

Systems were in place to monitor and evaluate the quality of the service being provided to people living in the home.

We found some audits had not reflected an action plan to be completed and this has resulted in a recommendation.

People using the service were very complimentary about the staff supporting them and managing the home.

Staff spoke positively about the management of the home and how they received support, guidance and encouragement on a day to day basis

Beacon View Home for Older People

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 was planned to check 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.

The inspection team comprised of two adult social care inspectors. The inspection was unannounced and took place on 14 July 2016.

Prior to this inspection, we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection of this location, there were 44 people who used the service. We met with them and spent some time observing the care and support provided. We spoke with six people who used the service and five people who were visiting the home on the day of our inspection. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We observed how staff interacted with people who used the service and viewed four people's care records. We spoke with three care workers, the manager and the senior manager, during the course of our inspection.

We looked at a wide range of records. These included; the personnel records of four staff members, a variety

of policies and procedures, training records, medicines records and quality monitoring systems.

Is the service safe?

Our findings

People we spoke with said: "Oh yes I'm safe here". And: "My mum is very safe I wouldn't have her anywhere else".

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff. However, we found that not all identified risks had been assessed. We observed in the daily notes for one person, that they had been isolating themselves and refusing personal care, this had not been risk assessed and there were no actions for staff to follow documented. This could have put the person at risk of unsafe care and treatment.

We recommend that the provider follow good practice guidance around risk assessments and adopt control measures to make sure the risk is as low as is reasonably possible.

Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment that includes emergency evacuation plans for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan [PEEP] should be completed for each individual living at the home. The PEEPs we reviewed did not contain adequate person centred information to demonstrate how each individual should be assisted to evacuate the premises, should the need arise.

We recommend that the provider updates the PEEPs in line with the current fire safety regulations.

The home had a contingency plan for use in the event the building became uninhabitable or services temporarily failed. It included risk assessment and risk management plans for major incidents including fire and loss of power.

We looked at how the service managed people's medicines. We examined medicine administration records [MARs]. MARs did indicate that people received their medicines at the times specified. Records were signed and no omissions were found. We observed people being given their medicines. Staff followed best practice and current guidance.

We looked at training records and found that all staff had received medication training and updates, as stipulated in the provider's medicine policy and procedure.

Staff spoke knowledgeably regarding medicines management and confirmed that they were trained appropriately, had the necessary assistance from management and were competency checked regularly.

When the medicine round was finished the trollies were kept locked and stored safely. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them. Controlled medicines were kept separate in a secure cupboard; records for these medicines were completed in full.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found that the service followed safeguarding reporting systems as outlined in its policies and procedures.

Staff told us they knew how to report safeguarding concerns and felt confident in doing so. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

We looked at how the service provided a safe environment for people. We observed that staff and people who used the service had access to Personal Protective Equipment (PPE). This was disposed of in clinical waste bins to help prevent the spread of infection. We found that the home was generally clean and tidy throughout.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed.

We found that the service had sufficient numbers of staff on duty to keep people safe and meet their needs. Staff told us that staffing was sufficient and we observed care interventions to be delivered in a person centred way, providing people with time to maintain their independence.

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Therefore, we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. The manager confirmed that some people were subject to continuous care and supervision, did not have capacity to consent to such arrangements, and were not free to leave. Subsequently applications for DoLS had been submitted to help ensure people's freedom was not being inappropriately restricted.

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found that the principles of the MCA were not consistently embedded in practice. We found that MCA assessments and best interest decisions were not in place for all restrictive practice within the home. For example, one person had a pressure mat in place to alert staff to their movements however, there was no documentation with regards to this person's capacity to consent and if this was done in their best interests.

The registered manager and staff demonstrated understanding of the MCA and awareness of how to complete the appropriate assessments with other professionals if it was deemed necessary.

We recommend that the provider ensures that the principles of the MCA are embedded in all practice and that the relevant documentation is completed in line with best practice for all people that use the service.

We saw the service had a detailed induction programme in place for all new staff and that staff were required to complete the induction prior to working unsupervised. This programme covered important health and safety areas, such as moving and handling. In addition there were courses on working in a person centred way and safeguarding.

Staff told us: "We get lots of training and are always going on refresher courses": "Training is always available". And: "The induction was great I was able to work on all the units and with different staff to really get a good picture of the way things work".

Staff received regular supervision and annual appraisals, which they found helpful and encouraged them to discuss any concerns they might have. Staff told us: "I have supervision, I feel supported and able to do my job". And: "I get support the management really care about the staff".

We found the service was pro-active in supporting people to have sufficient nutrition and hydration. Care records included nutritional assessments and identified anybody at risk of malnutrition. Staff completed weight charts regularly. Dieticians were involved for people who were at serious risk of malnutrition and the speech and language team if they had swallowing difficulties.

The care records we looked at told us about people's dietary preferences. People told us that they were able to make choices in relation to food and drink and we observed them being offered a variety of options. They told us that if they did not like what was on offer, alternatives were also available. We observed people being offered drinks and snacks regularly throughout our visit.

People told us: "The food is brilliant". And: "If I don't like what's on offer I can ask for something else".

We observed lunch being served. People were able to choose where they sat and staff supported those who had difficulty getting to the tables. We observed staff supporting people with their meals. We saw some people who had difficulty being offered support. We observed people eating in a relaxed manner and they seemed to enjoy their meals

Records showed that referrals were made to a range of health care professionals and people we spoke with confirmed that healthcare professionals were involved in their care. This helped to ensure that people's healthcare needs were being consistently met.

We saw in daily records the GP and community nurses were contacted when staff felt it appropriate and their advice was followed. We found the service was responding to changes in people's needs by referring them to suitable professionals. One person who required a high level of needs was referred to the local authority to facilitate a transfer to a different service, more suitable for their needs.

The premises were adapted to suit the needs of the people who lived there. The décor in the communal areas was welcoming and homely. The service had considered best practice guidance around dementia care when decorating the home. The walls were painted with a contrasting colour from the floors. Ornaments and other artefacts were on display such as framed pictures of local landmarks and historical photographs, objects and coins to stimulate memories and conversation.

There were handrails in place, shower rooms with walk-in facilities as well as bathroom's with bath lifts. These rooms had pictorial and word signage on the doors to make it more understandable for those who may suffer from dementia.

Is the service caring?

Our findings

The staff approached people in a caring, kind and friendly manner. We observed lots of positive interactions throughout the inspection. We observed staff speaking with people who lived at the home in a respectful and dignified manner. Staff understood the needs of people they supported and it was obvious that trusting relationships had been created.

Interactions were positive and staff communicated well with people and supported them at their own individual pace. For example, one person needed assistance to use the toilet. The care worker was very patient with the individual and spoke with them at their level. Interactions we observed between staff and those who lived at the home were based on people's strengths, focusing on what people could do for themselves, supporting, and encouraging people to remain independent.

We received some positive comments about the staff and about the care that people received. People we spoke with told us: "The staff here are marvellous". And: "We get birthday cake on our birthdays, they know us".

Relatives told us: "The staff support Mums independence they are great": "Staff are caring and know mums condition well". And: "Staff are approachable".

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw people had bought in their own furniture, which included a favourite chair and cushions and that rooms were personalised with pictures and paintings. People had access to a lounge area within the service and also a large garden with seating areas.

People told us their independence was encouraged in a positive way and their privacy and dignity was consistently promoted. Assistance was carried out with respect and consideration. We observed staff knocking on doors before entering. People were dressed in their own clothes and were very well presented.

We observed people walking freely in the home and interacting freely with staff. We also observed staff supporting people who lived with dementia in a confident and sensitive manner, which showed they had awareness of good practice.

There was nobody receiving end of life care at the time of our inspection but staff records showed that carers were trained in this area to enable the home to offer this level of support if anyone wished to remain at the home during this time.

There was information available for people about how to access local advocacy services, should they so wish. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Is the service responsive?

Our findings

We asked people who lived at the service if staff were responsive to their needs. People we spoke with told us: "They call for the GP if needed." And: "I asked for an escort to hospital and they staff came with me". Another person told us: "I can ask for anything I need, they always listen to me".

We looked at the care files of four people who used the service. Each had a care plan that had been developed from the initial information provided by the referral and from the information taken during the pre-admission assessment. We found a person centred approach to care planning. Care plans detailed people's preferences and opinions. However, people's involvement in their care plan was not always recorded so it was unclear if people had a say in the care they received. All care plans should clearly detail how the person and / or their designated representative had been involved (or not) in the care planning and review process.

Relatives we spoke with told us that they were involved in their loved ones care. One relative told us: "I was involved in all of the care planning starting with the assessment before mum came here".

We found that care records detailed how the service responded to people's needs. For example a person was assessed at a high level of nutritional risk, comprehensive risk assessments and care planning detailed how the service would keep the person safe. Care records included safety advice and agreed levels of observation that had been followed in line with stipulated outcomes for the individual.

Care records showed how the service was responsive to people's needs; care plans and assessments had been updated in a timely manner and reflected people's preferences and wishes.

People were encouraged to raise any concerns or complaints that they had. The service had a complaints procedure, which was displayed, throughout the home. People and their relatives told us they would feel comfortable raising concerns if they were unhappy about any aspect of their care.

Everyone we spoke with said they felt confident that any complaint would be taken seriously and fully investigated. A system for recording and managing complaints and informal concerns was in place. We saw evidence of complaints and information was available to demonstrate how those complaints had been reviewed, investigated and responded to.

Regular residents and relatives meetings were held and people told us that they had the opportunity to make suggestions. One relative told us "The management encourage us to get involved in decisions for the home".

The service had recently employed an activity co-ordinator to further develop the activities within the home. Staff had provided support throughout the week to enable people to participate in the available activities. We saw evidence that activities were carried out and people told us that they enjoyed taking part in these.

Is the service well-led?

Our findings

We found a positive staff culture was reported by all the staff members we spoke with.

Staff told us: "I love my job, I like being here". And: "I love it here it's like one big family".

Staff told us that they felt supported by management. They said: "Management are really approachable they listen and care about staff". And: "The manager is supportive I can always speak to him".

The service had a registered manager in post as required by their registration with the Care Quality Commission.

People had direct access to both the manager and deputy manager and we saw a number of people (who lived in the home) enter the office without any restrictions.

We asked the registered manager to tell us how they monitored and reviewed the service to make sure people received safe, effective and appropriate care. Systems were in place to demonstrate that regular checks had been undertaken on all aspects of the management of the service. The registered manager provided us with evidence of some of the checks that had been carried out on a daily, weekly and monthly basis.

These checks included, health and safety checks of the premises, audit of files for people living in the home, including care plans and risk assessments. Medication administration records were regularly checked, on a daily, weekly and monthly basis. Some of the audits lacked details of actions made to improve the service. The registered manager had not had sight of all audits completed, which resulted in some issues not being picked up. An example of this was the medication audits, which stated 'staff spoken to and manager informed. When I asked the registered manager, what action had been taken with the staff he was unaware of this finding and had not had sight of this. The impact of this is that there could be staff who require further training and this is not being received which puts people who use the service at risk.

We recommend that the manager has oversight of all audits to enable them to identify risks and shortfalls and drive improvement for all people who use the service

We found the manager was familiar with people who lived in the home and their needs. When we discussed people's needs, the manager showed good knowledge about the people in his care. This showed the manager took time to understand people as individuals and ensured their needs were met in a person centred way.

We saw 'handover' meetings were undertaken on each change of shift to help make sure that any change in a person's condition and subsequent alterations to their care plan was effectively communicated and that staff were clear about any follow up action required.

The registered manager told us there was an 'open door policy' at the home and people could speak with the management or other staff members whenever they felt they needed to.

People we spoke with confirmed that this information was correct and we witnessed people coming to the office to have a 'general' chat. We also saw that visiting relatives had direct access to the management team.

We saw that management sought feedback from people who used the service and their relatives through annual survey questionnaires. In addition 'How was your week' paperwork was completed periodically with residents. Which was then used to shape service improvements.

We found the registered manager receptive to feedback and keen to improve the service.