Mr Gurpal Singh Gill

Beacon House Nursing Home

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 caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 30 March 2016 and 5 April 2016. The visit on 30 March was unannounced and we told the provider we would return on 5 April to complete the inspection. We last inspected the service in September 2014 when we found it was meeting all legal requirements.

Beacon House Nursing Home provides accommodation for up to 22 people who require nursing or personal care. When we inspected, 19 people were using the service. This included people with a physical disability, older people living with dementia and people who were receiving care at the end of their life.

The service did not have a registered manager. The provider told us the previous registered manager left in July 2013. They had appointed a clinical nurse manager but this person had only recently applied to be the registered manager. 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 five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider did not take action to manage fire safety risks in the service.

The provider did not carry out checks to make sure staff were suitable to work in the service before they started work.

Some staff did not record the care and support they gave to people using the service in a respectful way.

The provider had not registered a suitably qualified and experienced person to manage the regulated activities provided at the service.

People's care and treatment did not always reflect their needs and interests.

People received the medicines they needed safely and there were enough nurses and care staff to meet people's care needs.

People's bedrooms were bare and were not individualised and the premises were not suitable for people living with dementia.

People's care records did not include their social care needs and there was a lack of appropriate activities.

Staff had undertaken training in areas the provider considered mandatory.

The provider obtained authorisation before they deprived people of their liberty.

People told us they liked the food provided in the service.

Staff working in the service treated people well and people were able to choose where they spent their time.

People's health and personal care needs were recorded in their care plans with guidance for staff on the support they needed.

The provider recorded and responded to complaints from people using the service and others.

There were systems in place to monitor the quality of services provided in the service.

You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

The provider did not take action to manage fire safety risks in the service.

The provider did not carry out checks to make sure staff were suitable to work in the service before they started work.

People received the medicines they needed safely.

There were enough nurses and care staff to meet people's care needs.

Is the service effective?

Requires Improvement

The service was not always effective.

People's bedrooms were bare and were not individualised.

The premises were not suitable for people living with dementia.

Staff had undertaken training in areas the provider considered mandatory.

The provider obtained authorisation before they deprived people of their liberty.

People told us they liked the food provided in the service.

Is the service caring?

Requires Improvement

The service was not always caring.

Some staff did not record the care and support they gave to people using the service in a respectful way.

During the inspection, we saw all staff working in the service treated people well.

People were able to choose where they spent their time.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People's care records did not include their social care needs and there was a lack of appropriate activities.

The provider recorded and responded to complaints from people using the service and others.

People's health and personal care needs were recorded in their care plans with guidance for staff on the support they needed.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well led.

The provider had not registered a suitably qualified and experienced person to manage the regulated activities provided at the service.

There were systems in place to monitor the quality of services provided in the service.

Beacon House Nursing Home

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.

This inspection took place on 30 March 2016 and 5 April 2016. The visit on 30 March was unannounced and we told the provider we would return on 5 April to complete the inspection.

The inspection team on 30 March consisted of two inspectors, a pharmacist inspector and a specialist professional advisor (SPA). The SPA for this inspection had worked as a GP in the NHS. One inspector returned to the service on 5 April to complete the inspection.

Before the inspection we reviewed the information we held about the provider and the service. This included the last inspection report and statutory notifications the provider sent us about significant incidents and events in the home. We also contacted the local authority's safeguarding adults and contract monitoring teams and the Clinical Commissioning Group (CCG).

During the inspection we spoke with eight people using the service and the relative of one person. We also spoke with the provider, the clinical nurse manager, nurses, the activities organiser and care staff. We reviewed care records for four people using the service, recruitment records for five members of staff and other records, including complaints, incident reports, minutes of meetings held in the service and audits and checks the provider carried out to monitor standards in the home. We also toured the premises with the provider. We saw all communal areas of the service and some people's bedrooms, with their permission.

Following the inspection we spoke with three relatives of people using the service.

Requires Improvement

Is the service safe?

Our findings

During our tour of the building with the provider, we saw that, although they were fitted with self-closing devices, a number of fire doors were wedged or propped open. The fire door fitted to one person's bedroom was also damaged and did not close effectively. We discussed this with the provider who told us they had reported the defects a month before our inspection but maintenance and repair works had not been completed.

During the inspection, the provider arranged for a maintenance person to come to the service and repair the door closers and the damaged fire door and they completed this work before we left. However, the provider's failure to carry out repairs to fire doors without delay placed people at risk in the event of a fire as smoke would have spread through the home, endangering the lives of people using the service and others.

The provider also carried out assessments on cleaning materials and other chemicals used in the service, as required by the Control of Substances Hazardous to Health Regulations 2002 (COSHH). However, we pointed out to the provider on the first morning of our inspection that a cupboard used to store COSHH materials had been left unlocked in an area where people using the service could have unsupervised access. We checked the cupboard later in the day and found it was still unlocked.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider could not be sure staff employed to work with people using the service were suitable as they did not carry out adequate pre-employment checks. The staff records we reviewed during our inspection all contained an application form and proof of the person's identity. However, one record contained only one reference and three other records contained no references. Three of the records did not include a criminal record check that the provider had obtained when the person started their employment in the home. The records did include criminal record checks from previous employers. One check was dated July 2004 and another December 2013.

When we returned to the service for the second day of this inspection we found the provider had obtained Disclosure and Barring Service criminal record checks for the three staff whose files we reviewed. However, the provider's failure to carry out checks on staff at the time they were employed to work in the service placed people at risk as the provider could not be sure they were suitable to work with people using the service.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw the provider had other assessments of risks in the service and they carried out regular health and safety checks in the premises. The provider also carried out fire safety checks and arranged for the servicing of fire detection and firefighting equipment. However, the provider did not have a fire safety risk assessment

that identified risks to people using the service and information on how the provider would manage these.

People using the service and their relatives told us they felt safe. Their comments included, "I have been here one year. I feel safe here, it's ok. My [family member] comes every day," "I like it here, it's nice and safe. No problem." Relatives' comments included, "My [family member] is safe here," "I have absolutely no concerns about my [family member's] safety" and "My [family member] is perfectly safe at Beacon House." People, their relatives and staff knew who they would speak with if they had a concern about safety. They told us they would first report it to the nurse in charge, or the manager, or the owner. Failing that, they would call the police.

The service had a safeguarding policy and procedures in place and a copy of the PAN London safeguarding policy. There was a whistleblowing policy in place, and staff were aware of this. The staff we spoke with demonstrated a good understanding of safeguarding adults and gave examples. The provider kept the policies and procedures in the administrator's office and also in the medicines room for staff to access.

The provider took action to identify and mitigate risks to people using the service. People's care records included assessments of possible risks and guidance for staff on how they should mitigate identified risks. Risks that staff had identified included those associated with skin care, mobility and nutrition. Staff told us they had the equipment they needed and the guidance they received enabled them to keep people safe.

The provider followed current and relevant professional guidance about the management and review of medicines. For example, we saw evidence of recent audits carried out by the local CCG medicines management team and the provider, including safe storage of medicines, room and fridge temperatures and stock quantities on a daily basis. When asked, the provider stated that no medicines incidents/ near misses had been reported recently. However, they demonstrated the correct process verbally of what to do should an incident/near miss arise in the future (including who to contact). This was in-line with the provider's policy.

People received their medicines as prescribed, including controlled drugs. We looked at 14 Medicines Administration Records (MAR) and found some gaps in the recording of medicines administered. As all the remaining stock quantities in the respective blister packs tallied up to the correct amount the people were due to have, this indicated that the gaps were due to staff not signing when medicines were given. We told the provider about this and they confirmed that they frequently told staff of the importance of recording when medicines had been administered.

Medicines were stored and locked away appropriately in the treatment rooms. Medicines for disposal were placed in the appropriate pharmaceutical waste bins and there were suitable arrangements in place for their collection by a contractor. Room and fridge temperatures were audited on a daily basis and were in-range, and controlled drugs were appropriately stored in accordance with legal requirements, with daily audits of quantities done by two members of staff.

We observed that people were able to obtain their 'when required' (PRN) medicines at a time that was suitable for them, and that these were documented appropriately in the MAR. However, we found that the process of recording allergies was inconsistent. Out of the 14 MARs we looked at, allergies were not recorded on 5 of them. Furthermore, for one person, it was unclear if they had an allergy to penicillin or not, as some MARs sheets did not have any allergy information recorded to denote this, whilst the care plans stated that the person had an allergy to penicillin. When brought to the attention of the provider, this issue was resolved before the end of the inspection and all allergy information was filled in for all people at the service.

The provider confirmed they were happy with the arrangement with the supplying community pharmacy and GP, and felt that the they received appropriate support with regards to the training of nursing staff of high risk medicines (such as warfarin) and medicines reviews. This was evidenced by checking the record of a medicines review that had been carried out within the last six months. The provider confirmed that a GP from the same surgery came when required to review the residents, as well as a pharmacist from the local medicines management prescribing team.

Staff rotas showed a registered nurse and four carers were available on each shift. At night, one nurse and one carer worked in the home. The provider told us there was "no need to use agency staff" as they had no difficulty in recruiting staff and the staff turnover was low. During the inspection we saw there was a sufficient number of staff to meet the needs of people using the service.

We recommend that the provider follows guidance to develop a fire safety risk assessment for the service.

Requires Improvement

Is the service effective?

Our findings

The provider told us the premises were purpose built as a nursing home. Most people had a single room, although two people did share a large double room. There were sufficient accessible bathrooms and toilets for people's use. While some bedrooms had been individualised with the person's own belongings, pictures and family photos, the majority of those we saw were bare and did not provide a welcoming environment where people could spend time. One room had been used to store old furniture and items of equipment even though it was occupied by a person using the service. We discussed this with the provider who arranged for staff to clear the room of items that did not belong to the person. This was completed before we finished the inspection.

Although some people using the service were living with dementia, the environment was not suitable to meet their needs. Floors and walls were a uniform colour on every floor and bedroom doors did not have photographs or names to enable people to find their way around the service.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives told us that they felt their family members were well looked after. Their comments included, "The staff are excellent, my [family member] is very well cared for" and "I can't speak highly enough of the staff, they are lovely."

Staff had undertaken training in areas the provider considered mandatory, for example infection control, moving and handling, fire safety and health and safety. The provider kept a record of staff training so they knew if any staff training was outstanding. There was also an induction period for new members of staff which involved completing training and shadowing more experienced members of staff. This helped keep staff knowledge and skills up-to-date and in line with best practice. The training and staff records we reviewed confirmed this training had taken place.

The service also offered adaptation training for nurses from other countries, and served as a training centre for the placement of students from Uxbridge College and the University of Buckinghamshire.

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).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met, and found that they were. We found that

DoLS were in place for those people that needed them, their care records contained information around mental capacity and clearly outlined where a decision had been made in their best interests.

Staff received supervision and appraisals on a routine basis. Supervision enabled staff and the registered manager to discuss any issues and to identify and action areas of development. Staff told us they received regular supervision from their manager and were well supported within their roles. One member of staff said, "We get monthly meetings and they are useful. We talk about training and other stuff." A second member of staff told us, "We get supervision and we can speak with management, they listen."

People told us they liked the food provided in the service. We saw people enjoying their roast dinner at lunch time on the first day we visited. All said it was lovely and freshly cooked. There was a second choice available. Each day, people had a choice of English or Indian meals. People were given good sized portions and were offered extra if they wanted. One person said, "This is really nice, I am going to finish the lot!" A relative told us, "This is lovely, well-balanced and tasty, really good!" One person was being assisted with their meal. They gave the thumbs up and nodded, indicating they were enjoying their meal.

The provider displayed menus on the dining tables and these showed a good choice of meals. The chef told us menus were rotated through the month, and people were offered choice at the point of service. One person said, "We don't get asked in advance, but it is always good. If I don't like the choices, the chef will make me something else. Not a problem." Another said, "The food is not bad at all, we get a good choice." A relative said, "The food is good. A mixture of English and Indian. They get a choice." Staff offered people a choice of hot and cold drinks at meal times, and throughout the day, and whenever they asked for one. Staff wore aprons and assisted people in a respectful and caring way. Care records included dietary information and people's likes and dislikes. Records showed staff reviewed this monthly.

Nurses and care staff supported people to maintain good health and wellbeing. People's care records showed they had access to healthcare services when they needed them. For example, people were supported by the GP, dentist, optician, mental health professionals, speech and language therapy services, hospital and community clinics. Care records also included details of regular observations completed by nurses.

Staff told us they felt well supported by the local GP, who visited the service once a week to check on all of the people using the service. The staff also praised this GP surgery, which was open from 8:00 am until 8:00 pm and responded rapidly to calls from staff in the service. For example, nurses had noticed that one person's seizures had become more frequent and that they also appeared to be experiencing auditory hallucinations. Staff informed the GP, who arranged a prompt referral to a neurologist.

Requires Improvement

Is the service caring?

Our findings

Daily care notes staff completed included information about people's health and personal care needs but there was little information about activities, leisure or social care, although staff did record family visits in some care records. The language used by staff in the daily care records was usually respectful but we did see some examples of staff using inappropriate language to record the personal care support people needed. We also saw an incident report where a nurse used language that infantilised a person using the service, using language and interventions that would be appropriate for a child but not an adult. We discussed this with the provider who told us dignity and respect was considered as part of the staff induction training. However, the provider had not identified the use of inappropriate language in people's care records and had not taken action to discuss this with the staff involved.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us staff were caring. Their comments included, "The staff are good and nice to me, always," "The staff are very good" and, "I like it here. The staff are good and nice to me. We play games and talk." Relatives' comments included, "My [family member] is fine, the staff are very kind" and "The staff are marvellous, very kind people."

Relatives' comments included, "The staff are very good, and my [family member] is safe here." A relative told us they could visit anytime and were always made to feel welcome. They spent most days at the service and shared mealtimes with people. They said, "The staff are very good, very caring. They make relationships, there is mutual respect." They added, "I feel involved in his care. When he had to go to hospital recently, staff kept calling me to ask after him. I see staff here treating my [family member] as if he is part of their family."

Staff told us "I like my carer job" and "I like working with patients."

During the inspection, we saw all staff working in the service treated people well. They spent time with people and individuals did not have to wait for staff to support them when they asked. Staff demonstrated knowledge of each person's care needs. They were able to tell us about significant events and people in each person's life and their individual daily routines and preferences. However, this information was not recorded in people's care plans and we saw no evidence that staff had completed life histories for people using the service.

People were able to choose where they spent their time. We saw people spent time in their rooms when they wanted privacy and spent time in the lounge when they wanted to be with other people.

Requires Improvement

Is the service responsive?

Our findings

One person did not remember having had a meeting to discuss care needs, however they were able to tell us that staff asked for their views and what they wanted to do. They told us that they were a bit bored and wanted to have more physical exercise. This person was still fairly young and felt that there was much more they could do to keep their physical ability, such as attending a gym or swimming. They said, "It would be nice to attend a gym, work out. I feel like I am losing movement in my legs because I don't use them." Another person said, "I like going out, but this is boring. It's not right for me."

People's care records included some information about what they used to like doing and what they were doing now. However, the information was basic, lacked details and there were no individual activities plans in place. The activities coordinator told us they worked as a carer in the morning and spent a couple of hours in the afternoon delivering activities to people who used the service. We asked to see their activities material, and saw that this included books and colouring books aimed at small children. They told us that they also played music and danced with people. We did not see any information boards for people using the service or visitors that displayed what activities were taking place. The administrator kept photographs of people and events that had taken place. However they were not displayed around the service.

Staff completed daily evaluation notes and communicated significant entries to the senior nurse at handover. Nurses and all care staff attended the handover to make sure they were aware of any changes or significant incidents that affected people using the service. The daily evaluations we saw mainly covered people's health, nutrition and personal care needs, with very little mention of social care, activities, outings or visitors. For example, the provider's assessment of one person's care needs said they enjoyed "swimming and visiting the temple." When we checked the daily evaluation noted for this person, we saw no mention of either activity and staff were unable to tell us when or if these had taken place. A second person's assessment said they enjoyed "music, reading and games" but again we saw no record they had been offered the opportunity to pursue these interests.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider kept care records in the nurses' office. The provider carried out their own assessment of people's care needs and care records also included copies of local authority needs assessments. The care plans we reviewed were comprehensive and covered people's health and personal care needs, including communication, mobility, personal care and nutrition. The clinical nurse manager and nursing staff reviewed each care plan area monthly.

Fluid intake and output charts, as well as records of other observations and monthly weight charts were well maintained and we also noted photographs of bruises and early skin lesions. The care records for one person included a clear wound care plan and wound management records. There were separate charts for staff to record repositioning / turning of people who were bed-bound.

Where required, Do Not Attempt Resuscitation (DNAR) forms were kept in the front of a person's care records. We saw the service's GP had completed the DNAR form, after discussion with the person using the service or their relatives/representatives.

The provider kept a record of complaints received from people using the service and others. The records included details of the complaint and actions the provider took in response. We saw one complaint where a person who used the service had complained about another person living there. We saw the provider took the complaint seriously, investigated and responded to the complainant in a timely manner. Another complaint was from a relative. This was responded to promptly, a meeting with the relative was arranged, and a letter was sent to them with the outcome.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a manager who was registered with the Care Quality Commission (CQC). The provider told us the previous registered manager had left the service in July 2013. They had appointed a clinical nurse manager to cover the registered manager's post but this person had not applied for registration with CQC until November 2015.

It is a condition of the provider's registration that they must ensure each regulated activity is managed by an individual who is registered as a manager in respect of that activity. When we asked the provider about this, they told us the clinical nurse manager they appointed in 2013 had previously been employed in the NHS and needed time to decide whether or not they wanted to become the registered manager of an adult social care service. The provider showed us they had started the process to register the manager in November 2015 but they were not able to explain why this had taken more than two years after the previous registered manager had left and the new manager was appointed.

We saw no evidence people were involved in the planning of the service. People using the service had very few links to the community and in particular the younger people who were not supported to have access to more activities and community facilities. People told us they did not attend any meetings and were not aware that they took place. However one person said, "They will meet with us individually if we want to talk about something."

The provider had systems to monitor quality in the service and gather the views of people using the service and others. The provider sent satisfaction surveys to people using the service or their representatives in September 2015. Most of the responses were positive and the provider told us they had discussed the results in a team meeting. Where people identified areas they wanted to change the provider took action. For example, some surveys highlighted the absence of call bells in people's rooms and the provider arranged for these to be provided.

Staff also completed surveys in January 2016. Most of the responses were positive and we saw the provider took action to address issues raised by staff. For example, they purchased a new bath chair and other equipment and reminded staff they should only speak English during the daily handovers.

The local authority inspected food safety and hygiene standards in the service in January 2016. Their report described 'excellent standards' and gave the service a food hygiene score of 5/5.

The provider had a business continuity plan that gave staff guidance on actions they should take in the event of incidents affecting the service, for example power failure, flooding or a fire.

The provider also carried out checks on health and safety and we saw current certificate for gas and electrical safety and legionella checks.

One staff member told us that they were well treated by the managers. They said, "The managers are good,

very understanding and flexible." And "They listen, and I do my best." Another told us, "If we have any problems, we can speak with management. They listen." And "They are very supportive."

People using the service knew the manager and the owner and thought they were good and nice to them. One person told us they never really saw the manager. Another person said, "The manager is alright, no problems." One relative said, "I have very little contact with the manager."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The care and treatment of service users did not always meet their needs or reflect their preferences. Regulation 9 (1) (b) and (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Service users were not always treated with respect in the way some staff recorded the care they provided. Regulation 10 (1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure that the premises were safe for their intended purpose and were used in a safe way. Regulation 12 (2) (d)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The registered person did not provide an environment that was suitable for people living with dementia. Regulation 15 (1) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not operate effective recruitment procedures to ensure staff had the qualifications, competence, skills and experience they needed to work with service users. Regulation 19 (2)