Care Plus Group (North East Lincolnshire) Limited

The Beacon Intermediate Care Unit

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

The Beacon Intermediate Care Unit provides short term rehabilitation to maximise the independence of people and enable them to return to living in their own home in the community. The service comprises care, therapy (occupational therapy and physiotherapy) and social work intervention all based in the same building. The service provides a range of facilities and equipment for up to 26 people who require rehabilitation and at this inspection all placements were occupied.

The service has a 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.

At the last inspection on 21 and 22 April 2015, the service was rated Good. At this inspection on 22 and 23 May 2017, we found some inconsistencies in the safe and well-led questions and the overall rating for the service has changed to 'Requires Improvement.'

Medicines were not always managed in a safe and proper way; we saw there were shortfalls in the administration and recording of some people's medicines. This was a breach in regulation. You can see what action we have asked the registered provider to take at the back of the full version of the report.

Although some staff were not happy with the staffing levels, people and relatives felt there were enough staff and this was confirmed in our observations. We saw staff were available and responded promptly to people. In recent months, staffing levels had increased on day shifts with regular support from the staff who worked at the registered provider's community intermediate care service.

Robust recruitment procedures were in place, which helped ensure staff were suitable to work in the care service. Staff received the training and support they required to carry out their roles and meet people's needs.

People told us they felt safe and this was echoed by relatives we met. Staff understood safeguarding procedures and how to report any concerns. There were procedures in place to manage risk effectively and we found evidence throughout the inspection that all efforts were made to support people's safe mobility and prevent falls.

We found people's nutritional needs were met. There were plenty of choices for meals and fluids and dietetic advice was obtained when required. The lunchtime experience was relaxed and had a social atmosphere with lots of chatter and interaction from staff. People liked the meals provided to them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives praised the staff who were described as kind, caring and considerate. People told us they were treated with respect and this was confirmed in our observations. We saw staff engaged positively with people, encouraging and supporting their independence. Staff had a good knowledge and understanding of people's needs and worked together as a team.

People and relatives told us they felt able to raise any issues or concerns and were confident these would be dealt with appropriately. They were consulted about their care and the service through discussions, reviews and surveys.

We saw people received care tailored to meet their needs however the registered manager recognised the care plans needed more work to fully reflect the person centred care being delivered and to ensure the records were more user-friendly. We saw people had access to healthcare professionals such as GPs and district nurses. A healthcare professional who visited the home regularly told us it was, "A very good service." They said staff communicated well, reported any issues promptly and appropriately and acted on any advice they gave.

We observed the culture of the organisation was one of openness and sound values based on putting people first, working together, ensuring the care was person centred and individuals being at the centre of their own care. We found the quality monitoring system had been effective in highlighting some shortfalls in areas such as staff training, appraisal, rota management, staff absence and the environment, which had been addressed. Additional support had been provided to the registered manager. However, shortfalls in the management of medicines had not been fully identified and action had not been consistently taken in order to address these.

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.

Some people did not always receive their medicines as prescribed.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

Staff were recruited safely and were employed in sufficient numbers in order to meet the needs of people who used the service.

Is the service effective?

Good

The service remains effective.

Staff received the induction, on-going training and support needed to fulfil their roles.

The service was meeting the requirements of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's health and nutritional needs were met. There was a positive and collaborative approach to meeting people's re-enablement needs.

Is the service caring?

Good

The service remains caring.

People and relatives said staff were kind, considerate and caring and this was confirmed through our observations.

People's privacy and dignity was respected and maintained.

People's independence was well promoted and they were fully supported to engage in their re-enablement programmes.

Is the service responsive?

Good

The service remains responsive.

People received person-centred care although the care records required more detail to fully reflect this.

Staff promoted inclusion and encouraged people to mix with each other. People told us they enjoyed the range of activities provided.

Complaints were recorded and dealt with in accordance with the registered provider's complaints procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There was a quality monitoring system in place which had identified some shortfalls in the service and action had been taken to address these. However, some issues with the management of medicines had not been fully identified and dealt with consistently through the quality assurance systems.

The increased oversight from the operations manager in recent months had provided more support for the registered manager and staff. Staff told us morale had improved.

The Beacon Intermediate Care Unit

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 registered 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 unannounced inspection took place on 22 and 23 May 2017 and was completed by an adult social care inspector and an expert-by-experience on the first day. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. These included statutory notifications about incidents and events affecting people using the service and a Provider Information Return (PIR) the registered manager completed and sent to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we observed how care and support was provided to people. We spoke with 12 people who used the service and 10 relatives. We had discussions with the operations manager, the registered manager, the business administrator, two assistant practitioners, a care officer, five care workers, a cook, social worker, physiotherapist and occupational therapist. We also spoke with a community nurse, two paramedic staff and the community pharmacist.

We looked at six people's care and medicine records, three staff files and the training matrix as well as records relating to the management of the service. We also looked around the building.

Requires Improvement

Is the service safe?

Our findings

At this inspection we found the service was not as safe as we had found during the previous inspection. The service's rating for this key question has changed to Requires Improvement.

We asked people who used the service how their medicines were managed. One person told us, "They [staff] sit with me and explain what I have to take. They don't rush and help me if I struggle to get the tablets out. I'm getting on well now." Medicines were administered by care officers with a dedicated role, who had been trained in the management of medicines. We observed staff administered medicines in a patient and person centred way. They explained what medicines they were giving to people and supported people to take their own medicines where possible.

However, improvements were needed to ensure medicines were managed in a safe and proper way. In some cases, the number of medicines in stock did not match with what records suggested should be present, meaning we could not confirm two people had received some of their medicines as prescribed. We found gaps on some medication administration records (MAR's) where the care officer's had not signed to indicate they had administered medicines. This meant we could not confirm people had received their medicines or the reason they had not been given. Some people were prescribed topical medicines such as creams to apply to skin. However, the supplementary records were not consistently completed for the three people's records we checked, which meant there was a lack of evidence to show they had been applied.

There had been a recent stock control issue where a person's newly prescribed pain relief medicine had not been ordered and provided over the bank holiday weekend. Although the person was given their original pain relief medicine during this time they did not receive their new medicine.

We also found some other concerns with the standard of recording on two people's MARs. One of the MARs had not been rewritten after prescription changes to an anti-coagulant medicine and we found another MAR had been completed but staff had started to record underneath on the same document. It is good practice and safer to complete a new record in these circumstances, to ensure the instruction is clear. We also found staff had completed some records in pencil.

We found aspects of the medicines recording systems were repetitive and over burdensome. A new record had been introduced for staff to record all medicines brought in with each person, but we found some of these records were confusing and did not match the stock control and MARs.

Records showed there had been a significant number of medicine errors in the service over the last 12 months. The registered provider had introduced a formal tool to investigate and manage the outcome of medicine errors in a consistent way. This was observed during the inspection. However, we identified a further medicine error during the inspection which had not been identified and this was followed up.

This was a breach of regulation 12 (2) (g) of the Health and Social Care Act (2008) Regulated Activities Regulations 2014.

People who used the service and their relatives were very satisfied with the staffing levels and one person told us, "There are definitely enough staff, they work hard here, there are no slouches and they are all pleasant." We were advised by some that there might be a slight delay in the morning when everyone was getting up and one person told us there might be a wait of 'up to five minutes' at this time of day.

There was mixed feedback from staff. Some told us the staffing levels were fine, whereas others felt there were not always enough staff. The registered manager told us staffing levels were regularly reviewed and the staff from the Intermediate Care at Home (ICaH) service, now provided daily support at The Beacon. The registered manager confirmed they were not currently using a tool to calculate staffing levels based on people's dependencies, but they were looking to introduce this. We noted the additional staff support provided by the ICaH team was not recorded on the staff rota and the registered manager confirmed they would address this.

We observed staff worked well together as a team showing good communication and organisation to make sure they met the needs of people in communal areas as well as those who chose to stay in their rooms. People always had access to their call bells. We saw staff were prompt in responding to people's requests for assistance and made every effort to support people's re-enablement needs and offer additional support where people needed this. For example, one person required assistance from staff to walk alongside them and also a member of staff walked behind with a wheelchair in case they became tired. We concluded on the days of our inspection visits there were sufficient staff available to meet people's needs safely.

There was a range of other staff employed by the service. These included physiotherapists, occupational therapists, a social worker, admission and discharge planning coordinators, an administrator, catering staff and domestic workers. This meant an effective staff team were on site to facilitate people's treatment programmes, provide holistic care and support a practical discharge plan.

Staff were recruited safely and additional checks were in place regarding decisions about employment. Potential candidates completed an application form so gaps in employment could be explored, references were obtained and interviews took place. Checks were made with the disclosure and barring service (DBS) to ensure the candidate had not been excluded from working in care settings. This was confirmed in the recruitment records we looked at.

The registered provider had effective systems in place to safeguard people from the risk of harm and abuse. Staff had received training and in discussions, they were knowledgeable about what constituted abuse, how they would manage incidents between people and what they would do if they had any concerns or if abuse was disclosed to them.

Risk assessments were in place which covered areas such as nutrition, self-medication, falls, moving and handling, skin care and bed rails. Risk assessments for people identified as being at risk of falling detailed whether specialist equipment such as sensor cushions and sensor mats had been provided to alert staff that the person may need assistance with mobility or supervision. During the inspection we observed staff respond to alarms from this assistive technology to check people were safe.

The environment was very clean and tidy whilst still retaining a 'homely' appearance. Staff had received training in infection prevention and control and had access to personal, protective equipment when required. In the laundry area there was a clear system of work to ensure people's personal items and bedding were laundered appropriately. During the inspection we noted the flooring of the 'clean' laundry area required repair or replacement. Although the work had been identified on the schedule, the registered manager confirmed they would prioritise this.

Since the last inspection a facilities support worker had been employed at the service to manage the environmental checks, audits and coordinate the repairs and renewals required with the facilities team. Records we reviewed showed regular checks were undertaken on the premises and equipment to ensure the environment remained safe.

Good

Is the service effective?

Our findings

We saw people who used the service received care and support that was effective and which met their needs. Assessments were completed by care and therapy staff on admission and individual rehabilitation programmes were developed. Referrals to other health professionals were completed as required. We saw records of referrals made to the Speech and Language Therapy team (SALT) and dietetic services. A community nurse told us, "I'm happy with the standard of care here. The staff support our visits and communication in the team is good."

All the people we spoke with received regular assistance from the physiotherapists and occupational health staff to help them improve their mobility and undertake day to day tasks. Some people were encouraged to attend a Balance Class, Chair Exercise Class or Breakfast Club, in addition to having one to one sessions with the therapists. We noted in many rooms there were photocopied sheets on the walls by the bed and/or chair giving comprehensive information (including diagrams) on exercises that the person had been asked to carry out.

People felt they had made real progress during their stay. Comments included, "I could hardly stand up when I came in, now I can walk to the door with my frame", "I'm nearly ready to go home, I have made such improvements, it's all down to the staff" and "The physios encourage you, but don't put too much pressure on you." A relative told us their family member had made 'remarkable progress' during their stay at the service.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were a number of restrictions in place based on maintaining people's safety and well-being. Appropriate applications had been made to the local authority for DoLS assessments which were waiting authorisation. Staff told us they had received MCA and DoLS training and records confirmed this. Staff were clear about how they gained consent prior to the delivery of care. One member of staff said, "You always give people choices and respect their wishes. For some decisions that people can't make, best interest decisions have to be made on their behalf."

Staff told us they received appropriate training, appraisal, supervision and support to enable them to feel confident when supporting people who used the service. The staff training records showed overall compliance was 90% and all outstanding training had been booked. Staff received a range of training considered essential by the registered provider and also specific training related to the health conditions of people who used the service. The operations manager confirmed there had been some shortfalls with staff appraisals last year but this was being addressed and meetings had already been scheduled with staff for this year's programme. People and relatives said they thought staff were well trained. One relative said, "The staff are really on the ball, so pleasant and helpful."

We found people's nutritional needs were met. Some people had specific dietary requirements and

arrangements were in place to provide these people with a suitable diet. The cook confirmed they were informed verbally about people's dietary needs and we suggested a record be provided and held in the kitchen for reference purposes. Food and fluid charts had been completed to record some people's intake where required. We found people's individual daily fluid target had not been identified and the intake records were not totalled to assess if this was adequate. The registered manager confirmed they would follow this up.

We observed the lunchtime experience was relaxed and had a social atmosphere. Staff arranged the dining tables so people could sit together. Staff were attentive and provided any equipment to support people's independence with meals, such as pillows, clothes protectors and plate guards. Overall, we received positive comments about the meals; these included, "Always hot – nice selection of vegetables", "Good food; everybody is quite happy about the food" and "The food is beautiful." One person described how impressed they had been by the efforts the kitchen made to make their pureed meal as tasty as possible.

The building was on ground level. There was a range of communal rooms inside the building which responded to the varying needs of people who used the service. For example, there were dining and lounge areas on each of the four units, a therapy kitchen and therapy gym. There were bariatric facilities on one unit for people with problems associated with their weight and or size. The service had a large range of equipment to meet the care and rehabilitation needs of the people who used the service to ensure their independence was maximised. A new relative's room had been provided to offer a comfortable and private area for family and visitors.

Good

Is the service caring?

Our findings

Staff treated people with dignity and respect and supported them in a kind and caring way. This was observed during the inspection and confirmed in discussions with people who used the service and their relatives. They told us, "Very good staff, very patient", "The people, the carers, they can't do enough for you", "Very good staff, they are very patient", "Never known staff care so much, they are so attentive, best I've ever known" and "I can't believe how good it is, they are always there for you."

Throughout the inspection the atmosphere at the service was warm and friendly. We saw staff spent time with people and had a good rapport with them. We saw person centred approaches to care. For example, people had their medicines at the times that suited them and people could have their breakfast at a time that suited them throughout the morning as they got up. A member of staff told us, "We try and match people's routines here with what they do at home, as it helps them to regain their independence more easily."

People were satisfied that their privacy and dignity were preserved. People spoke about the 'good attitude' of the staff and how they always asked before providing care and respected their dignity. One person was pleased with the support from staff to wash their hair as they struggled with this and they were particularly pleased that a carer had put curlers in, as they liked their hair to look nice.

Feedback from paramedic staff who regularly transferred people to and from the service was very positive. They told us the staff were friendly and welcoming of new people to the service, that the staff were efficient and organised and people spoke highly of their stay at The Beacon Intermediate Care Unit.

Staff showed a commitment to promoting people's independence as much as possible. One member of staff said, "This is the purpose of the service, to support people to regain their skills and be able to go home. We always try and encourage people to do as much as they can for themselves." We saw how staff supported people with their independence at every opportunity and staff were patient and encouraging in their approach. They often asked people if they wanted to have a walk and used meal times and activities to encourage people to mobilise. We saw staff were patient when they supported people and walked alongside them at the person's chosen pace, ensuring they used equipment if necessary and encouraged them to take their time and not rush. One person who used the service told us, "The staff understand just how much I can do and how tiring it all is. They are very caring and encourage me to do that little bit more each time. I'm so pleased with the results."

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was appropriately documented in people's care plans. Records confirmed care workers had completed training in equality and diversity.

We saw people who used and visited the service were provided with a range of information. There were

notice boards with information about the organisation, results from consultation and enabling programmes. There were leaflets in the reception about the service, safeguarding, how to complain and advocacy arrangements. Advocates are independent of the service and can support people to express their opinions and wishes.

Personal information such as people's care plans, medication administration records and staff personnel records were held securely. Computers were password protected for additional security.

Good

Is the service responsive?

Our findings

We saw staff were responsive to people's needs and care was delivered in a person-centred way. People who used the service and their relatives made positive comments about the quality of care provided. These included, "I'm not exaggerating, I just think they [staff] are marvellous; they check my catheter regularly and I never have to remind them", "The staff are fantastic, so helpful, I've been amazed, everyone has time for the residents" and "They [staff] take into account how you are feeling."

We saw staff communicated well with one another to support people's care. All care staff received a handover at each shift change which ensured they were kept up to date with any changes in people's care needs. Care staff and therapy staff also used communication books which they confirmed worked well and had improved day-to-day communication with the staff team.

The care files of people who used the service showed that an assessment of their needs was completed by therapy and care staff on admission and this included risk assessments. An 'Outcome Star' self-assessment tool was used for supporting people's progress towards self-reliance, where people who used the service set goals and agreed outcomes.

We reviewed people's care records and found it was not always easy to see which information was the most current and there was some duplication of records. The assessments and care plans clearly focused on people's re-enablement needs and these records were detailed and reviewed regularly. We found care plans to support other areas of need were less detailed, for example records to support the monitoring of one person's needs in relation to their epilepsy and mood were minimal. Care plans included detail of people's preferences but did not reflect the person centred approach we had observed. The registered manager and operations manager had already identified the care records as an area for improvement and discussed the plans they had to improve care records to make sure they were more streamlined, comprehensive and written in a person centred manner.

The registered provider also used an electronic recording system which enabled information to be shared amongst health professionals involved in the person's care. Therapy and care staff provided information for a discharge record when people were discharged from the service or moved to another service.

People had reviews of their care undertaken in daily multidisciplinary meetings. This enabled the staff team to review people's needs, plan care and treatment in an integrated way and manage any transition between other services involved with the care package to support discharge. Therapy and care staff told us the meetings worked well. Records showed discharge planning commenced from admission to the service and involved home assessment visits to check if any adjustments to the home environment or equipment were needed. People and relatives considered the admission and discharge arrangements were well organised and coordinated. One relative we spoke with felt that all the staff had been responsive to their views. Due to their family member's complex needs, the relative felt they would benefit from staying a bit longer at the unit and they were happy that they had been able to have influence with regard to the decision making.

We found the atmosphere was inclusive. Staff made efforts to introduce people to each other, to encourage participation in fun and enabling activities and to socialise during the day and at meal times. The service worked with a local community collaborative group to provide activities and engage with people so they could continue to participate in the activities in the community following discharge home. Information about a walking group, tai chi classes, luncheon and sporting memories clubs was provided with the information booklet each person was given at the start of the service.

The registered provider had a complaints policy and procedure, which was on display and included in the information available to people who used the service. Records showed the service had recently received a formal complaint and this was currently being investigated. During the inspection, one person we spoke with raised a number of concerns around the choice of meals, a delay in support on one occasion and the attitude of some staff. With their permission, we passed these on to the operations manager to look into. Following the inspection, the operations manager confirmed the person had not wanted to make a formal complaint and the issues raised had been discussed with staff in group and individual meetings.

Requires Improvement

Is the service well-led?

Our findings

At this inspection we found the service was not as well-led as we had found during the previous inspection. The service's rating for this key question has changed to Requires Improvement.

We have been working with the registered provider to align some aspects of the registration of the service. Although there had been a delay, following the inspection we received confirmation that the application to remove two of the regulated activities no longer required, had been submitted.

Systems were in place to monitor the quality and safety of the service. Regular audits were carried out by the registered provider's quality and performance team on areas such as care records, supervision, performance development reviews, training, the environment and medicines.
However, we found there had been less management oversight of the medicines systems and the weekly checks completed at service level had not identified the majority of issues we found during the inspection. The registered manager contacted the pharmacy provider during the inspection and requested they visit and carry out a full audit of the medicines systems. This was completed. Their findings were similar to our findings and a number of recommendations made. Following the inspection, the operations manager confirmed they were in the process of reviewing the medicines recording systems, further staff training was being sourced, a new weekly audit was now being completed and a meeting with the staff responsible for medicines administration had been arranged, to discuss the improvements needed.

The registered manager provided information to support the registered provider's clinical governance systems. Areas monitored closely were: infection rates, weight monitoring, incidence of pressure ulcers, incidents and accidents, medicine errors, safeguarding referrals, notifications to CQC, complaints, length of stay figures and achievement of personal goals through the Outcome Star process. The registered manager shared learning from the performance and clinical governance reports with staff in order to change practice and we saw evidence of this.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. They understood their responsibility to ensure the CQC was informed of events at the service which affected the people who used the service. We discussed the timeliness of some notifications received, which they confirmed they would follow up. The last inspection report and rating was displayed in a prominent location in the entrance hall.

The operations manager explained how they had provided more regular support and mentoring for the registered manager over the last six months, after audit findings showed some areas of performance at the service had slipped. The operations manager confirmed improvements had been made in relation to staff training and supervision, the environment, infection prevention and control, allocation of office space, management of staff absence and staffing rotas. Lead roles had been delegated to some of the assistant practitioners (AP's), such as rota management, training and supervision. One AP we spoke with was very

enthusiastic about their role and proud of the improvements they had made in relation to the staff training and supervisions programmes in recent months.

All the staff we spoke with told us they found the registered manager and operations manager approachable and supportive. One member of staff told us, "There have been a lot of improvements at the service. Staff are a lot happier, they feel more supported with the additional staff and we have a good rapport with the therapists." The operations manager told us, "We are trying to integrate the community staff to provide a more seamless service. This is working really well. The support for staff at The Beacon has improved and the community staff are getting to know people before they are discharged."

People who used the service and relatives spoken with told us they felt the service was well-managed and they were satisfied with the quality of their care. Comments included, "It's good here – I don't really want to go home", "Perfect, the people, the carers can't do enough for you" and "Fantastic, really impressed, wish all establishments could be like this."

We spoke with the registered manager and operations manager about the culture and values of the organisation. These focused on putting people first, working together, ensuring the care was person centred and individuals being at the centre of their own care. In discussions with staff and through observations we saw these values working in practice.

Regular staff meetings were held. Records of these meetings showed that they were used to discuss quality and safety issues, and also to pass on praise and positive feedback to staff. The registered provider had systems in place which sought the views and opinions of the people who used the service through surveys and meetings. We saw the results were collated and action plans put in place to address any shortfalls or concerns identified.

The 'Friends of The Beacon' were a fund raising committee which supported the service. The registered manager confirmed the committee had recently purchased the furniture and equipment to provide hydration stations in each unit and these were due to be installed in the near future. This showed the registered provider was committed to working in partnership to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured people who used the service were protected against the risks associated with unsafe management of medicines.