

# Care Plus Group (North East Lincolnshire) Limited

## The Beacon Intermediate Care Unit

### Inspection report

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Date of inspection visit:  
27 June 2018

Date of publication:  
26 July 2018

### Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 27 June 2018 and was unannounced. At the last inspection on 22 and 23 May 2017, the service had an overall rating of 'Requires Improvement.' We had found concerns with medicines management and governance systems. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, Is the service safe and well-led? to at least good. We received a comprehensive action plan. At this current inspection, we looked at the previous breach of regulations and the action plan to check that improvements had been made and sustained over a period of time. We found good improvements had been made.

The Beacon Intermediate Care Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Beacon Intermediate Care Unit is registered to accommodate 27 people in one adapted building. At the time of the inspection 20 people were using the service. The service provides short term reablement 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 also provides a range of facilities and equipment to support people's reablement needs.

The service had a new 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 improvements had been made to the medicines management systems to ensure they were safe. Staff administration and recording practices had improved through additional training, assessment, supervision, participation in work-shops and regular meetings.

Quality assurance systems had been reviewed and maintained since the last inspection and we saw action had been taken when issues had been identified. The provider had worked hard at implementing positive changes and was committed to ensuring improvements were sustained and developed further, to ensure people received high quality care. Staff described the culture of the organisation as open and management as supportive and approachable.

A robust recruitment process was in place, which ensured staff had the necessary values, skills, experience and were suitable to work with people who used the service. Staff received the training and support they needed to carry out their roles and meet people's needs. The provider monitored staffing levels regularly, to ensure staffing levels were sufficient and staff deployment was effective.

Staff had received training and had procedures to guide them in safeguarding people from the risk of harm and abuse. In discussions, staff were clear about how they would escalate concerns and which agencies they would contact for advice.

People told us they felt safe. Staff had completed assessments with people to identify risk areas and the steps required to minimise risk. People received care tailored to meet their individual needs and the care recording systems were being fully transferred over to the electronic format.

The service was operating within the principles of the Mental Capacity Act 2005. 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's health and nutritional needs were met. Records showed people had access to a range of community healthcare professionals for advice and treatment. These included dieticians when people lost weight and required additional support. The menus provided varied meals with choices and alternatives. The lunchtime experience was relaxed and had a social atmosphere with lots of chatter and interaction from staff. People told us they liked the meals provided to them.

We observed caring interactions between staff and people. 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. They were cheerful and supported the privacy and dignity of people as they went about their work.

The provider had a complaints procedure and people told us they felt able to raise concerns and these would be addressed by management.

The environment was clean, tidy and safe. Staff had access to personal, protective equipment which helped them to prevent and control the spread of infection. Improvements had been made to the facilities, with more planned through a comprehensive renewal programme.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Improvements had been made to ensure the management of medicines was safe. Risks to people had been identified and assessed and there was guidance for staff on how to keep people safe.

Staff knew how to safeguard people from the risk of abuse and how to pass on concerns to relevant agencies. There were good standards of hygiene.

There was a robust recruitment system and sufficient staff deployed to meet people's needs.

### Is the service effective?

Good 

The service was effective.

Staff had completed a range of training which enabled them to meet people's assessed needs.

People were supported to eat a healthy diet of their choosing. People's health needs were met and relevant health care professionals were contacted in a timely way.

People's consent was gained before care and support was provided. The provider adhered to the principles of the Mental Capacity Act 2005 when establishing capacity and decision-making.

### Is the service caring?

Good 

The service was caring.

There were positive comments from people who used the service and relatives about the kind and caring approach of staff.

Staff treated people with respect and supported them to maintain their privacy and dignity. People's independence was well promoted and they were fully supported to engage in their reablement programmes.

People were provided with information and explanations, so they could make choices and decisions about aspects of their lives.

### **Is the service responsive?**

The service was responsive.

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

Personalised care and support was delivered by staff and relevant professional to help maintain people's health and well-being.

There was a complaints procedure on display and people felt able to raise issues, which were appropriately addressed.

**Good** ●

### **Is the service well-led?**

The service was well-led.

The quality monitoring programme had been reviewed and strengthened to drive improvements with service delivery. Quality assurance systems highlighted shortfalls and appropriate action had been taken and improvements sustained.

The culture of the organisation was open and responsive to improvements. A new registered manager was in post and staff reported approachable and supportive line management and senior management. People, relatives, staff and professionals told us the service was well-managed.

**Good** ●

# 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 27 June 2018 and was completed by two adult social care inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also checked our systems for any notifications as these would tell us how the provider managed incidents and accidents that affected the welfare of people who used the service.

We contacted the local Healthwatch and local authority safeguarding teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England.

During the inspection we observed how care and support was provided to people. We spoke with 12 people who used the service and eight relatives. We had discussions with the nominated individual, the registered manager, the business administrator, two assistant practitioners, a care officer, three care workers, a cook, social worker, physiotherapist and occupational therapist. We also spoke with 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.

## Is the service safe?

### Our findings

At the last inspection on 22 and 23 May 2017 we found there were shortfalls in the administration and recording of some people's medicines. This meant there was a breach in Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice. At this inspection, we found improvements had been made.

Medicines were managed safely and people received their medicines as prescribed and on time. There were improved systems in place for ordering medication, controlling stock and returning it to the pharmacy when unused. Medication administration records (MARs) indicated medicines were signed as received into the service and when administered to people; there were no gaps on the MARs and the standard of transcribing was good. We observed staff supported people appropriately during administration of medicines and assisted people with self-medication programmes where they were able. Staff approach was caring and patient, they explained what the medicine was for, asked if pain relief was required, provided a drink and signed the MAR when they were satisfied the medicine had been taken. Medication was stored securely and in line with manufacturer's instructions regarding safe temperatures.

A designated team of staff were responsible for the management and administration of medicines. Since the last inspection, this team had all had their administration competency re-assessed and attended a workshop and meetings to review and streamline the recording systems and their working practices. Records showed there had been a significant reduction in medicine errors. New medication audits had been completed on a regular basis, which had driven through the improvements we found. The community pharmacist confirmed they had visited the service regularly and provided direction and support. They considered the staff had made good improvements with all aspects of medicine management and the systems were safe. One person we spoke with said, "They [staff] are spot on with medications."

People told us they felt safe staying at the service. One person said, "This is the safest place for me at the moment. It's properly equipped and the staff and therapists are excellent." A relative told us, "I feel my husband is safe here."

Discussions with people, staff and checks on staff rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently allocated to ensure continuity for people. Throughout our inspection we observed a strong staff presence in the service. The registered manager told us staffing levels were regularly reviewed and a new team leader position had been developed. The staff from the Intermediate Care at Home (ICaH) service, continued to provide almost daily support at The Beacon Intermediate Care Unit with additional hours and cover for any absence. This also provided continuity of care for people requiring support when they returned home. We observed staff worked well together as a team. They were prompt in responding to people's requests for assistance and made every effort to support people's reablement needs and offer additional support where people needed this.

There was a range of other staff employed by the service. These included physiotherapists, occupational therapists, social worker, admission and discharge planning coordinators, administrators, 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.

Most people and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. Comments included, "No matter what time of day or night they are there for you", "The buzzer goes and they're [staff] here" and "There are always plenty of staff about." One person's relative was concerned that there was not always a member of staff around when they were leaving and felt their family member needed support at this time, as they became anxious. We mentioned this to the registered manager to follow up.

We found care was planned and delivered in a way that promoted people's safety and welfare. Potential risks to each individual person had been assessed and recorded in care files. These included risk of falls, self-medication, malnutrition, moving and handling people safely, skin care and use of bed rails. Equipment such as specialist beds, pressure relieving equipment, sensor alarms were used where assessments determined these were needed.

The service was clean and tidy throughout, except for a number of carpets in bedrooms and communal areas which were stained. The housekeeping staff told us the new carpet cleaner was not working effectively and when we passed this on to the registered manager, arrangements were made for replacement equipment to be provided. The nominated individual confirmed the renewal programme included replacement of carpeting with alternative flooring and this would be completed in phases. We saw this work had started. Staff had received training in infection prevention and control and had access to personal, protective equipment when required. Since the last inspection, new flooring and equipment had been provided in the laundry room.

Staff spoken with demonstrated a good understanding of people's needs and how to keep them safe. We observed staff supported people to move around safely using equipment such as walking sticks, frames and wheelchairs. Although, on one occasion we noted a member of staff forgot to apply the brake on a person's wheelchair during a transfer. The registered manager confirmed they would follow this up. Equipment and utilities used in the service, such as the hoists, fire alarm, call bells, hot water, gas and electrical items were maintained and checked by competent people. All hazardous substances were locked away. Contingency plans were in place for emergencies.

Recruitment practices continued to be safe. All the necessary checks were undertaken on staff suitability before they began working in the service. Checks included references, criminal record checks with the Disclosure and Barring Service (DBS), identification and employment history to ensure staff were of good character and suitable for the role.

The provider had policies and procedures to guide staff on how to safeguard people from the risk of abuse or harm. Staff had received training and knew they had a responsibility to report any concerns, either directly to management or through the whistle-blowing route. We saw posters displayed on notice boards directed at people and staff giving advice on what to do.



## Is the service effective?

### Our findings

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.

During people's stay their health care needs were reviewed and supported by a local GP practice and surgeries were held at the service twice weekly. We saw staff responded to changes in people's health needs in a person-centred way and provided effective care. We observed staff acted quickly when a person became unwell and they arranged for the person's GP to visit.

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 or breakfast club in addition to having one to one sessions with the therapists. People were provided with pictorial exercise programmes to complete during the day and these could be also accessed via DVD's and on electronic devices for people to watch in their rooms. 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 told us they had made real progress during their stay. Comments included, "I've been surprised and relieved that I'm doing so well in such a short space of time. I can't wait to go home, but I know I need to be patient and keep doing the exercises" and "I've been here before and they sorted me out well then too. I've every confidence they will get me home soon."

Staff employed were skilled, trained and knowledgeable. Throughout our inspection we observed staff confidently meeting people's needs. Staff completed a range of essential and service specific training. Staff also received regular supervision and appraisal to support them in their role.

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. 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 MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's consent and ability to make specific decisions had been assessed and recorded within their care plans. Records showed when people lacked the capacity to make certain decisions about their lives; their relatives and the relevant health care professionals were involved to make sure decisions were made in their best interests. The registered manager had appropriately identified situations which may amount to a deprivation of someone's liberty and submitted authorisations to the supervisory body. This showed us people's rights were protected. All staff had received training in MCA and DoLS, and in discussions, they had a good understanding of their responsibilities.

People's nutritional needs were met. Menus were varied and the meals prepared looked well-presented. Observations showed people were offered choice and alternatives were available. People's food preferences and dietary requirements were identified on admission and catered for. Staff monitored their weight and professional guidance had been sought when needed. We saw there were hot and cold drinks available regularly through the day to ensure people could maintain their hydration. Staff knew who needed extra support and people were monitored regularly to ensure they were taking adequate diet and fluids. The therapy team worked with people to regain skills in preparing food and drinks.

The service was on ground level and provided adapted facilities including 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 wide range of up-to-date equipment to meet the care and rehabilitation needs of the people who used the service, this ensured their independence and safety was maximised. There was some symbol/pictorial signage to support the orientation of people living with dementia. The renewal programme included the provision of décor and furniture to match the colour of the different unit names: teal, violet, amber and fuchsia, which would also help people's orientation. 'The Friends of The Beacon' (a staff fundraising committee) had provided new large screen TV's and digital clocks in rooms, which also showed individuals if it was day or night; these also met best practice in terms of design to support people living with dementia.

## Is the service caring?

### Our findings

There were positive comments about the staff approach and their kind and caring attitude. People who used the service said, "The girls are lovely, no problems at all", "The staff are first class, absolutely kind and caring" and "All the staff have been so nice. They are good at spotting if I'm feeling a bit down, they will come and sit and talk with me for a while."

The service had a friendly and inclusive atmosphere. People were introduced to each other and encouraged to spend time together. We saw many examples of people sitting in lounges chatting, laughing, sharing experiences and enjoying each other's company. Relatives told us staff were welcoming and they felt involved and included in the care for their family member.

The privacy and dignity of people was respected. One person told us, "The staff are very thoughtful and try their best to preserve my dignity. They are mindful to close doors and curtains and always cover me up after my shower." Another person told us, "They [staff] are so polite and kind. They don't barge in my room and always knock and wait to be invited in." Staff were considerate, for example we observed a member of the domestic staff ask a person sitting in the lounge if they minded if they vacuumed the carpet. We also observed a member of staff consulting with people in the lounge if they wanted to watch TV or continue to listen to the radio.

Staff were cheerful in their tone and patient in their approach, taking time to explain to people what they were doing and working with the individual at their pace. We saw how staff supported people with their independence at every opportunity. During lunch, people were encouraged to serve themselves vegetables and sauces if they were able. We observed a member of staff explaining to a person with limited sight where the food was placed on their plate and how they guided the person's hands round the edge of the plate, so they could eat their meal independently.

The provider had a policy and procedure for promoting equality and diversity within the service. Discussion with staff indicated they had received training on this subject and understood how it related to their working role. People told us that staff treated them on an equal basis and we saw that equality and diversity information such as gender, race, religion, nationality and sexual orientation was recorded in the care files.

We saw people who used and visited the service were provided with a good range of information. There were notice boards with information about the organisation, results from consultation and enabling programmes. There were leaflets in reception about the service, safeguarding, how to complain and benefits. Information was provided to people in alternative formats such as large print, easy to read and pictorial. The documents could also be translated into other languages and provided in Braille. During the assessment process any specific communication needs were identified and measures taken to ensure these were met, for example through interpreters or loop sound systems for people with hearing impairment.

The registered manager confirmed they supported people to access advocacy services when needed. Advocates are independent of the service and can support people to express their opinions and wishes.

There were lots of 'thank you' cards on display from people who had used the service and from relatives. These referred to the kindness of staff, their satisfaction with the service and positive outcomes experienced.

Staff were aware of the need for confidentiality. Telephone calls or discussions with health professionals or relatives were made in a private office. Personal information was stored securely and computers were password protected. The provider was registered with the Information Commissioners Office which was required when records were held electronically.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs. Comments included, "The staff are marvellous and so encouraging. They never rush me and I trust them to know how much I can do; I've made a lot of progress here" and "I'm doing well and have a meeting tomorrow to see if I'm ready to go home." Relatives told us, "The staff assessed [Name of person] very quickly. They are very good attending to him" and "We are happy with everything."

We found detailed assessments were completed before admission to determine if people's needs around reablement and rehabilitation could be met at the service. The assessment process continued when the person arrived and included comprehensive assessments from the therapy team. 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. This process ensured engagement and involvement in the individual's own personal journey from the point of admission. Two of the people we spoke with confirmed they had not been consulted about moving to the service from hospital, although they were satisfied with the outcome. The registered manager confirmed they would follow this up with the hospital discharge team.

The information in assessments was used to formulate care plans. We found more of the care records had been transferred on to an electronic format, although the main care plan was still completed in a paper format. Some care plans were very detailed, for example, the ones relating to people's mobility needs, which routinely described the step by step actions staff were to take to ensure a person was safe when they transferred and mobilised. Some of the care plans contained less detailed directions for staff, such as one person's plan to support the care of their catheter. The registered manager confirmed they would provide a standardised care plan for catheter care, which staff could adapt and personalise as necessary. They also confirmed that the provider was planning to have all care records on the electronic format and these were currently being developed to meet the service specifications.

Supplementary records were completed by staff in relation to food and fluid intake and skin integrity. We found the overall standard of recording had improved, however staff were not always recording the full skin checks they had completed and we mentioned this to the registered manager to follow up.

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. A handover was given to all staff at the beginning of each shift to update of any progress or changes to individuals. There were communication books and boards in the office to keep staff updated. People, relatives and staff all told us communication in the service was good.

People had access to entertainment and activities. Staff had developed links with local schools and colleges to participate in seasonal events. The service worked with a local community collaborative group to provide activities and engage with people so they may continue to participate in the activities in the community

following discharge home, these included tai chi sessions and walking groups. During their admission, people were given 'The Beacon Bumper Bundle', an information pack with leaflets signposting them to other services they may require in the future.

The provider had a complaints policy and procedure, which was on display and included in the information available to people who used the service. The procedure identified how to make a complaint and who to, timescales for resolution and how to escalate to other agencies. Staff were familiar with the actions to take if they received a complaint or concern. The registered manager maintained a record of complaints which showed the management team had conducted investigations, responded in writing and met with people to resolve issues. There had been a delay in providing an outcome for one complainant, which the senior management team had sent a written apology for. The registered manager confirmed they understood their responsibility to provide feedback and a formal outcome in those cases where the local safeguarding team had also been involved.

## Is the service well-led?

### Our findings

At the last inspection, we found aspects of the management of the service had slipped, mainly around the oversight of the medicines systems. The operations manager provided the Care Quality Commission (CQC) with a comprehensive action plan following the last inspection, this showed how the improvement work was prioritised and completed. At this inspection, we found the quality monitoring systems had been strengthened, which had helped to drive and sustain the necessary improvements.

Since the last inspection, there has been a change in registered manager. The manager had been in post since 1 April 2018 and successfully completed their registration with CQC on 15 May 2018. Staff were more positive about working at the service and felt supported by the new registered manager and senior management team. Comments included, "Although we didn't have a manager for nearly a year, the service has moved on. The operations manager has been brilliant. The new manager is still finding his feet and has a good vision for the future of the service" and "The culture is nice and staff have noticed a difference."

New performance monitoring audits were in place and conducted on a rolling programme. Audits focused on specific areas of the service and care delivery, for example, care records, cleanliness and infection control, medication and the environment. The new programme had supported some significant improvements, especially with the reduction in medicine errors and improvements with the standards of hygiene. The results from the recent infection prevention and control audit showed compliance had increased from 53% to 93%. The food safety systems had also been rated at five star (highest) at the assessment in February 2018 from the local authority environmental health officer, which was an improvement.

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

The senior management team within Care Plus Group met to discuss business operation and this showed us the provider had systems in place to enable managers of services to feed up information so they could have oversight and monitor improvements. Members of staff had been given different areas of responsibility in the service based on their skills and interest. This helped them to further develop their knowledge and understanding.

All staff we spoke with told us they enjoyed working at the service. Staff told us communication was effective and team work had improved with the regular support from the Intermediate Care at Home staff. They said they attended daily handovers and regular team meetings where important information was shared. Minutes from meetings held this year showed a variety of topics had been discussed including: procedures and new guidance updates, health and safety issues, safeguarding concerns, infection control audits,

training and CQC inspections. Staff said they had the opportunity to put forward ideas and suggestions at meetings and during supervision with their line manager. Comments included, "I'm proud of what we do and the progress individuals make", "We see some really nice results and get job satisfaction", "All levels of staff help on the floor and work as a team", "There are still some on-going issues around staff attitude and culture, but the service has changed" and "On a day-to-day basis there are lots of challenges, but I enjoy my work."

People were consulted through surveys and phone calls about where the service could be developed further. The most recent results of the service user experience survey showed an overall satisfaction score of 80%. People and relatives spoken with told us they felt the service was well-managed. Comments included, "The manager has been very good with us" and "Our experience has been very positive. All our family member's care has been well-planned and co-ordinated." The service also had a comments book and suggestions box. A 'you said-we did' board had been introduced and displayed improvements the service had made.

The culture and aims of the organisation was focussed on people who used the service receiving high quality safe care, increased choice, being responsive, open to suggestions, supportive to staff, working collaboratively in partnership with other providers and agencies to improve outcomes and opportunities for people.

Staff confirmed they had a clear understanding of their roles and responsibilities and understood when they needed to escalate any concerns or issues. The registered manager was aware of their responsibility to submit notifications to the CQC to inform us of certain events in line with legal requirements.