Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Beacon House

279-281 Beacon Road, Wibsey, Bradford, BD6 3DQ

Date of Inspection: 05 February 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Caireach Limited
Registered Managers	Ms. Joanne Lunn Ms. Joanne Morris
Overview of the service	Beacon House is registered to provide accommodation and support for up to 16 adults with learning disabilities who require significant support in daily living and may present with challenging behaviour. The home is situated in Wibsey, a few miles outside Bradford city centre.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 5 February 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

Some of the people who used the service had complex needs and were unable to tell us about their experiences. Therefore, we used a number of different methods to help us understand the experiences of people who used the service, such as reviewing care records and speaking with relatives.

We spoke with one person who lived at Beacon House. They said they made decisions about the care they received and staff listened to them when they made their wishes known. They said "I get the help and support I need but staff also give me my personal space".

We spoke with two relatives of people who lived at Beacon House. They told us they felt involved in their relatives care and attended yearly reviews of their care plan. They were positive about the care and support staff provided. One relative said "Beacon House is a marvellous place, they provide the best care I could have imagined".

We saw people received medicines when they required them and there were processes in place to ensure medicines were managed safely.

The person we spoke with who lived at Beacon House said staff treated them with respect and listened to what they wanted. One of the relatives we spoke with said "staff are fantastic, they treat people with respect and I have a very good relationship with them".

The three people we spoke with were aware of how they could make a complaint. They said if they did complain they were confident staff would listen to and act upon their concerns.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with one person who lived at Beacon House. They told us they made decisions about what they did, such as what time they wanted to get up or go to bed. They said they made decisions about the care they received and staff listened to them when they made their wishes known. We spoke with two relatives of people who lived at Beacon House. They told us they felt involved in their relatives care and attended yearly reviews of their care plan. They said staff spoke with them before making decisions and kept them informed of any changes.

We saw people had annual reviews where their care and treatment was discussed, planned and agreed. These were attended by people's relatives, staff and other health professionals. This meant people had the opportunity to express their views regarding the care and treatment they received. Staff also held monthly meetings with people who used the service where they involved them in planning food menus and activities. This provided people with the opportunity to make their views known about the way the service was run.

We looked at two people's care records and saw communication plans to help staff identify different ways people communicated, such as through sounds, body language or other languages. This meant where people were unable to communicate their preferences by speaking or spoke other languages, staff were able to support them to make decisions about their care and treatment.

We looked in seven people's bedrooms and saw they had personal belongings in their rooms which reflected their tastes and interests. There were also a number of different communal lounges where people could choose to spend their time. The manager explained that each person had chosen how their room was decorated and people had been involved in choosing the decoration of communal areas.

We saw evidence that staff supported people to participate in a range of activities which included: swimming, walks, attending college, working at a bakery, doing textiles,

shopping, attending a gardening project and family visits. This demonstrated to us that people were supported in promoting their independence and community involvement.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with one person who lived at Beacon House. They told us "I get the help and support I need but staff also give me my personal space". The two relatives we spoke with were positive about the care and support staff provided. One relative said "Beacon House is a marvellous place, they provide the best care I could have imagined".

We reviewed two peoples' care records and saw appropriate risk assessments which had care plans in place to manage the risks identified. For example where the person may have displayed challenging behaviour the care plan described ways of helping to calm the person's behaviour. The manager told us these were reviewed every six months or whenever changes to peoples needs occurred. The provider may find it useful to note not all of the care plans and risk assessments we reviewed had received their six month review. Where they had been reviewed this was sometimes recorded on a separate document which made it difficult to confirm that every risk assessment and care plan had been reviewed.

The manager told us health action plans were in place for everyone who lived at Beacon House and these were reviewed annually. A health action plan is used to support people with learning disabilities to check and maintain their general health. We saw people had access to health professionals such as opticians, psychiatrists, dentists and general practitioners.

Each person had a 'person centred plan' which contained information about their likes and dislikes. This helped staff to get to know and understand people's individual preferences and needs. We asked two staff members to tell us about someone who used the service. They were able to tell us what they liked and disliked, what their specific care needs were and how they would calm them down if they became distressed. We also saw that staff approached people in a way which showed they knew the person and how best to assist them.

The provider may find is useful to note monthly weights were not up to date for some people and appropriate information was not always being recorded, such as changes to peoples body mass index.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

When we last visited the service on 25 August 2011 we asked the provider to make improvements to ensure the practices for giving people their medicines were safe. During this visit we looked at this outcome to check improvements had been made.

The manager explained the service had introduced a number of changes to address the concerns raised during our last visit. For example, they had changed the procedure for who held the medication keys to ensure the team leader on duty had their own keys. This meant if medication was needed in an emergency it could be located and administered promptly. They had also introduced stock checks as part of the weekly medication audits to ensure they did not hold excess stock. We also saw there was a separate file which contained guidance around when people may require medication that was prescribed 'as required'. This meant staff could be consistent about when this medication was given. The manager explained this file was regularly updated to ensure there was appropriate guidance for everyone who had medication that was prescribed 'as required'.

We reviewed the medication procedure with the manager. They told us senior staff checked and ordered repeat prescriptions once a month. They said one off prescriptions would be obtained as people required them. There was a nearby pharmacy they used if people required prescriptions on weekends or bank holidays. Unused medicines were returned to the pharmacist for disposal once a month. They said they were stored securely and records were kept to document all returns. They said this system worked well and they had always been able to obtain the medicines people required. People we spoke with confirmed this. This demonstrated to us there were appropriate arrangements were in place in relation to obtaining and disposal of medicines.

We reviewed two people's medicine administration records (MAR). We saw staff were accurately completing the MAR when they administered medication. We saw people regularly received their medication at the times they needed it.

We saw there were checks in place to help ensure the safe administration of medication. For example most medicines were dispensed into separate containers by the pharmacist. This divided medication to be given at a specific time and day. Senior staff also completed weekly medication audits where they checked stocks and MAR sheets to look for any

errors or omissions. We saw evidence they acted to resolve issues identified from medication audits. The provider also regularly spot checked medication as part of their monthly quality audits.

The manager told us before staff administered medication they completed appropriate training where their knowledge and understanding of medication administration was tested. They also shadowed experienced staff at least four times before administering medication themselves. Staff we spoke with confirmed this.

At the time of our visit there were no people who self-administered and no- one was prescribed controlled drugs. The manager told us there were policies in place to support people to self-administer and to ensure the safe administration of controlled drugs should they be prescribed in the future.

There was information in people's care records about their medication, what it was taken for and the potential side effects. The provider may find it useful to note these medication profiles were not always regularly updated.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff

Reasons for our judgement

The person we spoke with who lived at Beacon House said staff treated them with respect and listened to what they wanted. One of the relatives we spoke with said "staff are fantastic, they treat people with respect and I have a very good relationship with them". Another relative told us "staff are really lovely, they are always polite and welcoming".

We reviewed two staff files and saw appropriate recruitment records such as application forms and two references. This demonstrated the provider had effective recruitment and selection processes in place. The manager told us Criminal Record Bureau (CRB) checks were carried out for all staff before they commenced work. CRB checks identified whether staff had any convictions or cautions which may have prevented them from working with vulnerable people. We did not see CRB certificates in the two staff files we looked at because the certificates were stored at the provider's head office. However, there was a form within each of the staff files which confirmed the check had been completed.

We spoke with two staff members who confirmed they had carried out an induction programme which was specific to their job role. They also told us they worked alongside experienced staff before they commenced work alone. Staff said they received ongoing training and support to ensure they had the skills they needed to support the people who lived at Beacon House. They also both told us they felt supported and felt able to approach senior managers at anytime. This demonstrated staff received the training and support they needed to carry out their work effectively and safely.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

The three people we spoke with were aware of how they could make a complaint. They said if they did complain they were confident staff would listen to and act upon their concerns.

The service had a complaints policy which was displayed in the home. The policy informed people how they could raise a complaint and had timeframes for when and how the service would respond. The policy was available in a pictorial format to ensure it could be accessed by people with complex needs.

Two staff members we spoke with explained what actions they would take if people wanted to make a complaint about the service. They said the manager would take complaints seriously and people would never be discriminated against for raising a complaint.

The manager told us there had not been any formal complaints in 2012 or 2013. They said if people did raise concerns they tried to deal with them in person but if they received a formal or written complaint it would be investigated and responded to in line with the service's complaints policy.

This information showed us people who used the service would have had their comments and complaints listened to and acted on, without the fear they would be discriminated against for making a complaint.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

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