

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

ExtraCare Charitable Trust Beacon Park Village

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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
Safeguarding people who use services from abuse	✗ Action needed
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	The ExtraCare Charitable Trust
Registered Manager	Mr. Simon David Hall
Overview of the service	The service offers accommodation and a range of services and activities to meet the needs of people over 55 years of age.
Type of service	Extra Care housing services
Regulated activities	Diagnostic and screening procedures Personal care Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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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 18 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and talked with stakeholders.

What people told us and what we found

We visited Beacon Park Village on a planned unannounced inspection which meant the service did not know we were coming.

The service was decorated for Christmas and we saw people that used the service were enjoying the facilities available to them, such as the gym, cafe, restaurant and shop.

People we spoke with told us they loved living at Beacon Park and that the care they received was good.

The service had been through a period of low staffing and staff told us that it had been a busy and stressful time, but that things were getting better. Staff told us they enjoyed working at Beacon Park.

The manager had quality monitoring systems in place to continually monitor the quality of service being delivered to the people that used the service.

We had concerns over safeguarding procedures at Beacon Park. People who lacked capacity were not being supported to make decisions about their personal property.

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

What we have told the provider to do

We have asked the provider to send us a report by 08 February 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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 that used the service can express their views so far as they are able to so, and are involved in making decisions about their care, treatment and support.

Reasons for our judgement

We looked at four peoples care plans as part of our inspection process and we saw that where possible people had signed their own plan of care or had been supported by a relative to do so. We saw that people were encouraged to sign a 'consent to have medication administered form'. This meant that people who used the service were being involved in their plan of care.

Around the service we saw posters giving information of activities that were available to people such as the Christmas party and church services. We asked the manager how people with more complex needs were informed about the activities. They told us that newsletters were delivered to everyone's apartment and activity coordinators were employed specifically to support people to join in the activities allowing the care staff to continue their care duties.

We spoke with people that used the service. One person told us, "There is lots on offer but you can choose to join in or not ". Another person told us, "There are no rules and regulations here, we do what we like". People were observed moving freely around the service using the facilities available to them.

The manager told us that they don't make any decisions about the service without consultation with people that used the service. We saw evidence of this in the minutes of the residents meetings.

We spoke with volunteers who supported the service, they told us, "I have the privilege to just sit and chat with people where sometimes the care staff don't have the time". The service had several volunteers supporting care staff in non care related tasks. This gave people who used the service quality time with people and not just care related relationships.

We saw that a chef's forum was arranged on a regular basis. People who used the service met with the chef and discussed what they would like to see on the restaurant menu. The restaurant had recently been through some major improvements instigated by the people

that used the service and supported by the manager.

During our inspection we spoke with and observed staff within their care role. We saw that they treated people with dignity and respect and spoke in a positive, professional manner about the people that used the service.

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

Our judgement

The provider was meeting this standard.

People who used the service experienced effective, safe and appropriate care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

Some people who lived at Beacon Park Village received care services and some people didn't. If people requested care an assessment was completed by a senior member of staff and a care plan agreed. The assessments covered all aspects of the person's life including personal preferences and identified risks such as the need for specialist support or equipment.

We saw that the care plans were clear and comprehensive and that the person receiving the service had contributed where possible. The care plans gave staff detailed information as to what care was to be delivered within the agreed time frame. Staff told us they had enough time between calls to ensure all people's needs were met appropriately.

The service had employed a member of staff they call 'The Locksmith'. The staff member specialised in dementia and had received extra training to complete this role. The locksmith supported people with dementia in unlocking their capabilities and encouraging independence for as long as possible.

We spoke with a relative of a person who used the service. They told us they had been happy with the care their relative received. Their relative had required 24 hour care and they told us that they always received the agreed care hours.

We spoke to a district nurse who was visiting the service. They told us that staff at the service always contacted them when they identified any issues that need further investigation or support by the nurses. This meant the service was using the appropriate agencies to support people with their care needs.

Each person had a personal evacuation plan on their personal file. This plan informed staff how much support each person needed to evacuate the building in the event of a fire or other unplanned emergency. This meant the service was making plans in advance of an emergency.

We saw in one person's plan that a relative had requested that the person who used the service did not sign any documentation unless the relative was present. We discussed this with the manager who informed us that this was the preference of the person who used the service. The manager may wish to note that information within the care plans should

be clear and easy to understand as this information could have been misinterpreted and the person's choices been overlooked.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was not meeting this standard.

People who used the service were not protected from abuse, or the risk of abuse, and their human rights were not respected and upheld.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The manager showed us safeguarding referrals they had made to the local authority when they had become concerned that someone who used the service was being abused or if there had been an allegation of abuse. This meant the service was following the correct safeguarding procedures.

We spoke with several staff members who told us they would report any sign of abuse to a manager. Non of the staff we spoke with including team leaders who at times were left in charge of the service knew how to make a safeguarding referral or who to contact in the absence of management if they suspected abuse. This meant that in the absence of the manager and deputy manager a safeguarding referral would not be made.

The manager told us that they were always available for people to talk to with any concerns. They told us that weekly they sit in the area called 'the street' which is the area where the shops and café are and have a drop in morning. People who used the service could stop and talk to the manager with any concerns they might have had.

We spoke with two sets of relatives of people who used the service and they expressed concern over the level of communication between the service and themselves. They told us that their relatives who lacked capacity to make valued decisions for themselves had had items go missing from the service and although they didn't feel anything untoward had happened to the items the correct procedures had not been followed in selling or condemning items and they had not been informed. This meant that people that used the service were not being protected from financial abuse.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People who used the service were safe and their welfare needs were met by competent staff.

Reasons for our judgement

We looked at the records of staff training and saw that it was up to date and relevant to their role of care worker. It included mandatory training such as moving and handling and safeguarding, equality and diversity and mental capacity act training. Staff told us they received plenty of training and felt confident they had the appropriate skills to fulfil their role competently. On the morning of the inspection we observed an agency worker having brought in their relevant training certificate to complete their allocated duties. This meant that the service was ensuring competent staff were employed by the service.

Staff told us they had a handover period at the beginning of shift and relevant information was passed on to them about the people that used the service. At the handover staff were given their duty list for the day. Staff told us they had enough time between calls to get to people promptly. This meant people's care needs were met in a timely manner.

We saw staff had had an annual appraisal which set out individual goals and objectives for the next 12 months but the manager informed us that regular support and supervision had fallen behind schedule due to the recent staffing difficulties.

We spoke with staff who told us that it had been a stressful and busy few months due to staff shortages. They felt that the managers had done all they could to ensure sufficient staff cover by the use of agency staff. We saw that the manager was actively recruiting and was interviewing for new staff in the following days after our inspection.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

People who used the service benefitted from safe, quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

Reasons for our judgement

We saw that the service had an annual resident's survey which was used to analyse the quality of the service being delivered.

The service had a resident's association. Residents of the service met together and wrote their own minutes and passed the information onto the manager. The manager would then discuss with the residents any identified requests.

Other meetings took place for people who lived in individual areas of the service. These meetings were called 'street meetings'. In these meetings people were able to express their views about the service and were kept up to date with relevant recruitment issues.

We saw that care plans were regularly audited. We saw that in one person's plan it stated that a consent form was needed and a planned date for this to be completed. We checked in the care plan and saw that this had been completed and the appropriate form was present in the personal file. This meant that identified actions were followed through effectively.

The service had a complaints procedure and we saw that the manager was currently investigating a complaint made by a relative of people who used the service. The manager may wish to note this process needs to be undertaken in a timely manner to avoid the possibility of a similar incident happening again.

The manager informed us that they were planning on conducting face to face discussions with all people that received care at Beacon Park to ensure everyone was involved in the quality survey.

The organisation had just achieved a silver award in Investors in People. Investors in people help the service achieve continuous improvement through a standard framework. This meant that the manager was using external tools to continually monitor the quality of the service.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse
	How the regulation was not being met: The registered manager is not making suitable arrangements to ensure that service users are safeguarded against the risk of abuse by the means of theft, misuse or misappropriation of property. Regulation 11(1)(a)(3) (c)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 08 February 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

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