

*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

Lower Sandford Street, Lichfield, WS13 6JN

Tel: 01543261300

Date of Inspection: 18 September 2013

Date of Publication: October 2013

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Complaints</b>	✓	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

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### Why we carried out this inspection

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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 announced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 18 September 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

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### What people told us and what we found

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We inspected Beacon Park Village on a planned, announced inspection. We had informed the service we would be inspecting to ensure that people that used the service would be informed of our visit and be available to speak to.

We were supported throughout the inspection by the manager and head of care. We spoke with people who used the service, relatives and staff.

We looked to see if people who used the service consented to their care and treatment. We found and people told us that they had consented to their care.

We checked to see that people's care and welfare needs were being met. People who used the service told us they were happy with the care they received. One person told us; "It's like a big family here".

At our previous inspection we had concerns that people's possessions were not being safeguarded. At this inspection we found that the manager had put systems in place to ensure staff knew the correct procedure for dealing with people's personal property.

We checked that medication was stored and administered appropriately. We found the service had effective systems in place to ensure that medication was managed appropriately.

We looked to see if the service was meeting requirements in the recruitment of new staff. We found that the service followed the correct recruitment procedure.

We looked to see if the service had a complaints procedure. We found that there was a procedure and people who used the service knew how to use it.

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

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

### Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

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### Our judgement

The provider was meeting this standard.

People who used the service where they were able, gave valid consent to the examination, care, treatment and support they received.

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### Reasons for our judgement

We spoke with four people who used the service and they told us that they had consented to their care, treatment and support at Beacon Park. With people's permission we looked at their care plans with them and saw that they had signed their plan of care. We saw that the care plans were reviewed regularly and it was recorded who was present at the review. At each review we saw that the person themselves had signed their reviewed care plan. This meant that the service ensured that people knew and agreed to any changes in their care, treatment and support.

We spoke with the manager and head of care. They demonstrated knowledge of supporting people who may lack capacity to make informed decisions for themselves. They gave examples of the support that had been given to people through external agencies which had been accessed by the service. We had previously been made aware of safeguarding referrals that the service had made when a person who used the service had been found needing extra support but was refusing the care. This meant that the service supported people to make and consent to decisions that were in their best interests.

One person who used the service told us; "I am just in the process of reducing my care hours as I feel better, I just have to ask."

We saw that one person had a 'Do Not Attempt Resuscitation' form on their care plan. We saw that it had been completed by the person's GP and that a relative had been involved in the decision making process. We spoke with the relatives of this person and they told us that they were fully involved in any decisions about their relative's care.

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

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**Our judgement**

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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.

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**Reasons for our judgement**

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We spoke with four people who used the service, they all told us they were happy with the care they received at Beacon Park. One person who used the service told us; "They (staff) are golden, they check on me at night, we are friends me and the staff.

With people's permission we looked at the care plans of the people we spoke with. We saw that people's care needs were easily identified and clear for staff to follow. They were written in a personalised format. We saw that the care plans were regularly reviewed. We saw that one person had recently had a fall. We saw that their risk assessment had been changed the day of the fall to minimise the risk of the accident happening again. This meant that the care people received was appropriate to their current care needs.

One person's care plan recorded that staff should explain to the person who they were before they began any care tasks as the person had a visual impairment. We observed a member of staff and saw that they did explain who they were as they were passing the person in the corridor. We spoke with the person and they confirmed that staff always explained who they were when they approached them. This meant that the service was following the agreed care plan for the person.

People we spoke with had an emergency pendant that could be worn on the wrist. We saw that this was written in their care plan and individual risk assessments. The pendant could be pressed to summon help if they needed it. One person told us; "If I press my pendant they (staff) come quickly. This meant that the service had assessed people's needs and minimised risk of harm to the person.

We saw that people were free to join in planned activities. One person told us they were in a choir, another person told us they went to the Gym twice a week. One person told us; "We can choose to join in or not, it's up to us." The service had an activities coordinator who visited people in the apartment who needed more support, to invite and support them to attend the activities. This meant that the service ensured that all the people who used the service were given the same opportunity to attend activities.

We spoke with a nurse advisor who was employed by the service. They told us that people

who used the service would often ask them for advice prior to ringing their GP. The nurse advisor was able to take general observations such as their blood pressure. The advisor would plan further training for the care staff as people's individual needs were identified. We saw a 'palliative care' document had been drawn up and presented to the care staff by the nurse advisor. The service was currently meeting the needs of people at the end of their life and it had been identified that staff required more knowledge of how to care for people at this time. This meant that the service was responding to and meeting people's changing care needs.

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

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## **Our judgement**

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The provider was meeting this standard.

People who used the service were protected from abuse, or the risk of abuse, and their human rights were respected and upheld.

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## **Reasons for our judgement**

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At our previous inspection in December 2012 we had concerns that people's possessions were not always safeguarded from the risk of being inappropriately disposed of. The manager had sent us an action plan and we looked to see if the regulations had been met.

We saw that all staff had undertaken recent safeguarding training. The manager informed us that following the previous inspection all staff had been spoken to about how to handle requests from people who used the service to dispose of their possessions for them. Individual staff had it recorded on their file to confirm that they understood clearly what was expected of them.

We spoke with a senior member of staff who was responsible for the running of the service in the absence of the manager or head of care. They demonstrated a knowledge of the safeguarding procedure and what constituted abuse. This meant that staff knew what aspect of the safeguarding process was relevant to them.

The four people we spoke with all told us they felt safe at Beacon Park. We were aware of safeguarding referrals made by the service to the local authority when they had been concerned that someone had suffered abuse or was at risk of abuse. This meant that the service was responding appropriately and taking action to identify and prevent abuse from happening in the service.

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

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## **Our judgement**

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The provider was meeting this standard.

People who used the service had their medication at the time they needed them, and in a safe way.

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## **Reasons for our judgement**

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We looked to see if medication was handled safely, securely and appropriately. The manager told us that the services medication policy was under review. We saw the current policy was in place and available to staff.

We visited four people in their apartments. We saw that people had an individual medication risk assessment. The risk assessment determined how much support people needed to safely take their medication. We saw some people required their medication locked away and only staff had access to it. Other people had access to their own medication and were able to self-medicate.

We saw that medication that was administered by staff had a 'medication administration record' (MAR). We saw that staff had recorded when medication was administered and on the records we looked at there were no gaps in the recordings.

We saw that all staff were trained in the administration of medication and that systems were in place to continually assess staff practise. The head of care told us and we saw that every day the team leader would observe two members of staff whilst they administered medication to two people. We saw that if the team leader identified an issue with the process it would be recorded on an action plan. The head of care audited this information and it formed part of individual staff's personal development plan.

We saw that the service conducted regular medication audits and there was an action plan attached to the audits to ensure constant improvement in the management of medication.

We had previously been made aware of a medication error in the service. The service had raised a safeguarding referral with the local authority and followed the services policy in the management of medication errors. This meant that the service had acted appropriately in managing the error and in reducing the risk of the event happening again.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People who used the service had their health and welfare needs met by staff who were fit, appropriately qualified and physically and mentally fit to do their job.

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### Reasons for our judgement

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We looked to see if appropriate checks were made before recruiting new staff to the service. We looked at four staff files. We saw that staff had completed an application form, attended an interview and that there were documents on file to provide evidence of the persons address and relevant qualifications.

We found that in the four staff files we looked at that two references had been gained from each persons previous employers. We saw that new prospective staff had been asked to complete a medical declaration form to declare they were medically fit to fulfil their role.

We saw that new staff had a period of induction prior to commencing their role. The induction covered all the required mandatory training including equality and diversity, first aid, moving and handling and medication administration.

We saw that all staff had either a Criminal Records Bureau (CRB) check or the newer Disclosure and Barring Service (DBS) check. We saw that DBS checks were completed every two years to ensure that staff continued to be fit for their role.

## Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

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### Our judgement

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The provider was meeting this standard.

People who used the service were sure their comments and complaints were listened to and acted on effectively.

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### Reasons for our judgement

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We looked to see if the service had a complaints procedure. We saw that there was a procedure and that the service had received a number of complaints from people who used the service or their representatives. We saw that the manager followed the appropriate procedure in responding to the complaints in a timely manner. We saw that the outcome of the complaint was logged and any actions identified.

People who used the service told us they all knew who to complain. One person told us; "I just go to the office and knock on the door, someone in there will help me".

The service had a resident's association and street meetings. These meetings gave people who used the service opportunity to discuss any issues they may have had.

We saw that people's care plans were reviewed with the person. This meant that people were able to comment about their care regularly and make changes accordingly.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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