

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

Beacon House

90-91 East Hill, Colchester, CO1 2QN

Tel: 01206761960

Date of Inspection: 12 February 2013

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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	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Beacon House Ministries
Registered Managers	Mrs. Anne Mason Mrs. Michelle Louise Wilkinson
Overview of the service	Beacon House is a Christian Charity run service, which offers healthcare facilities to those who are homeless, in insecure accommodation, or at high risk of homelessness. Beacon House is registered to provide, diagnostic and screening procedures and treatment of disease, disorder or injury at this location.
Type of services	Acute services without overnight beds / listed acute services with or without overnight beds Community healthcare service Diagnostic and/or screening service Community based services for people who misuse substances
Regulated activities	Diagnostic and screening procedures Treatment of disease, disorder or injury

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 carried out a visit on 12 February 2013, observed how people were being cared for, talked with people who use the service and talked with staff.

What people told us and what we found

At the time of our inspection, the centre was busy. The waiting area was very small, which meant that we could not easily speak with people without their comments being overheard by others

We observed the interactions between people using the service and the staff. People using the service initiated interactions, approached staff with confidence and were responded to in a warm and respectful way. One person said "Having access to a shower and laundry facilities is essential for me."

It was clear from our observation and from discussion with people during our visit, that the management ethos was open and transparent. This meant those using the service felt confident to approach the management team about any matter that may be concerning them. One person told us they had raised a concern with the manager and this had been resolved to their satisfaction.

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.

Reasons for our judgement

Beacon house offers primary health care, shower, laundry facilities and a small café for people who are homeless, in insecure accommodation, or at high risk of homelessness. Feedback was obtained from people on a yearly basis. The feedback was collated and service developments were discussed within the service to see if they could be offered. Feedback about the service was very good and negative feedback [if received] would be treated as a significant event and be followed up and reported back through management meetings.

We noted that there was documentary evidence to confirm that people had been involved with developing their health assessment. One person told us, "The nurses here are very helpful and always discuss options and offer honest explanations if you decide against their advice; its good to know what could happen."

Health assessment records showed consent was obtained to store information electronically and to share homelessness status with other organisations to assist people to secure accommodation. People we spoke with confirmed this was discussed and they were happy for any assistance.

The service was very limited in space, particularly in the waiting room area. At busy times, the lack of space created a cramped and visibly uncomfortable area for people to wait. On the day of our inspection the service was busy at the start of the visit; however, people waiting to register were seen to be treated with respect by staff. There was plenty of information on display in the waiting areas for people using the service regarding other care services and support organisations.

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 and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual Health assessment. We looked at three patient's files to ensure that the documentation was clear and appropriate. We saw that people had their needs assessed in relation to such areas as medical history, chronic medical conditions, A&E and hospital in patient episodes, substance abuse and social history. At the end of the consultation an Identified care plan was discussed with the person this included referrals to GPs, vaccinations and mental health referrals. Records included privacy, dignity and personal hygiene record. This demonstrated that people had been provided with the necessary support. For example, to wash, change their clothes for clean clothes and clean their teeth.

Care was planned and delivered in a way that ensured people's safety and welfare. We spoke with three people. They told us they felt the staff met their care and support needs. People spoken with said the service provided supported them in their daily living activities. One person said "Having access to a shower and laundry facilities is essential for me I have been homeless for over nine years and coming here for the past six years. It is a wonderful place the people here are marvellous."

Records viewed were clear and easy to follow. The records of people who were registered with the service contained fully completed health assessments, with appropriate care plan at the end of the assessment. New people had a full assessment of health care needs and explanation of what services were available. Records were clear and contained detailed information about the consultation, advice and medical referrals available. This meant that people using the service had a clear record of all support, treatment and care received. These records were stored on paper and were being transferred to an electronic system.

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

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We were unable to obtain the views of people using the service about this outcome. However, we saw that people using the service experienced positive outcomes in terms of being protected from harm.

All staff were up-to-date with safeguarding training. There was a written safeguarding procedure for staff to follow in event of a safeguarding concern. No safeguarding referrals have been raised in the past 12 months. Staff spoken with confirmed their knowledge of safeguarding procedures.

All staff had up-to-date enhanced Criminal Records Bureau (CRB) checks in place. Voluntary staff are used but do not start work until the provider has confirmation that they have appropriate safeguarding training and CRB checks are in place.

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 are supported by suitably qualified, skilled and experienced staff.

Reasons for our judgement

Staff files showed that no member of staff commenced employment until all pre-employment checks had been made. Files included details of applications and explanations for any gaps in employment. Occupational health checks were recorded. This ensured that staff are suitably recruited and that people who use the service were supported by appropriately qualified staff.

Staff files were regularly audited in order to maintain compliance with this outcome.

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.

The provider had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others and to assess and monitor the quality of service that people receive.

Reasons for our judgement

People, who use the service, were asked for their views about their care and they were acted on. The questionnaires for 2012 were based around what help people using the service felt they wanted more of. Results identified the need for more emotional and mental health support. The manager told us that they were project leading in delivering an increase in mental health services and counselling sessions were available.

The provider had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others and to assess and monitor the quality of service that people receive. Three people who we spoke with told us they liked using the clinic and could tell the manager if anything concerned them. One person told us they had raised a concern with the manager and this had been resolved to their satisfaction. All the people said that the manager had asked if they were happy with the services provided and sought feedback from them. People using the clinic said it was an essential facility to help them through living without secure accommodation.

Staff meetings were held daily to discuss to days activities and rooms available to be staffed. It was planned to have clinical staff supervision meetings commenced this year. These meetings will be used to ensure that staff are kept informed about pertinent matters and for staff views to be passed back to senior management. Staff with whom we spoke said that they felt supported by their managers and were encouraged to provide their views.

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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