

***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: 29 January 2014

Date of Publication: February 2014

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard

Details about this location

Registered Provider	Beacon House Ministries
Registered Manager	Mrs. Michelle Louise Wilkinson
Overview of the service	Beacon House is a Christian Charity run service that provides healthcare and wellbeing facilities to people who are homeless, in insecure accommodation, or at high risk of homelessness.
Type of services	Community healthcare service Community based services for people who misuse substances
Regulated activities	Diagnostic and screening procedures 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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Cooperating with other providers	8
Management of medicines	10
Supporting workers	11
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

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 29 January 2014, observed how people were being cared for and talked with staff.

What people told us and what we found

The people who used the services at Beacon House were vulnerable and found it difficult to talk to people who were unfamiliar to them. The clinic was busy on the day of our inspection and people were either receiving practical help, involved in various support activities or attending the clinic to see the nurse. We did not have the opportunity to speak with people using the service during our inspection.

The manager told us: "We provide a sense of home and work with people to build up trust in other people." We observed interactions between staff and people using the service. We saw that people approached staff with confidence and were responded to in a warm and respectful way. We found that staff were appropriately trained and supported to carry out their role.

We saw that Beacon House offered people practical help and a wide range of wellbeing and healthcare services to meet their needs. The provider worked in co-operation with other services and organisations to provide occupational therapies, personal development and health awareness.

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

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

Our judgement

The provider was meeting this standard.

Before people received any care, treatment or support they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Before people received any care or treatment this was discussed with the nurse and agreed by the person. We saw that people were involved in their wellbeing and health needs assessments and that they had signed to indicate their understanding and consent.

We saw that when people were referred for additional healthcare services they had signed the referral forms to indicate their consent for information about them to be shared.

Assessment records showed consent had been obtained to share homelessness status with other organisations to assist people to secure accommodation.

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 support, care and treatment was planned and delivered in a way that met their individual needs.

We saw that people's immediate needs were assessed by the health and wellbeing assessor using the Outcomes star. This was an interactive tool specifically used with people who were homeless or in insecure accommodation.

We looked at some people's Outcome star assessments. These charted where the individual believed they were now in a number of areas of life such as self-care, motivation, emotional and mental health, physical health, substance use, managing money and tenancy, offending and meaningful use of time. They provided a visual 'star' picture of the person's present situation, to be compared with new 'stars' as they progressed or their needs changed. This showed us that people's needs were established when they began to use the service and all aspects of their individual circumstances were considered and reviewed, including their immediate and long term needs.

Daily records were kept of people attending the service to monitor any changes in their needs. We saw that general observations were recorded such as whether the person had eaten, any engagement undertaken and their health and wellbeing. Daily records were considered when people's 'star' assessments were reviewed.

We looked around Beacon House and saw well organised facilities that enabled people's basic and physiological needs to be met. These included showers, toiletries, hairdressing and barber service, laundry service, clothes, food parcels and a hot food and drink cafe.

Social facilities were provided such as arts, crafts and pool which helped people to build a relationship of trust with staff, volunteers and others.

There was plenty of information on display for people regarding other care services and support organisations.

Group work provided people with support to stabilise their lives, develop and/or maintain skills and coping mechanisms and build confidence. These sessions included anger

management support, stress management, budgeting workshops, communication skills, social skills, cooking opportunities, relaxation therapies, benefit and housing support, CV writing and job workshops. The manager told us that the aim of the sessions was to help people to break the cycle of homelessness, to restore those who were temporarily homeless, to prevent relapse of homelessness and to reduce the risk of becoming homeless. This showed us that people were provided with appropriate support to manage changes to their circumstances and meet long term needs.

A nurse run drop-in clinic provided essential healthcare facilities. and access to appropriate healthcare. The nurse we spoke with demonstrated a good understanding of the healthcare needs of their client group. We looked at the records for three people and these showed that people's physical and mental health needs were assessed and monitored. We saw there were systems in place that provided effective communication between the nurses and local GPs that ensured access to appropriate healthcare and, where able, continuity in people's care, treatment and support.

There were two day beds available between the hours of 10am and 2pm for people who were homeless and were ill but not sick enough to be admitted to hospital. This enabled people to rest in a safe and warm environment.

The clinic also provided flu vaccinations, needle exchange, HIV and disease screening, sexual health advice and condoms and smoking cessation for the prevention and early detection of ill health.

Nurses from Beacon House also ran an open air clinic at the homeless soup run in central Colchester to attend to minor health needs and direct people to Beacon House.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation and partnership with others.

Reasons for our judgement

People were supported to access other health and social care services they need. The provider worked in co-operation with other services, organisations and agencies to respond appropriately to people's needs and ensured appropriate care and support planning took place.

Throughout our inspection we saw many and varied working relationships, networking and linking up with other organisations. These included health services, social services, support groups, debt management and housing organisations. This enabled people to obtain appropriate support, information and advice to find long term solutions to meet their needs.

Representatives and outreach workers from various organisations attended the open access café at the centre on a regular basis. This provided a relaxed and informal environment to form trusting relationships. They were available to chat to people and provide information and direction to other support services such as help with drug and alcoholism.

Working partnerships with other organisations brought a broad range of counselling support to people at the centre. Placements of occupational therapy students from the local university enabled the service to offer additional and important therapeutic and life skill sessions such as cooking and a weekly Women's Group meeting. These meetings focused on self-esteem.

The nurses worked closely with other services to respond to health care needs and urgent or emergency situations. The nurses had good working relationships with three local GP practices and the A&E department at the hospital. Arrangements were in place that enabled direct access for people to receive medical attention following assessment by the centre's nurses. This helped to overcome the barriers for people to access appropriate healthcare. We saw that information in relation to the outcome of the consultation and any required follow up was sent back to the nurses to facilitate continuity of care. We saw that information about people was shared in a confidential manner to other services to enable

the healthcare, treatment and support needs of people to be met.

The manager told us that the service had a good working relationship with the local police. The police brought people who needed help and support to the centre. This reduced arrests for places of safety.

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 safely.

Reasons for our judgement

During this inspection we looked at the arrangements in place for the management of medicines.

At the time of our inspection the service held a limited stock of medication. There were arrangements in place to ensure medicines were managed appropriately and safely.

Medication stock comprised of over the counter medication which did not require a prescription, such as cough linctus and paracetamol. The nurses administered over the counter medications to people who presented with coughs and colds. We saw these were stored securely and safely in a locked cabinet.

Throughout the last month people were offered the opportunity for a free flu vaccine to protect them from flu viruses during the winter months. We saw that the clinic had a Patient Group Direction (PGD) in place for flu vaccinations. A PGD is a written instruction that allowed the registered nurses to supply and/or administer the flu vaccinations directly to a person who fall into certain criteria without the need for a prescription or an instruction from a prescriber. The nurses assessed each person prior to administering the flu vaccine to ensure they fit the criteria set out in the PGD and to ensure they did not have any health associated risks that could cause an adverse reaction.

Flu vaccines were stored in a refrigerator as recommended by the manufacturer. We saw records that showed the temperature of the fridge was checked on a daily basis to ensure it remained within the recommended and safe range for storing medicines in a fridge. This ensured the correct temperature was maintained and the quality of the flu vaccines was not affected by the storage temperatures.

Adrenaline was stored safely for foreseeable emergency in the event of anaphylactic shock following the administration of a flu vaccine. We saw this was in date and fit for purpose.

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 were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

Reasons for our judgement

Staff received appropriate professional development and support to enable them to carry out their role effectively and safely.

The staff training plan illustrated that training for staff was monitored effectively, up to date and well managed. Staff had received training in core subject areas required to carry out their role safely such as food hygiene, safeguarding vulnerable adults and children, infection control and managing conflict and aggression.

A training schedule showed us that training in specific areas such as understanding mental health and Mental Health Act, leadership training and setting professional boundaries was on-going for all staff and volunteers. This helped to equip staff in understanding and managing the needs of people using the service appropriately.

The manager showed us evidence that the service had recently secured nationally accredited distance learning courses for work based learning in the voluntary community sector. This will help to ensure staff have the skills and are competent in their role.

We saw that the provider had a robust induction system in place for new staff members and volunteers.

Supervisory arrangements individually and as a group were in place for all staff involved in delivering care and support. Daily meetings took place each morning before the centre opened. This included an element of prayer and how that applied to what the staff were doing in their daily work and reminded staff of the principles of why they were there. The manager told us that the occupational therapy students found this very supportive.

Following the meeting the manager met with groups of two – three staff. This provided staff with the opportunity to discuss any issues in their day to day practice and provide them with appropriate support.

We saw records of minutes of staff meetings. They showed that staff were provided with information about the service. This included the provider's policies and working guidance and information from other agencies and organisations.

The manager, new in post, discussed with us future plans for supporting staff in their role and professional development these included three planned development days to include looking after yourself whilst looking after others, goal setting and realisation.

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.

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@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.
