

Thurlestone Court Limited

Beacon House

Inspection report

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Date of inspection visit:
22 May 2019

Date of publication:
01 July 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Beacon House is a residential care home that provides accommodation and personal care for up to 34 older people some of whom may be living with dementia or have a physical frailty. At the time of our inspection, 25 people were living at the home.

People's experience of using this service: People consistently told us they were happy and felt safe living at Beacon House. Relatives had confidence in the service and told us the home was well managed. One person said, "I'm very happy here and I feel looked after."

People were treated with kindness and compassion and supported to express their views and make decisions about their care. People and their relatives felt comfortable raising complaints and were confident these would be listened to and acted on.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

Risks had been appropriately assessed and staff had been provided with information on how to support people safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems supported this practice.

People received personalised care from staff who knew them well and understood how to meet their needs. Care plans contained information about individual preferences and what was important to people such as interests and activities.

People's medicines were managed, stored and administered safely and appropriately by staff who had been trained and assessed as competent to do so.

People's privacy and dignity was respected, their independence promoted, had access to healthcare professionals when required and were supported to maintain a balanced healthy diet.

People were supported by staff who had completed a range of training to meet their needs. Staff told us they felt well supported by the home's management team.

The registered manager continued to carry out a regular programme of audits to assess the safety and quality of the service. The home was clean, well maintained and people were protected from the risk and/or spread of infection as staff had access to personal protective equipment (PPE).

Rating at last inspection: The home was previously rated as 'Good.' The report was published on the 30 November 2016.

Why we inspected: This inspection was scheduled based on the previous rating.

Follow up: We will continue to monitor the home through the information we receive until we return to visit as per our re-inspection programme.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Beacon House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience involved in this inspection had experience of caring for older adults and people living with a dementia.

Service and service type:

Beacon House is a residential care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced and took place on the 22 May 2019.

What we did:

Before the inspection we reviewed the information, we held about the home, including notifications we had received. Notifications are changes, events or incidents the provider is legally required to tell us about within required timescales. We also asked the provider to complete a Provider Information Return (PIR). The PIR is information we require providers to send us at least once annually to give us some key information about the home, what the home does well and improvements they plan to make. We used this information to plan the inspection.

We spoke with nine people living at the home, seven relatives, five members of staff, and the registered manager. We asked the local authority who commissions care services from the home for their views on the care and support provided.

To help us assess and understand how people's care needs were being met we reviewed six people's care records. We also reviewed records relating to the running of the home. These included staff recruitment and training records, medicine records and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People continued to be protected against the risk of abuse.
- People told us they felt safe living at Beacon House. One person said, "I feel safe at night, which is good. There are always two staff on duty and I feel safe knowing they are here, and that I can call them".
- Policies in relation to safeguarding and whistleblowing were in place and staff had received training based upon these.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform and what action to take if they suspected someone was being abused, mistreated or neglected.
- The registered manager was aware of their responsibility to liaise with the local authority about safeguarding issues. Where concerns had been raised we saw these had been managed well.

Assessing risk, safety monitoring and management:

- People were protected from risks associated with their care needs. Risks had been identified for instance, in relation to people's mobility, skin care and nutrition, and action had been taken to minimise these.
- Detailed plans were created to ensure staff had the information they needed to provide care for people in ways which minimised risks to them. Specialist advice from healthcare professionals was sought where necessary and acted upon. For example, where people were at risk of falls, staff had involved the falls team in the planning of their care and had created detailed risk assessments to keep people safe.
- The premises and equipment were well maintained, and regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. For example, water temperature testing, portable appliance testing and window restriction.
- Fire safety systems were serviced and audited regularly, and staff received training in fire awareness. Individual personal emergency evacuation plans (PEEPs) indicated any risks as well as any support people needed to evacuate them safely.

Staffing and recruitment:

- People continued to be protected by safe recruitment processes.
- Systems were in place to ensure staff were suitable to be supporting people who might potentially be vulnerable by their circumstances.
- People told us there were enough staff to meet their needs, and call bells were answered promptly. One person said, "I never have to wait for assistance".
- Most relatives and staff felt there were enough staff on duty to meet people's needs and keep them safe. However, one relative felt at times there were not enough staff to meet people's needs in a timely manner. We fed this back to the registered manager who assured us that people's needs were regularly assessed and staffing numbers were adjusted accordingly.

- Using medicines safely:
- People continued to receive their medicines safely.
- Medicines were managed safely and stored securely at the correct temperatures.
- There were systems in place to audit medication practices and clear records were kept showing when medicines had been administered or refused.
- Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow. This helped to ensure those medicines were administered in a consistent way.
- Staff had received training in the safe administration of medicines and were having their competency regularly assessed.

Preventing and controlling infection:

- People continued to be protected against the risk of infection.
- Beacon House was clean, tidy and fresh smelling.
- Systems were in place to prevent and control the risk of infection. Staff confirmed they had attended training in infection control and were observed wearing appropriate personal protective equipment (PPE). This reduce the risk of cross contamination and the spread of infection.

Learning lessons when things go wrong:

- Accidents and incidents were recorded, and records showed appropriate action had been taken in response.
- All accident and incident reports were reviewed by the registered manager to determine if there were any lessons to be learnt and shared with staff to prevent re-occurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Healthcare support:

- People's needs were assessed before they moved into Beacon House, this helped to ensure they received the right care and support. Information within people's care records showed people and their relatives had been involved in the initial assessment process and were consulted when people's needs changed.
- People told us they had regular contact with a range of health professionals to monitor and manage their wellbeing. We saw evidence within people's care records of how the service worked with district nurses, dentists, GP's and opticians to meet people's health needs.
- Good communication between care staff meant people's needs were well known and understood within the team.

Supporting people to eat and drink enough to maintain a balanced diet:

- People continued to be supported to maintain a balanced, healthy diet and made choices about the kind of foods they enjoyed. One person said, "I love the food and there is choice, like yesterday I didn't want the main meal. I had a baked potato, beans and ham. They know what I like and don't like." A relative said, "I don't generally come during meal times, but my wife always tells me she enjoys the food; I don't have any concerns."
- People's care records highlighted where risks with eating and drinking had been identified. For instance, where people needed a soft or pureed diet, this was provided in line with their assessed need.
- Where people were at risk of poor nutrition and hydration, plans were in place to monitor their needs closely, and professionals were involved where required to support people and staff.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- Some of the people living at Beacon House did not have capacity to make their own decisions. We found people's consent to receive care and support was gained by staff with each interaction. Where people did not have capacity to make decisions, they were supported to have maximum choice and control over their lives. Staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where restrictions had been placed on people's liberty to keep them safe, the registered manager worked with the local authority to seek authorisation to ensure this was lawful and that any conditions were being met. Records showed the registered manager had submitted 13 applications to the local authority and had received one authorisation.

Staff support: induction, training, skills and experience:

- People were supported by staff who had completed a range of training to meet their needs. The homes training matrix showed staff had received training in a variety of subjects. For example, equality and diversity, safeguarding adults, medication administration, basic life support, health and safety and infection control. Specialist training was also provided for people's specific care needs. For example, pressure ulcer prevention, and end of life care.
- New staff were provided with an induction and supported to undertake the Care Certificate.
- Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Staff told us they felt supported in their role and could approach the registered or deputy manager for advice, guidance and support. One staff member said, "I couldn't feel more supported [deputy and registered managers names] are both great".

Adapting service, design, decoration to meet people's needs:

- Beacon House is a detached property situated in a quiet residential area of Dartmouth. The home was warm, clean throughout and well maintained. People's rooms were personalised and contained pictures and possessions that were important to them.
- There were two communal lounges, sunroom and a large dining room, which were used for a range of activities and as a space to meet with friends and family.
- There was signage throughout the home to assist people who were living with dementia to orientate themselves. However, we noted that flooring within the main lounge was uneven in places. We discussed this with the registered manager who was aware of the slight slope and accepted this could pose a risk. However, there was no evidence this had impacted on people's safety. For example, increased falls.
- Technology and equipment were used effectively to meet people's care and support needs. For example, some rooms were fitted with motion sensors to alert staff when people needed support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity:

- People told us they were happy living at Beacon House and were supported by staff who were kind and caring. One person said, "I'm very happy here and I feel looked after." Another said, "It's lovely here, you couldn't ask for better. If I ask for anything, staff will get or organise it, their lovely". A relative said, "Although I don't have experience of other homes. I'm really happy with the care 'mum' receives." Another said, "I think people are well looked after, and the atmosphere is always warm and welcoming".
- Care plans contained information about people's past, cultural and religious beliefs as well as their hobbies and interests. Staff used this information to get to know them and build positive relationships. For example, staff recognised when one person was becoming anxious and upset. They spent time reassuring and comforting this person, reminding them that their relatives were coming to see them later. This helped the person to relax and we saw them smiling.
- Staff had received equality and diversity training and understood how to deliver care in a non-discriminatory way, ensuring the rights of people with a protected characteristic were respected.

Supporting people to express their views and be involved in making decisions about their care:

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support provided.
- People were encouraged to make decisions about day to day matters such as food, clothing and routines. Staff offered people opportunities to spend time where and how they wished.
- People, and their relatives, were given the opportunity to provide feedback about the service through regular reviews. One relative said, "The managers door is always open. I can just pop in whenever I need to, and if anything happens they let us know".

Respecting and promoting people's privacy, dignity and independence:

- People living at the home told us staff respected their privacy and dignity. We saw staff knocked, and sought permission, before entering people's bedrooms. One person said, "They [meaning staff] always announced their presence; they never just walk in".
- Care plans contained clear information about what each person could do for themselves. Staff described how they encouraged people to be as independent as possible. One person said, "The staff give me time, they never rush, we take things at my pace." A staff member said, "Our job is not to deskill people we are here to support them; that could mean helping with different things on different days".
- People were supported to maintain relationships with those close to them.
- People's personal records were kept secured and confidential. Staff understood the need to respect people's privacy including information held about them. For example, conversations of a private nature and/or about people were held in private and staff were careful not to be overheard.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People continued to receive care and support in a way that was flexible and responsive to their needs. Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Staff were skilled in delivering care and support and relatives told us that staff had a good understanding of people's individual needs. One person said, "They [meaning staff] all know me, they know what I like and don't like". A relative said, "Mum has lived here for over three years and all the staff know her very well".

- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The home was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard (AIS). This is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

- People, relatives and external professionals where appropriate, were involved in reviews and could express their views about the care and support provided.

- People continued to be supported to take part in a range of activities to provide them with stimulation, entertainment, socialisation and ensure they were part of the wider community. The home had a programme of activities including, exercise classes, music entertainers, games, quizzes, art classes and crafts. Throughout the inspection we saw people engaging in various activities from reminiscing to playing board games. One person said, "I like the music sessions, I love a sing song". A relative commented that their relation had always looked forward to the bus trips but thought they had stopped. We raised this with the registered manager who told us the mini bus had needed some repairs but was hoping to start the trips again soon.

- The registered manager and staff were committed to ensuring people were part of the local community and had access to people of different ages and interests. The staff had built working partnerships with the local primary school and, was in the process of developing links with a local community group called 'Dartmouth Caring'. They hoped this would enable people to build friendships and maintain contact with the community of Dartmouth. For example, through coffee mornings, lunch clubs, the memory café and various fund-raising events.

End of life care and support:

- People were supported to make decisions about their preferences for end of life care. Where discussions had taken place with people regarding their end of life wishes, these were recorded.

- Care plans recorded if a person had a 'do not resuscitate' document in place. These were kept in the files, so they were accessible to emergency services. This was the person's choice having been discussed with them and those close to them.

- Staff had received training in end of life care and understood the importance of respecting people's wishes, religious beliefs and preferences at this time.

Improving care quality in response to complaints or concerns:

- People and their relatives were aware of how to make a complaint and felt comfortable raising concerns if something was not right. One person said, "I've got no complaints, and I've not heard any". A relative said when asked, "I really don't have any issues or concerns, I'm confident [registered manager's name] would listen, and take action if needed. I trust them."

- The provider's complaints procedure was freely available, and the home maintained a record of any complaints received. We could see that all complaints and concerns were responded to fully. Learning was applied to how people were care for in the future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Beacon House was well led. The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the day-to-day running of the home. One person said, "The home is very well run".
- Quality assurance processes, such as audits, were in place which helped to ensure the registered manager had the information they needed to monitor the safety and quality of the care provided.
- The registered manager kept up to date with best practice by attending local forums with other care professionals. These forums allowed for information sharing, professional updates and discussion around how to implement best practice guidance.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Staff understood what was expected of them and were motivated to provide and maintain high standards of personalised care which treated people with dignity and respect.
- The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. This was important because it meant we were kept informed and we could check whether the appropriate action had been taken in response to these events.
- Learning took place from accidents and incidents, concerns and complaints were listened to and acted upon to help improve the services provided by the home.
- The provider displayed their CQC rating at the service and on their website.

Engaging and involving people using the service, the public and staff: Working in partnership with others:

- People and their relatives continued to be involved in discussions about their care. One relative said, "I have always found the communication to be good, they always involve mum, and ask her what she thinks." The registered manager explained the provider was currently looking at new ways to increase people's involvement in the running of the service and gain their feedback.
- Regular staff meetings took place to ensure information was shared and expected standards were clear. Staff told us they felt listened to, were supported and had input into the running of the home.
- People were encouraged and supported to be involved in the local community where possible.
- The registered manager and staff had good working relationships with partner agencies. This included working with commissioners, safeguarding teams and other health and social care professionals.