Annual Inspection Report 2022-2023

Beaconsfield Adult Care Home

Adult Care Home

1 & 2 February 2023

Isle of Man Government

DHSC

SECTION A Overall Summary

We carried out this announced inspection on 1 and 2 February 2023. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type
Beaconsfield Adult Care Home is a care home based in Ramsey. People in care homes receive support and accommodation as a single package under a contractual agreement. At the time of the inspection there were forty-four people using the service.

People's experience of using this service and what we found
To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

There were systems and processes in place to protect people from abuse and harm. Staff understood their responsibilities to raise concerns and report them internally and externally. The premises were kept clean and hygienic to protect both staff and people from infection.

People had their physical, mental health and social needs holistically assessed to ensure services were person-centred and met all of their needs. Staff worked together to ensure that people received consistent, timely care and support.

Staff treated people with kindness, respect and compassion in their day-to-day care and support. Staff respected people's privacy and dignity, including during physical and intimate care, and supported people to be as independent as possible.

People were encouraged and supported to take part in activities that were socially relevant and appropriate to them. Staff supported people to maintain relationships with people that matter to them. People using the service knew how to make a complaint or raise a concern.

The service had a clear set of values and a vision promoting care with privacy, dignity, rights, independence, choice and fulfilment. The provider had quality assurance processes in place to support and evaluate learning and improve future performance.

At this inspection, we found most improvements had been made in response to the previous inspection.

SECTION B The Inspection

About the service
Beaconsfield Adult Care Home is registered as an adult care home.

Registered manager status
The service has a registered manager. This means that 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
This announced inspection was part of our annual inspection programme, which took place between April 2022 and March 2023.

Inspection activity started on 30 January 2023. We visited the service on 1 and 2 February 2023.

What we did before the inspection
We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information containing key information about their service, what they do well and improvements they plan to make. We reviewed health and safety information provided by the manager. We used all this information to plan our inspection.

During the inspection
We spoke to four people who used the service about their experience of the care provided. We also observed interactions between staff and people living at Beaconsfield Adult Care Home.

We spoke with five members of staff, plus the registered manager and the chef. We spoke to three relatives of people living at the home.

We reviewed a range of records, including people's care records, staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures. The pharmacy advisor also carried out an audit of medication management within the home.

After the inspection
We received feedback from one member of staff by e-mail, to seek further views about the service and their experience of the care provided.

SECTION C Inspection Findings

C1 Is the service safe?

Our findings:
Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires thirteen improvements in this area.

We found this service was not safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong
Systems were in place to safeguard people from abuse and harm. Training records submitted to us showed that a significant number of staff had not attended adult safeguarding training.

The provider had policies and procedures regarding whistleblowing and safeguarding.

The manager had systems in place to monitor all accidents, incidents and safeguarding concerns. The service had notified the relevant authorities of all notifiable events within the specified timeframe.

Staff knew the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse.

Assessing risk, safety monitoring and management
The provider had completed a variety of health and safety checks throughout the home, and the Towers, including electrical safety and portable appliance testing (PAT) and fire safety measures. There had only been one fire drill completed during the previous twelve months.

An external company carried out annual tests for Legionella bacteria and staff completed water temperature checks on a regular basis.

The Personal Emergency Evacuation Procedures (PEEP's) for each person was completed; however, this record was stored within their electronic file. We recommend that a copy of the PEEP's is stored near to where people are located, to support staff with their safe transfer in an emergency.

The provider had not produced an environmental risk assessment, covering all areas of the buildings and grounds, to ensure the health and safety of all residents, staff and visitors. An inspection of the Towers raised concerns regarding the steep gradient to one of the ramps on the ground floor.

The manager confirmed there were appropriate security checks conducted at night to ensure the building was safe and secure; however, there was no documentation to support the staff with this routine. We recommend that there is a written procedure for ensuring the building is safe and secure at night, for the benefit of all staff members and the safety of the residents.

Staffing and recruitment
The provider had recruited staff safely. The provider completed appropriate checks prior to any staff member commencing employment; however, staff files contained photocopies of documents confirming their identity, such as their passport and driving licence. Records for one

member of staff from overseas did not evidence receipt of their work permit or a confirmation letter from the Isle of Man Cabinet Office.

Staffing rotas showed that, typically, two registered nurses covered the home and the Towers, day and night. A nurse was also available from 9am to 5pm, Monday to Friday. A minimum of four health care assistants were based in each area of the building, and three health care assistants were based in the Towers.

A number of residents, and family members of residents, told us they felt there were enough staff available to meet the needs of the people residing at the home.

Rotas showed that one member of night-staff had completed a 12-hour shift, and then covered a day shift, with less than six hours rest in between. We recommend that staff be given an appropriate amount of time to rest before being recalled to duties. The rotas identified two members of staff with an incorrect name. One member of staff, who had signed into the building, did not appear on the rota for that same period.

During the inspection, the manager could not access all of the requested information, due to the administrator not being present. We recommend that the manager has access to all staffing information and this is available for inspection.

Using medicines safely
The pharmacy advisor carried out an audit of medication management within the home.
A medication policy and procedures was available, reviewed in July 2022, however, the policy required updating to include written processes, covering a number of areas.

Pre-admission assessments, completed by the manager prior to a person moving into the home, had identified their health needs and their medication regime. Information from the assessments was used to develop a medication care plan, informing the staff of their responsibilities in supporting the person with their medication, as necessary. Medication storage was secure and Medicines Administration Records (MARs) charts, and other associated medicines administration records were legible and kept in an orderly fashion.

Records indicated when people were due a medication review. The home then informed the local G.P. surgery of up-coming reviews.

Training records did not identify all staff who administer medication. The dates on training certificates, for a number of staff, did not correspond to the dates identified in the training matrix. We recommend that training records are kept up-to-date. Only two members of staff had their competency assessed in medication administration in the previous twelve months.

Feedback from residents determined that they had received their medication on time and there had been no mistakes or errors with their medication regime.

Preventing and controlling infection
The provider had an infection, prevention and control policy and procedure, reviewed in May 2022.

Staff identified in the training matrix had completed training in infection control; however, the training matrix did not list all staff who worked at the home. There were Personal Protective Equipment (PPE) stations throughout the home and we observed staff using PPE appropriate to the tasks they were performing.

The home was generally clean and tidy; however, in the second-floor kitchen, dirt was in-grained under the dishwasher sideboard and required sweeping. The paintwork to the dado-rail was also chipped.

We observed the housekeeping staff undertaking their duties, following a cleaning schedule, which identifying the cleaning tasks and timeframes for each area of the building. There was a daily cleaning checklist for the main kitchen and a 'weekly task' schedule.

The temperatures of the fridges and freezers were taken and recorded on a daily basis. There was no temperature records for the fridge on the first floor. At the time of the inspection, the fridge on the ground floor had a temperature of 15°C, which was above the temperature for storing food safely. Some food stored within the fridges did not have labels, identifying when the food had been opened and when it needed to be used by.

People had their own slings stored in their room; however, some of them did not have the room number marked on the sling. This could be a potential breach in infection prevention and control.

Learning lessons when things go wrong
The manager had completed audits of accidents, incidents and safeguarding concerns. There was evidence that the manager had used information from these incidents, to establish areas of learning and to prevent or reduce the possibility of re-occurrence.

The manager had responded to external safety alerts from the Care Home Assessment and Rapid Response Team (CHARRT) and the Infection Control Team regarding COVID and the prevention of an outbreak of infectious diseases.

Action we require the provider to take

Key areas for improvement

- Action is required to ensure that appropriate staff have received safeguarding, medication training and infection prevention and control.
- Action is necessary to ensure there are as minimum of two fire drills annually.
- Action is needed to develop an environmental risk assessment for the home.
- Action is required for the provider to determine if the gradient of all the ramps within the Towers is safe and appropriate, to ensure the safety of people with mobility difficulties.
- Action is required to remove all copies of passports, visas and driving licences from staff files.
- Action is necessary to ensure the provider has confirmation of the legal status of staff employed from overseas requiring a visa or work permit, and records are available for inspection.
- Action is needed to ensure rotas are accurate and reflective of actual persons and hours worked on each day.
- Action is necessary for the medication policy to include written processes for ordering and receiving medication, storage and disposal of medication, administration of medication, recording administration of medication, safe handling of controlled drugs, homely remedies, self-administration, safe and effective management of oxygen, sharing of information in relation to patient's medication, care home staff training, and medication errors.
- Action is required to ensure that competency assessments in administering medication are carried out annually for health care assistants and every two years for nurses.

- Action is necessary to ensure the kitchen on the second floor is cleaned thoroughly and chipped paint is remedied.
- Action is needed to ensure that the temperature for all fridges is below 8°C and records are available for inspection.
- Action is necessary to ensure that labels are placed on all opened food, stored in fridges, identifying the date it was opened and the use by date.
- Action is required to identify people's personal slings by marking them with their room number.

Inspection Findings

C2 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. The service requires four improvements in this area.

We found this service not to be effective in accordance with the inspection framework.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
We inspected a number of resident's files. The manager had completed pre-admission assessments of people's needs prior to them moving into the home. Information from the assessments then formed the basis of their care plans. The manager completed risk assessments to identify any additional needs and information was included in the care plans to remove or reduce the potential risk of harm to the resident. The pre-admission assessment for one person with a cognitive impairment, identified that they can 'become distressed and withdrawn'. There was no care plan or risk assessment with information for staff on how to meet the individual needs of this person.

The pre-admission assessments included information on continuity of care from other health professionals.

There was evidence within the pre-admission assessments that people, and their family members, were involved with their admission; however, there was no evidence that the person moving into the home, and/or their family, had agreed to the care plans, risk assessments or the level of care being provided.

Staff support; induction, training, skills and experience
Due to a potential conflict of interest, one nurse was receiving peer-supervision from a bank-nurse, covering hours within the home. We recommend that the provider make other arrangements for the full-time nurse to receive supervision from a manager within the company.

Records submitted, showed that one bank nurse and a number of health care assistants had worked sixty hours each week for a number of months, and up to seventy-two in one week for two staff members. We recommend that the provider consider the recommendations of the Royal College of Nursing in addressing working time and breaks.

Induction records were complete and signed off by a senior member of staff. One member of staff told us, "During my induction, I felt well supervised and supported and had completed all of my training".

Only a limited number of staff had received training in mandatory subjects. Other courses were available to staff, specifically to meet the individual needs of the residents.

Supporting people to eat and drink enough to maintain a balanced diet
People had their nutritional needs assessed. Care plans and several nutritional assessments informed the staff of the level of support the person needed, and if monitoring their nutritional intake was necessary.

A weekly menu was available, which showed alternatives to the main menu, offering residents a wide choice of alternative meals; however, the menus were not on display on the first and second floors on the day of the inspection. We recommend that menus are available and clearly displayed, to inform and remind people of their options.

The kitchen staff confirmed that they would cater to individual requests, on a daily basis.

People were asked about their choices in food preferences. The chef met the residents on a regular basis, to seek their feedback on the meals they received. The chef also reported to attending residents' meetings.

Residents were very complimentary about the food provided by the home. One resident told us, "The food here is home-made and the portions are very generous". Residents also told us they had a choice to have their breakfast in their room or the dining room, if they so wished. We observed a number of mealtimes, which were relaxed and informal.

Kitchen staff knew all of the resident's food likes and preferences, allergies and specific dietary requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
The pre-admission assessments had identified people's health needs and their care plans provided guidance for staff in meeting those needs.

If a resident was discharge from Hospital, the home sometimes received information, which included a review of their health and any other professionals involved in their continued care, following admission to the home.

Care plans and daily notes showed that the home had contacted other medical and health care professionals with any concerns regarding the residents. Staff also supported visits from health professionals to the home and followed any prescribed treatment plan, as necessary. People had regular contact with opticians, podiatry services and audiology.

People's needs met by the adaptation, design and decoration of the premises
The design and adaptations to the building met people's needs. During the inspection, resident's rooms were seen. People were able to personalise their rooms with photographs and personal items. Rooms were big enough to allow for the use of hoists or other lifting equipment, to support the individual needs of the residents.

The home had a passenger lift, allowing access to all residential areas of the main building. The Towers also had a chair lift, for the benefit of people with difficulties using the stairs.

Ensuring consent to care and treat in line with law and guidance
People who could not make informed decisions for themselves, due to a cognitive impairment, did not have capacity assessments and best-interest decision meetings, identifying what care and support they required, in their best interests.

Upon admission to the home, the manager, in conjunction with the family members and others most significant to the person, made decisions in the person's best interests; however, there was no formal record of these meetings, identifying the person's lack of mental capacity, who had been present and what decisions had been made in the person's best interests.

A person's pre-admission assessment identified if they presented with challenging behaviours. The manager then developed care plans, as necessary. Staff receive training in working with people presenting with challenging behaviours.

Action we require the provider to take

Key areas for improvement

- Action is required to ensure all residents have care plans to inform staff on how to meet their individual needs.
- Action is needed to ensure that resident's and/or their family, sign care plans and risk assessments, to demonstrate that they have been read and agreed.
- Action is necessary to ensure that all staff have received all mandatory training.
- Action is required to ensure that resident's that do not have capacity, due to a cognitive impairment, have a capacity assessment demonstrating this, and records of best interests decision meetings, show that their care package is in their best interests.

Inspection Findings

C3 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. The service requires three improvements in this area.

We found this service to be to be caring in accordance with the inspection framework.

Ensuring people are well treated and supported; respecting equality and diversity
Staff knew people and their individual needs well and clearly explained how they supported people to meet those needs. We observed warm and friendly interactions between people and members of staff throughout the inspection.

During feedback, people spoke positively about the care they received. Comments we received included, "The staff are very good and very respectful", and "I feel supported and safe, living here".

The family member of a resident said, "The care could not be any better. The home is always clean and warm and the food is alright".

One member of staff told us, "I believe we're delivering a high standard of care towards the residents. The residents are always complimentary, happy and satisfied with the way they are treated".

The initial assessments had identified a person's religious and cultural needs and the manager had developed appropriate care plans to support the planning of social events and activities, as necessary.

Supporting people to express their views and be involved in making decisions about their care
People and their relatives were involved in decisions about their care during the admission process. Following the completion of the pre-admission assessments, there was no clear indication that the provider consulted with the person, or their family, in developing the person's care plans.

People residing at the home had not undergone a new assessment of needs or a review of their care and support at least every six months. The care plans we inspected showed this and feedback we received from people living at the home, and family members, also supported that they had not attending formal review meetings.

A family member of a resident told us, "I haven't been involved in the reviewing of [my relative's] care plans, but I'm happy to leave it in their hands. They are the experts". The family member of another resident said, "We looked at the care plans right at the beginning, but not since".

Records of residents' meetings were unavailable for inspection. The manager reported that the activity coordinator arranged residents' meetings; however, did not have access to the minutes to the meetings in the absence of the activity coordinator. We recommend that the manager has access to all records and these are available for inspection at all times.

Respecting and promoting people's privacy, dignity and independence
Care plans identified the level of support for each person, allowing for as much independence and autonomy for the person, as possible. Staff encouraged people to remain as independent as possible. Comments we received from people included, "The staff always encourage me to be independent", and "At first, I wasn't allowed to go outside on my own, but later this was agreed".

One staff member told us, "We assist the resident's, or supervise them according to their care plan and prompt them to be independent according to their needs".

People's privacy and dignity was also respected. People confirmed that staff always knock on the door before entering their room and called them by their first name.

The provider had not informed people of how their information was being stored and handled, in accordance with the Data Protection Act 2018 and the General Data Protection Regulation (GDPR).

Staff were informed about the need for confidentiality on their application form, during their induction programme and when they complete 'data protection and confidentiality' training.

Care records were stored electronically. Only staff had access to the records, which required a user name and password. The home had full records of two people who did not reside at the home, but were receiving a service from Adorn Domiciliary Care Agency. The records were stored electronically and accessible to all members of staff.

Action we require the provider to take

Key areas for improvement

- Action is needed by the manager to ensure that all residents personal care plans are reviewed when a change of need occurs, or at least every six months, at which time a new assessment of needs forms part of the review process. Records should demonstrate that the resident and/or their representative is always invited to attend and contribute to the review.
- Action is necessary to ensure that people are made aware of how information about them is handled.
- Action is necessary to remove the records of two people not residing at the home.

Inspection Findings

C4 Is the service responsive?

Our findings:
Responsive – this means we looked for evidence that the service met people's needs. The service does not require any improvements in this area.

We found this service to be responsive in accordance with the inspection framework.

Planning personalised care to ensure people have choice and control to meet their needs and preferences
People received individualized support that met their needs. Person-centred plans identified people's support needs and provided guidance for staff on how to meet those needs.

The initial assessments identified people's preferences in the food they liked, their preferred daily routines, activities and pastimes. Care plans informed staff on how to support the person with daily life, social activities and their hobbies and interests.

Staff supported people to keep in touch with their family and friends. Feedback from friends and relatives of residents confirmed that they always felt welcome and the home had provided food and drinks to support the residents in celebrating special events.

The home had an activities coordinator, responsible for arranging daily activities specific to people's interests. The activity coordinator stored information regarding peoples' preferred activities and updated this on a regular basis. An activities timetable was not on display on the day of the inspection.

Meeting people's communication needs
The pre-admission assessments had identified the person's communication needs and choices, which led to the manager developing person-centred care plans in communication, ensuring that people get information in a way they can understand.

The manager confirmed that information about Beaconsfield Adult Care Home was available in different formats, upon request. People with a visual impairment have had access and support from Sight Matters.

Improving care quality in response to complaints and concerns
The provider had a complaints policy and copies of the complaints procedure were on display on notice boards throughout the home. The provider had not received any complaints since the last inspection. The manager and staff dealt with most concerns informally, directly between people, their families and the support staff.

The home's statement of purpose contained information on how to make a complaint, ensuring people had the relevant information to hand and knew what to expect from the complaints process.

Residents, and family members of residents we spoke to, said they knew how to make a complaint and would raise any concerns or complaints with the manager directly. They felt confident that the manager would listen to them and take their concerns seriously.

End of life care and support
The manager had established people's personal wishes towards death, dying and their end of life wishes when completing the pre-admission assessments.

'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place for people choosing not to be resuscitated.

Inspection Findings

C5 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 requires one improvement in this area.

We found this service to be well led, in accordance with the inspection framework.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
People living at Beaconsfield Adult Care Home told us they felt safe, listened to and received person-centred care.

Staff felt supported and able to speak with the manager whenever they needed to. One member of staff told us, "The manager is always available day and night to support and advise".

The provider had a number of core values, published in their statement of purpose, promoting care with privacy, dignity, rights, independence, choice and fulfilment. The manager reported that supervisions and annual appraisals were used to underpin these principles with each member of staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
The manager was a qualified nurse and working towards attaining the Qualification and Credit Framework (QCF) level 5 in Leadership for Health and Social Care. The manager also had a job description identifying their role and responsibilities and reported that they had received one-to-one supervision from the responsible person.

Staff supervisions and annual appraisals were not up-to-date. Each member of staff had not received a minimum of four 1-to-1 supervisions per annum from a line manager. There was no evidence to support that all staff had received an annual appraisal of their performance.

Bank nurses and bank care assistants did not receive supervision. We recommend that all staff, working a significant number of hours at the home, receive regular supervision.

The provider had in place a system for monitoring and reviewing the quality of care provided by seeking feedback from residents and their families, and staff members, on an annual basis. The manager completed an annual report on the quality of the service and the provider visited the home periodically and produced a report.

The manager had submitted notifications of significant events to the Registration and Inspection team, in line with regulatory requirements.

Appropriate insurance cover was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
The manager provided new residents, and their family, with information about the service at the time the person moved into the home. This information was in the statement of purpose.

The provider had given out quality assurance questionnaires to service users, their families and staff on an annual basis. Information from the quality assurance process was utilized to improve services within the home.

The manager reported having resident's meetings where family members were invited to attend and contribute; however, records of meetings were not available for inspection.

Staff meetings were planned for every three months. Staff felt that the management were open to suggestions and opinions and they could raise any concerns.

How does the service continuously learn, improve, innovate and ensure sustainability
Refresher training was available in infection, prevention control, fire safety training, first aid, and moving and handling. Staff also had access to specialist training, to meet the individual needs of the residents.

The manager had systems in place to monitor accidents, incidents and safeguarding concerns. Information from these incidents was used to support learning and improving the services.

Working in partnership with others
Information contained within people's care plans demonstrated the staff at Beaconsfield Adult Care Home worked in partnership with other agencies.

Action we require the provider to take

Key areas for improvement

- Action is necessary to ensure that all staff receive formal, 1-1 supervision at least four times a year, including an annual appraisal of their performance.