



Inspection Report on

Beacon Lodge

Ebbw Vale

Date Inspection Completed

14/08/2024

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About Beacon Lodge

| | |
|-------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Type of care provided | Care Home Service Adults Without Nursing |
| Registered Provider | BeaconLodge Ltd |
| Registered places | 6 |
| Language of the service | Both |
| Previous Care Inspectorate Wales inspection | 23 August 2023 |
| Does this service promote Welsh language and culture? | This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. |

Summary

People continue to receive good quality care and support at Beacon Lodge. Staff know people well and understand their needs. We saw care staff being attentive, caring and respectful. People participate in activities of their choice and are supported to maintain relationships with family and friends. Each person receiving a service has a personal plan which is individualised and reviewed regularly. Staff recruitment practices are robust. Staff receive regular training and supervision to enable them to perform their duties and feel valued working at the service.

There is strong leadership at the home. The responsible individual (RI) regularly visits the service to evaluate the quality of the service. There are effective quality assurance systems in place to monitor and review the care delivery. People live in a suitable environment which is safe and meets their needs. The relevant health and safety checks are up to date.

Well-being

People are encouraged and assisted by care staff to be as healthy as they can be. People's likes and dislikes, allergies and specialist diets are known. The service assesses people's care and support needs and any associated risks to their health and well-being. These are documented in personal plans, providing guidance for staff on how to support individuals with their needs. People have access to GP services and appointments with health and social care professionals are arranged. People are appropriately referred to professionals due to any change in their health. There are systems in place for receiving, storing and administering medications.

People are encouraged to have control over their day to day lives where possible. Care staff support people to make everyday decisions. People decide if they want to spend their time alone or with others. Staff support people to maintain relationships with their family and promote links with the local community. Activity provision is tailored to meet people's likes and interests. Resident meetings are held in order for people's views and wishes to be taken on board. Personal plans do not always contain people's goals and aspirations which would give people further control over their life choices.

There are systems in place to help protect people from harm. People are supported by staff who have been through rigorous recruitment and training. Accidents and incidents are recorded and monitored, with actions taken to minimise further occurrence. The service is responsive in identifying and mitigating risks. The service completes risk assessments and personal plans outlining how care staff can manage risks to people's safety and well-being. Staff are also guided by policies and procedures. Staff are clear about their safeguarding responsibilities. They have completed safeguarding training and are given regular opportunities to discuss safeguarding procedures. The management team and RI closely monitor the quality of the service to ensure high standards are maintained.

This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture. Key documentation is available in Welsh. Assessments include language preferences. The service celebrates Welsh culture through themed events and activities.

Care and Support

People experience a good standard of care and support. They have developed positive relationships with care staff, who support them with kindness and sensitivity. People are encouraged to express themselves and be as independent as possible. They have opportunities to follow their interests and try new things.

Each person receiving a service has a personal plan which provides a detailed overview of who people are. Plans are reflective of people's identified needs and contain guidance for staff to follow. The strategies for managing risks to people's safety and well-being are reflected within risk assessments. Plans include social histories, identify individual likes and dislikes, ensuring the person's voice is central to the care provided to them. Personal plans are reviewed regularly to ensure they remain up to date. Evidence of people's involvement in these reviews has improved. Work is underway to further strengthen plans to include people's goals and aspirations and how they are progressing with them.

Appropriate referrals to health and social care professionals are made with recommendations acted upon by the service. Mental capacity assessments and best interests' assessments are completed. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation.

There are systems in place for receiving, storing and administering medications. We saw medication is stored safely and can only be accessed by authorised staff. There are systems in place to monitor medication to reduce errors. Going forward the administration and recording of 'as required' medication will be reviewed at each audit to ensure robust records are maintained. Care staff receive medication training and competency checks are carried out. The home has an up-to-date medication policy in place.

Environment

The premises, facilities and equipment are suitable for the provision of the service. The location, design and size of the premises are as described in the statement of purpose. People's well-being is enhanced by living in an environment that is clean, safe, and suitable for their needs. The service provider continues to invest in ongoing renovations and updating of the environment. Rooms are large and airy, individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. Communal lounges provide people with an alternative room to spend their time. A lovely patio area provides people the opportunity to sit out in warmer weather.

People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Cleaning schedules are in place to ensure the environment is clean and safe. The service has a range of health and safety checks conducted on a regular basis. For example, routine servicing of utilities such as gas and electric take place. Checks and maintenance relating to equipment such as hoists, slings and lifts are on-going. Fire safety checks are completed on a regular basis. Up to date personal emergency evacuation plans are in place and accessible in the event of an emergency. Substances hazardous to health are stored safely. There is a dedicated team to undertake general repairs and routine maintenance checks. The service had been inspected by the Food Standards Agency and had been given a rating of 5, demonstrating hygiene standards are very good.

Leadership and Management

The Statement of Purpose (SoP) and guide to services clearly states what people can expect, and the service reflects their contents. Policies which provide guidance for staff ensure services are provided in line with the SoP and are annually updated. There are governance systems in place to support the operation of the service. These systems inform the RI, head of region and registered manager of issues that occur and identify where improvements are required. The RI visits the service and completes the required reports.

There are good staff recruitment practices in place. We viewed a sample of newly appointed staff and found the required pre-employment checks had been completed. This included Disclosure and Barring Security (DBS) checks and gaining satisfactory references. Previous employment histories are explored as part of the selection process. This enables the service provider to make a decision about the fitness of workers at the service. Care staff are supported to register with the workforce regulator, Social Care Wales. There is commitment to ensuring all care staff undertake the qualifications required to enable them to register.

Newly appointed care staff complete an induction programme which includes training and shadow shifts. Care staff receive regular supervision, and appraisals are completed annually. This provides an opportunity for care staff to discuss any concerns they may have and for management to provide feedback on their work performance. Care staff training records indicate care staff have access to a variety of training opportunities, and complete refresher training in a timely manner. The training programme includes topics such as moving and handling, infection control, dementia awareness and safeguarding adults at risk. Staff meetings take place, promoting discussions about people's experiences and any planned changes to improve the service.

Summary of Non-Compliance

| Status | What each means |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| New | This non-compliance was identified at this inspection. |
| Reviewed | Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection. |
| Not Achieved | Compliance was tested at this inspection and was not achieved. |
| Achieved | Compliance was tested at this inspection and was achieved. |

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people's well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

| Regulation | Summary | Status |
|------------|------------------------------------------------------------------|--------|
| N/A | No non-compliance of this type was identified at this inspection | N/A |

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection.

Area(s) for Improvement

| Regulation | Summary | Status |
|------------|-------------------------------------------------------|--------|
| N/A | No non-compliance of this type was identified at this | N/A |

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| | inspection | |
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