



Inspection Report on

Beacon Lodge

Ebbw Vale

Date Inspection Completed

23/08/2023

Welsh Government © Crown copyright 2023.

You may use and re-use the information featured in this publication (not including logos) free of charge in any format or medium, under the terms of the Open Government License. You can view the Open Government License, on the National Archives website or you can write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: psi@nationalarchives.gsi.gov.uk

You must reproduce our material accurately and not use it in a misleading context.

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	25 October 2021
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 receive a good standard of care and support at Beacon Lodge. We found a relaxed atmosphere where people looked comfortable and well cared for. We saw genuine, warm, and positive interactions between staff and the people they support. People are offered regular activities and support to maintain relationships with their loved ones. Each person receiving a service has a personal plan which is individualised, detailed and reviewed regularly. Staff recruitment practices are robust. Staff receive regular training and supervision to enable them to perform their duties. The management team are approachable and visible in the running of the service with clear governance, auditing, and quality assurance arrangements in place. The Responsible Individual (RI) visits the service in accordance with the regulations. There is on-going investment in the environment to further enhance people's wellbeing.

Well-being

People are treated with dignity and respect at Beacon Lodge and are encouraged to make choices that affect their lives. People look well cared for and settled in their environment. Staff know the individuals they support well and are familiar to them. Staff support people in a warm and caring manner, with their wishes and views respected. Individuals are given the opportunity to make everyday selections such as clothes to wear, where to spend their day, and food and drink options. Activities are organised on a regular basis at the service and in the community. Friends and relatives can visit when they wish. A person-centred approach to care planning ensures people are at the forefront of the care and support they receive.

There are systems in place to help protect people from abuse and harm. Policies and procedures support good practice and can assist staff to report a safeguarding concern or 'whistle blow', should this be needed. The service has worked in partnership with other agencies to participate in the safeguarding process. Incidents and accidents are logged, and appropriate actions taken by the service. Risks to people are assessed and their safety managed and monitored so they are supported to stay safe, and their freedom respected. Screening and background checks are completed prior to staff starting work. The service submits notifications to Care Inspectorate Wales (CIW) as required.

People are encouraged and assisted by care staff to be as healthy as they can be. A range of external healthcare professionals support people living at the service. Individuals' health is monitored to ensure consistent care and timely referrals. Individual dietary needs are considered, and a range of meals are available. Accidents, incidents and falls are recorded and monitored. We saw the management of medication is safe and in line with their medication policy.

The service provider is continuing to invest in the property to enhance people's wellbeing. The property has had renovation works to the garden and redecoration. Arrangements are in place to ensure the environment is clean and safe. Individuals' rooms are personalised with their belongings on display which promotes belonging.

Care and Support

Care staff are attentive and respond to people's needs with appropriate levels of prompting and support, in a warm and compassionate way. People look relaxed and comfortable in the presence of staff.

The service provides a good standard of person-centred care and support. Each person receiving a service has a personal plan which is individualised and detailed. Plans are reflective of people's current identified needs and contain guidance for staff to follow. Risk assessments highlight people's vulnerabilities and contain information on how to keep them safe. Plans identify individual likes, dislikes, wishes and aspirations, ensuring the persons voice is central to the care provided to them. Individuals' care and support is routinely monitored which supports referral to other professionals as and when needed. Care plans are reviewed and updated regularly.

Care staff have good knowledge of people's needs and personal goals. Daily recordings and supplementary monitoring charts are in place, giving important information about people's progress and identifying changes in care needs. Appropriate referrals to health professionals are made, with recommendations and direction acted upon by the service. Deprivation of Liberty Safeguard (DoLS) authorisations are sought where people lack mental capacity to make decisions about their care and accommodation and need to be deprived of their liberty to keep them safe.

The service has systems in place for the management of medication. We noted improvements in the management of medicines since our last inspection. Medication is stored securely and can only be accessed by authorised care staff. There are systems in place to log and monitor medication errors and these are investigated to prevent further occurrence. 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 (SoP). The service provider has invested in ongoing renovations and updating of the environment.

We walked around the environment and found it was clean, safe and comfortable. Rooms are a good size and comfortable. Bedrooms are individualised to people's tastes and contain photos, decorations, and keepsakes, which promote a feeling of belonging. There are sufficient toilet and bathing facilities available.

The service has systems in place to identify and mitigate risks to health and safety. People live in a safe environment, with safety checks and maintenance of equipment being conducted on a regular basis. Records demonstrate routine completion of utilities testing. Fire safety tests are completed regularly. Personal emergency evacuation plans are in place and provide guidance on how people can be safely evacuated in the event of an emergency. Substances hazardous to health are stored safely. Daily cleaning and laundry duties are being maintained.

Leadership and Management

Governance, auditing and quality assurance arrangements are in place to support the running of the service. These systems help the service to self-evaluate and identify where improvements are required. The RI has good oversight of the service. We saw evidence of the RI undertaking the required three-monthly service visits and six-monthly quality of care reviews. Policies and procedures are in place and reviewed on a regular basis. They give guidance to care staff, for example telling them what to do if they thought someone was at risk of harm. We saw the service has procedures to deal with complaints and address them. There are systems in place to ensure people, their families and professionals can let them know what they think of the service provided.

The service has robust and safe recruitment systems in place. Selection and vetting arrangements enable the service providers to decide upon the appointment of staff. We viewed staff files and found the necessary pre-employment checks have taken place. Employment histories are provided for applicants. Identification and references further support the individual fitness of staff to work at the service. Current Disclosure and Barring Security (DBS) checks are available for all staff.

Newly appointed care staff complete an induction programme which includes training and shadow shifts. Staff training records indicate care staff have access to a variety of training opportunities, and most have completed a good level of training. Care staff receive regular supervision and appraisals are completed annually. This provides opportunity for care staff to discuss any concerns or training needs they may have and for management to provide feedback on their work performance. Care staff are supported to register with the workforce regulator, Social Care Wales (SCW).

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. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement		
Regulation	Summary	Status

N/A	No non-compliance of this type was identified at this inspection	N/A
58	We found staff failed to initial medication administration sheets to demonstrate medicine was given.	Achieved

Was this report helpful?

We want to hear your views and experiences of reading our inspection reports. This will help us understand whether our reports provide clear and valuable information to you.

To share your views on our reports please visit the following link to complete a short survey:

- [Inspection report survey](#)

If you wish to provide general feedback about a service, please visit our [Feedback surveys page](#).

Date Published 03/10/2023