

Mrs Victoria Lavender-Mew

# Bedwardine House Residential Care Home

## Inspection report

Upper Wick Lane, Rushwick  
Worcestershire  
WR2 5SU  
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### 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 

### Overall summary

Bedwardine house provides accommodation and personal care for a maximum of 25 older people. On the day of our inspection there were 24 people living at the home.

The inspection took place on the 16 and 18 March 2015 and was unannounced. At our last inspection in April 2014 we found the provider was not meeting the regulations in relation to the care and welfare of people who use services. Following our April 2014 inspection the

provider sent us an action plan telling us about the improvements they were going to make. During this inspection we found that these improvements had been made.

There was no registered manager at this home as the provider was both the registered provider and the manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered

# Summary of findings

managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who lived at the home and their relatives said they felt safe and staff treated them well. Relatives told us staff were kind and caring and thoughtful towards people. Staff we spoke with understood they had responsibility to take action to reduce the risk of harm for people. They demonstrated awareness and recognition of abuse and systems were in place to guide them in reporting these.

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People who lived at the home were supported by staff with up to date knowledge and training. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We saw staff treated people with dignity and respect whilst supporting their needs. People's preferences were taken into account and respected.

We found the provider had consistently followed the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards when assessing

people's ability to make specific decisions. Applications had been submitted to the supervisory body so the decision to restrict somebody's liberty was only made by people who had suitable authority to do so.

People had sufficient food and drink to maintain a healthy diet. People told us they enjoyed the food and we saw at mealtimes there was a relaxed atmosphere. People were supported to eat and drink well and had access to health professionals in a timely manner.

People were able to see their friends and relatives as they wanted. There were no restrictions on when people could visit the home. All the visitors we spoke with told us they were made welcome by the staff in the home. Some visitors brought their pets into the home to visit their friend or relative. People who lived in the home told us it was very important to them to see these animals.

Relatives knew how to raise complaints and the provider had arrangements in place so that people were listened to and action taken to make any necessary improvements.

The provider promoted a positive approach to including people's views about their care and service development. People who lived at the home and staff were encouraged to be involved in regular meetings to share their thoughts and concerns about the quality of the service. Systems were in place to monitor and improve the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People told us that they felt safe and staff were able to tell us what actions they would take if they had any concerns about the people they supported. Staff were aware of how to support and protect people where risks had been identified. People and relatives told us they felt there were enough staff to meet their care and social needs.

Good



### Is the service effective?

The service was effective.

People's needs and preferences were supported by trained staff. Where people did not have capacity to make decisions, support was sought from family members and healthcare professionals in line with the Mental Capacity Act 2005. People told us they enjoyed their meals and had a choice about what they ate to meet their dietary needs. Staff had contacted other health professionals when required to meet people's health needs.

Good



### Is the service caring?

The service was caring.

People who lived at the home and relatives thought staff were caring. Staff treated people with kindness and people's independence was respected.

Staff understood how to provide care in a dignified manner and respected people's right to make their own decisions where possible.

Good



### Is the service responsive?

The service was responsive

People were able to raise any comments or concerns with staff and these were responded to appropriately. People were able to make everyday choices, and people engaged in leisure pursuits.

Good



### Is the service well-led?

The service was well led.

People who lived at the home and relatives said the manager and staff were approachable and open. Arrangements were in place to check people received high quality care and it was consistently delivered. Staff felt well supported by their manager.

Good



# Bedwardine House Residential Care Home

## Detailed findings

### Background to this inspection

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

We made an unannounced inspection on 16 and 18 March 2015. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. Before the inspection,

the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with six people who lived at the home, and three relatives and one visitor. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the business manager, deputy manager, and seven staff. We also spoke to a visiting dentist and a nurse practitioner. We looked at three records about people's care and three staff files. We also looked at staff rosters, complaint files, minutes for meetings with staff, and people who lived at the home. We looked at quality assurance audits that were completed.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living at the home and staff treated them well. One person said, "I feel safe, I know there is always someone about to help." Another person said, "Very safe, plenty of staff." Relatives we spoke with said they felt their family member was safe. One relative said, "I feel [my family member] is safe, everybody (staff) is aware of [my family member's] needs." We spoke with a visiting dentist who said, "It's 100 percent safe, everyone (staff) is very experienced." A nurse practitioner told us staff would always ask for support and guidance if they had any concerns about people's health.

We spoke with staff about what action they would take to keep people safe if they suspected possible abuse towards people. One member of staff said, "All staff would report any concerns." Another staff member said, "We can always speak to the manager, anytime to report any concerns." They described the action they would take, and were aware that incidents of potential abuse or neglect must be reported to the local authority. Procedures were in place to support staff to appropriately report any concerns about people's safety.

We saw staff supported people with their mobility with the use of equipment such as walking frames and wheelchairs. People told us they had their needs assessed, and we saw risks to their health and wellbeing had been assessed whenever a risk had been identified. This included risks associated with their mobility, nutrition and their risk of developing pressure sores. We saw plans in place for staff to follow. Staff we spoke with understood how to support and protect people where risks had been identified. For example, we saw staff supporting a person to mobilise using a piece of equipment which reduced the likelihood of falls, they knew how to use the equipment and why it was needed to support the person's mobility. Staff understood their responsibilities in relation to concerns they had about people's safety and to report this to the manager.

We looked at the system the provider had in place for recruiting new workers. Staff we spoke with told us new staff had a Disclosure and Barring Service (DBS), references and records of employment history. The records we checked confirmed this. These checks helped the provider make sure suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

People said they felt there were enough staff on duty to support them on a daily basis. A relative said, "There are enough staff, there is always someone available." A visitor told us, when they visited call bells were always answered promptly. A staff member said, "There is usually enough staff." We saw examples where staff responded to people's care needs without delay. We saw people were supported by staff who had time to respond to their individual needs and care for them. For example, we saw a member of staff going through a magazine with a person that lived at the home, discussing with them one of the articles. The care staff were supported by the registered provider, deputy manager, senior team, lead carer, catering and housekeeping staff. We saw systems in place to ensure there were sufficient staff available to provide people with the support they needed. The deputy manager told us staffing levels were determined by the level of support needed by people who lived at the home.

People who lived at the home and relatives we spoke with had no concerns about the administration of medicines. One person said, "I am happy not to do my tablets, saves me worrying about when to take them." Another person said, "I am happy for the staff to do my tablets, it's easier." All medicines we checked showed people received their medicines as prescribed by their doctor. We observed staff supported people to take their medicines and found people received their medicines as prescribed to meet their needs.

# Is the service effective?

## Our findings

People told us they received the care they needed. One person told us, "I do as much as I can myself; they (staff) help if I need it, they're very amenable." Relatives told us they were confident that their relative's needs were met. One relative said, "Staff are very welcoming, they know what help [my family member] needs."

The majority of staff had worked at the home for some time and knew people's needs well. The staff we spoke with told us they had received a thorough induction. All new staff worked alongside an existing member of staff so they were supported to learn about people who lived at the home and their needs effectively.

People said staff knew how to meet their needs. One person said "They know what they are doing." One member of staff told us, "We are well trained," and another said, "[The provider] always makes sure we are all up to date with our training." Staff said they were supported and well trained. This was confirmed through observations and when we spoke to the deputy manager and looked at staff records. For example one member of staff told us about person centred training they had received and the difference it had made to their practice. Staff told us training they received reflected the needs of the people they cared for.

All staff we spoke with told us they were aware of a person's right to choose or refuse care, and they had an understanding of the Mental Capacity Act 2005 (MCA). They told us they would refer any issues about people's choice or restrictions to the provider. We looked at how the MCA was being implemented. This law sets out the requirements of the assessment and decision making process to protect people who do not have capacity to give their consent. We saw the deputy manager and the provider had completed this process when it was needed.

We also looked at the Deprivation of Liberty Safeguards (DoLS) which aims to make sure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The deputy manager and provider had asked the local authority for further

advice, and submitted five applications, which were going through the process. They understood how the process worked and the time limits involved, and for each person there would be ongoing reviews.

People told us the food was good and they had plenty of choice. One person said, "The food is very good, if there is anything I don't like I can have something else." Another person said, "There's enough good food with plenty of choice." Relatives told us the choice of food was good. One relative said, "Nice smell, good food." and another said, "Good menu, plenty of choice." We observed people were offered choices at meal times and staff offered support in a kind manner as they encouraged people's independence. People were assessed to reduce the risk of losing too much weight and not drinking enough fluids, and actions taken when needed. For example, the food intake for one person was recorded and monitored to ensure the person's health and wellbeing, staff told us they had clear guidelines when to take action with concerns. This showed staff had the information available to meet people's nutritional needs.

People told us they received support with their health care when they needed it. One person said, "I see a doctor whenever I need one." A relative told us about when their relative needed health support. They said how staff had supported them, telephoning the doctor and keeping them up to date with their progress. Staff had involved other health agencies as they were needed in response to the person's needs. The relative said, "Staff are on the ball, they will action any concerns straight away."

We saw each person had their health care needs documented, and staff told us how they met those needs, for example when the dentist was due for a visit. There were links with outside agencies such as community health teams; they were involved with additional support when needed for people living at the home. The nurse practitioner told us staff at the home were receptive to new ideas and willing to learn. They also told us staff regularly asked for help and raised concerns when they were needed. A visiting dentist told us, "Everything is done the right way," they told us staff would contact them when people living at the home needed a dentist, clear information would be shared and a visit arranged. This supported people to access health services.

# Is the service caring?

## Our findings

People we spoke with said, “In most respects its’ outstanding here,” and another said “The care staff are very kind and put themselves out for you.” One relative said, “Staff are very caring and very respectful of the people that live here.” None of the people or their relatives we spoke with spoke raised any concerns about the quality of the care. A visitor told us, “Lead by the person not the service,” they explained they had seen staff listen to the people living at the home and support people the way they asked to be supported. There was a relaxed atmosphere at the home and staff we spoke with told us they enjoyed supporting people who lived there.

People we spoke with told us that staff were caring and kind. One person said, “Staff are very kind, they will do whatever they can to help you.” A relative said, “They (staff) are very person centred, really caring.” Another said, “All staff are caring and very patient.” We spent time in the communal lounge and dining areas and saw staff were caring, respectful and knowledgeable about the people they cared for. We heard staff talking with people about their current interests and aspects of their daily lives. This showed that staff had developed positive caring relationships with people who lived at the home.

We saw staff supported people to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people time to express their wishes and respected the decisions made. For example, people were asked if they wanted to join in a game of bingo, or do something else, some people chose the bingo, others went to their rooms and some sat and chatted to others. These choices were respected by staff.

We saw staff promoted people’s independence with personal care and in activities using clear hand gestures and simple words so people were able to understand. For example, explaining to the person what they were doing and encouraging the person to be independent and maintaining the person’s dignity.

People told us their family and friends could visit whenever they wanted. One person said, “They are welcome anytime, there is never any problem.” Relatives told us they were able to visit their family members. One relative said, “We can use the upstairs lounge if the rest of the family come, it’s great for the kids, plenty of space.” Another relative told us, “I am always welcome.” A visitor told us they regularly visited with their pet which their friend really enjoyed. They told us they felt welcome and other people living at the home enjoyed their visits too. This helped people who lived in the home to maintain relationships with people who were important to them.



# Is the service responsive?

## Our findings

People who lived at the home said they were involved in their care planning. One person said, "When I first came they asked lots of questions about what I liked and didn't like." Another person said, "I feel I can do whatever I want." Relatives told us they had been asked for their views and opinions when planning their family members care. One relative said, "I have regular conversations about how things are done." Another said, "I have discussions and input into the team (staff team)."

We spoke with staff who told us about a person who needed some support with their behaviour that challenged. They told us how they responded to the person to help reduce their anxieties. This information showed they knew the person well and was reflected in the care records. The records showed the person's behaviours, their possible triggers that made them anxious and how staff were advised to support the person to help keep the person safe and well.

People told us and we observed that they did some of the things they enjoyed which reflected their interests. One person said, "I like to walk in the garden weather permitting," and another said, "I like some of the activities and join in if I feel like it, but I like time in my own room reading too." A relative we spoke with said, "They (family member) can choose to do what they want to do." Another said, "There are regular things scheduled, [family member] joins in when they want to." We saw a dedicated member of staff planned and provided group activities and individual pastimes for people living at the home. There was a schedule of arranged entertainment at the home. The activities were supported by care staff and activity staff. We saw people were smiling and joining in the activities.

Our observations showed staff knew people living at the home well and had a good understanding of each person as an individual. Staff told us people were treated as individuals and information in people's care plans provided their choices and individual needs.

At our last inspection in April 2014 we found the provider had not ensured the welfare and safety of people using the service. During this inspection we found improvements had been made to care planning and all actions agreed at the time of our last report had been completed. We looked at three care plans and found they reflected people's needs.

People had access to a range of religious activities. People told us they could attend religious services if they wanted to. A relative said, "[My family member] always enjoys the church services." Staff said people could attend religious services if they wished, there was a regular monthly service held at the home.

People who lived at the home said there were regular group meetings they could attend. One person said, "You can talk about what you like and don't like." Another person said, "The meetings are worth going to, people will speak up if there is a problem." Relatives told us staff were willing to listen to suggestions. One relative said, "They are always willing to listen to suggestions." Another relative told us how the provider had arranged for the equipment they had suggested for their family member, to improve their family members health and wellbeing, had been supplied.

People said they were happy to raise any concerns with the manager or staff. One person told us about when they had raised a concern, they said the manager had listened and acted on the concern, and they were happy with the outcome. Another person said, "I would speak to [the provider], they would always put it right." Relatives said they would be happy to raise any concerns with either staff or the provider. One relative said, "I would be happy to raise any concerns, I know the senior team really well." They gave an example of a concern they had raised and said it had been acted on straight away. We saw that although there were no recent formal complaints, informal complaints were acted on in a timely way and outcomes agreed with the people involved.



# Is the service well-led?

## Our findings

People who lived at the home and relatives said the manager was very approachable and the staff were open and friendly. One person said, “Happy to talk about anything worrying me with [the provider].” One relative said, “[The provider] will act on what they say they will.” Another relative said about the provider, “They lead the home and the seniors make it happen.” A visiting dentist told us, “They are a very professional team here.”

People living at the home were supported by a consistent staff team that understood people’s care needs. All the people and relatives we spoke with knew the provider and felt they were listened to and supported. One relative said, “I am most impressed with the way it (the home) is run.” We were shown recent compliments relatives had sent regarding the care and treatment provided. The provider also held resident meetings to gain people’s views and share ideas. The provider annually used questionnaires to gain feedback from people living at the home, relatives and visitors. The results of these surveys were used to improve the services people living at the home received. For example a pastime had been suggested through the questionnaires and was now part of the program in place for 2015. The provider welcomed direct feedback.

Staff said the provider and management team were approachable. One member of staff said, “[The provider] will always listen, if we need something, we only need to ask.” Staff said they felt well supported and felt able to approach the provider, deputy manager or the senior team with any concerns they had. There were regular management meetings which included the senior team. Staff told us they were asked for their views on agenda items before the meetings and copies of minutes shared afterwards. Staff were confident in the way the home was managed. Staff told us there were informal regular meetings between staff and the provider where they were able to share concerns and ideas.

The provider monitored how care was provided and how people’s safety was protected. For example, care plans were looked at to make sure they were up to date and had sufficient information and reflected the person’s current care needs. The provider looked at what care people had received to meet their needs and what had worked well. For example, we saw that one person’s medicines had been reviewed in consultation with their GP. Reducing the amount of medicines the person needed and improving their wellbeing.

We saw there were regular audits of medicine records completed monthly which helped the manager to identify people were getting their medication when they needed it. There were missed signatures from the previous month which had been identified, action taken and improvements implemented. The medicine records we looked at for this month had been fully completed.

We looked at systems in place for recording and monitoring accidents and incidents that occurred in the service. Staff were aware of when and where to record information. Records showed that each incident was recorded in detail, describing the event and what action had been taken to ensure the person was safe, for example arranging for an eye sight test after a fall raised concerns. The provider reviewed the forms so risks were reviewed.

The business manager told us they were making improvements to the services people received and the home environment. The information we received from the provider on the provider information return (PIR) showed there were plans for future improvements. For example increasing the regularity of the residents’ meetings from quarterly to monthly and including relatives in regular informal meetings. These plans were confirmed by the business manager.

The provider had sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and the local authority to ensure that people received the care and support that had been recommended.