

Mrs Victoria Lavender-Mew

Bedwardine House Residential Care Home

Inspection report

Bedwardine House Residential Care Home
Upper Wick Lane, Rushwick
Worcester
Worcestershire
WR2 5SU

Tel: 01905425101

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11 January 2017

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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 ●

Summary of findings

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 10 and 11 January 2017 and was unannounced.

There was no registered manager at this home because 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 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.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to them. People told us they were supported in a safe way and had their medicines as prescribed. The registered provider had systems in place to monitor how medicines were administered to ensure people were not at risk of poor practice.

People told us staff knew how to support them. Relatives said staff were well trained. Staff had up to date knowledge and training to support people. Staff respected people's rights to make their own decisions and choices about their support. People's permission was sought by staff before they helped them with anything. Staff spent time ensuring people understood what was being said to them, and used a range of communication methods. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well and were authorised to do so.

People had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. People said they had access to health professionals when they needed to. Relatives were confident their family member was supported to maintain their well-being and staff were responsive to changes with their family members health. Two members of the district nurse team confirmed staff made appropriate referrals to them and followed their advice.

People said they enjoyed living at the home and supported by kind and caring staff. Relatives told us they were reassured staff listened to their family members wishes and knew them well. People living at the home saw their friends and relatives as they wanted. People and their relatives explained how staff treated them as individuals and respected their choices. Staff told us they knew people well, and took their preferences into account and respected them.

People and their relatives were included in decisions about how care was provided. They knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. People had access to interesting things to do and staff spent time with people to meet their needs. We saw

staff knew people and their histories well.

The registered provider sought people's views through meetings and questionnaires. The management team had responded to suggestions made by people, their families and staff where possible, and took an inclusive approach to improvements to the service.

The registered provider had systems in place to monitor the quality of care and treatment people living at the home received. They told us they had recently replaced key staff who were undertaking training to complete their new responsibilities, therefore some systems were in the process of being updated at the time of our inspection.

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

People were supported by staff who understood how to meet their individual care needs safely. People had their risks identified and staff were aware of how to manage them. People benefitted from sufficient staff to meet their needs in a safe and timely way. People were supported with their medicines by trained staff.

Is the service effective?

Good ●

The service was effective

People's needs were met by staff that were trained and had the appropriate skills. People were supported to make their own decisions wherever possible. Staff had a good understanding of how to support people who needed help to make some decisions. People enjoyed the meals provided and were supported to maintain a healthy, balanced diet. People were confident they had the support of health care professionals when they needed to.

Is the service caring?

Good ●

The service was caring

People were supported by staff who were patient and caring, and provided support in a kind and friendly way. Staff took account of each person's personal preferences and knew each person well. People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Good ●

The service was responsive

People received individualised care which considered their needs and preferences. People were able to engage in past times they enjoyed. People who lived at the home and relatives knew how to raise concerns and were confident they would be resolved by the management team.

Is the service well-led?

Good 

The service was well-led

People, their relatives and staff were encouraged to voice their opinions and views about the service provided. People and their families benefited from an open and inclusive culture. The provider had systems in place to monitor the quality of the service.

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 10 and 11 January 2017. The inspection team consisted of one inspector.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authorities are responsible for monitoring the quality and funding for people who use the service. Additionally, we asked Healthwatch if they had any information to share with us. Healthwatch are an independent consumer champion, who promotes the views and experiences of people who use health and social care.

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 eight people who lived at the home, and three relatives. 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 provider, the business manager, deputy manager, and eight staff. We also spoke with two district nurses who regularly supported people at the service. We looked at four records about people's care, including their medicine records. We also looked at complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which the registered manager and provider completed.

Is the service safe?

Our findings

People we spoke with said they felt safe because staff knew them well and were able to provide the support they needed. One person told us, "I am safe here, all my needs are met." Another person said, "I am very happy here and feel very safe and well looked after." Relatives we spoke with told us their family member was safe. One relative said, "My [family member] is very safe here, they listen and know everyone here really well." We spoke with a visiting district nurse who explained that staff provided a good quality of care and always sought help appropriately.

We spoke with staff who understood their responsibilities in making sure people were safe from the risk of potential harm and abuse. They told us they were guided by senior care staff and the management team, and they were aware the provider's procedures to support them with this. One member of staff explained how they knew people well and were able to detect any changes in people's mood or behaviour which could identify a concern in this area. They were aware of whom to report this to and were confident this would be thoroughly investigated by the management team.

Staff we spoke with explained safe guarding was often discussed at the daily meetings with the management team. They were aware they could escalate concerns to external organisations, for example the local authority and the Care Quality Commission (CQC).

People told us they had their needs assessed and any risks to their well-being identified. They told us staff were aware of these risks and supported them in a safe way. We saw plans in place for staff to follow, for example, risks associated with people's mobility, nutrition and their risk of developing pressure sores. Staff we spoke with understood how to support and protect people where risks had been identified. For example, one person was at risk of sore skin. Staff were aware of this risk and ensured the person was constantly sitting on the equipment they needed to reduce the risk. We looked at the risk assessments for four people and we found one record had not been updated. We spoke with staff and they were aware of how to support this person safely. We spoke with the registered provider and they assured us staff were updated regularly and they would ensure the records reflected the support provided.

We looked at the system the provider had in place for recruiting staff. Two new staff we spoke explained they had a Disclosure and Barring Service (DBS), references and records of employment history followed up before they stated working at the home. These checks helped the provider ensure suitable people were employed and people who lived at the home were not placed at risk through their recruitment practices.

People we spoke with told us there were enough staff on duty to support their needs. One person said, "Staff always come quickly if I need them." Another person told us, "There are always staff about, we have lovely chats." Relatives we spoke with said there were sufficient staff available to support their family members safely. One relative told us, "There is enough staff, there's always someone about to speak to or support us." Another relative said about staff, "They always take the time to sit and talk to people." A further relative explained how they visited regularly, at different times of the day and there was always sufficient staff on duty to meet their family member's needs in a timely way. Throughout our inspection we saw that

call bells were responded to quickly and there were sufficient staff on duty to meet people's needs.

Staff we spoke with told us there were consistently sufficient staff on duty to meet people's needs. One member of staff said, "There is always enough staff, if we have any problems the management team will always help us support people." We saw staff had time to support people with their individual needs. For example, we saw one member of staff spend time chatting with people about their experiences before they came to the home.

We spoke with the registered provider and they explained how staffing levels were arranged to meet people's needs. For example, she explained how she would increase staffing levels if people needed additional support. The district nurse we spoke with described how staff had supported one person with their end of life care. They explained how the management team had ensured there was always enough staff available to ensure this person always had someone with them.

People we spoke with were confident they had their medicines when they needed them. One person said, "They always check if I need any pain relief." Relatives we spoke with told us their family members medicines were managed safely. We observed staff administering medicines, and saw they followed safe practice. Staff explained what medicines they were administering and ensured people consented to taking them.

We saw people's care plans guided staff in how to support people with their medicines. One member of staff described how they supported one person with their medicines which was prescribed "As and when needed." They explained how they would identify when to administer this medicine and showed effective knowledge of the person. However this information was not captured in the care record. We spoke with the management team who assured us this would be updated.

Staff said they had received training about administering medicines and their competency was assessed. They explained they felt confident when administering medicines to people and were aware of any possible side effects. Staff regularly reviewed people's medicine records to ensure that they were completed correctly to ensure people received their medicines as prescribed. We saw medicines were kept and disposed of in a safe way.

Is the service effective?

Our findings

People we spoke with told us staff were knowledgeable about how to meet their needs. One person said, "They [staff] know how to help me and listen to me." Another person told us, "They [staff] really know their stuff, I always feel confident when they help me." Relatives we spoke with were all confident the staff were skilled about how to support their family member. One relative said, "It's brilliant here, friendly, supportive staff that all seem to know what they are doing."

Most of the staff we spoke with had worked at the home for many years and knew people and the support they needed well. We spoke with two new members of staff. They both said they had received an induction and worked along-side existing staff to share best practice about how to support people living at the home. Both said they were well supported by the senior carers and the management team and encouraged to ask questions when they needed to. They explained how the management team had daily meetings to share best practice and knowledge with staff to ensure they were skilled to meet people's needs.

Staff told us they felt well supported and had regular opportunities to review their training needs. They were encouraged to complete training to improve their skills on a regular basis. One staff member explained additional training they had received about dysphasia. They described how this had made a difference to their practice, and how they had shared this knowledge with the staff team. Staff told us training they received reflected the needs of the people they cared for. For example, staff we spoke with showed in their practice and with conversations with us, an understanding of the principles within the Mental Capacity Act 2005 (MCA).

The 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.

People told us staff always asked for their consent before supporting them, and they were involved in decisions about their care. Staff we spoke with said they were aware of a person's right to refuse their support and explained how they would manage this to ensure people's rights were respected. Staff told us they always ensured people consented to their care and we saw this reflected through their practice. Staff were aware of who needed support with decision making and encouraged people to make as many decisions as possible for themselves. For example, we saw staff encourage people to make their own decisions about where they spent their time. Staff listened to people and facilitated their choices. The management team had an understanding of the MCA and were aware of their responsibility to ensure decisions were made within this legislation. We saw best interests decisions had been completed when needed and involved those who knew the person best.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA. We saw applications had been submitted and when assessed had been agreed by the local authority. Staff and the registered provider understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible.

People told us they liked the food provided at the home. One person said, "I didn't like one thing, now they always make sure I have something else." Another person told us, "The food is great, very tasty. I never leave anything." Relatives we spoke with said the choice of food was good. One relative explained how they could share a meal with their family member if they wanted to. Another relative told us, "The food always looks lovely, [family member] enjoys their meal." Staff said they supported people to be as independent as possible and respected their choices. We saw staff offer support in a discreet way that respected people's dignity.

We spoke with kitchen staff and they had a good understanding of each person's dietary needs and their preferences. They were aware of any special diets or needs for each individual living at the home. People we spoke with said they had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Staff told us people received support from other health professionals such as, speech and language therapists when necessary in order to support their nutritional needs.

We consistently heard from people who lived at the home and relatives how staff ensured people's healthcare needs were met. One person told us, "I regularly see my optician." Another person said, "I see my doctor, they visit whenever I need them." One relative explained how staff had identified a concern with their family member and acted promptly to resolve this. They went on to say how effective the communication between the staff team and themselves was and how this supported their family member's well-being.

Staff showed a thorough knowledge of the health and emotional needs of people who lived at the home and ensured any issues were followed up promptly. For example, a staff member explained they had been worried about one person's health and had called the local surgery and arranged for the person's doctor to come out that morning to make sure the person was receiving the right care. Both district nurses we spoke with said that staff were quick to contact them with any concerns and followed their advice to improve people's health and well-being. People's healthcare needs were monitored and supported through the involvement of a broad range of professionals. We spoke with staff and reviewed care records that confirmed their involvement. This included speech and language therapists, doctors and district nurses.

Is the service caring?

Our findings

People we spoke with made positive comments about the support from staff and the management team. One person said about staff, "I get on really well with all of them, they treat me as an individual, and are really easy going and kind." Another person told us, "Staff are very positive, helpful and cheerful. I have never seen any of them lose their temper." Relatives we spoke with were reassured by the caring conversations between their family member and staff. One relative explained how staff had supported the family as a whole through the process of their family member moving into the home. They went on to say, "Staff have exceeded expectations, they have been so supportive to all of us." Another relative said, "It's brilliant, always feels homely and caring here."

Throughout this inspection we saw people were treated with respect and in a caring way. Staff were friendly, patient and discreet when providing support to people living at the home. Staff spoke with people as they supported them. We saw positive conversations and these supported people's wellbeing. For example, a staff member spent time reassuring someone who was feeling unsettled. The staff member spoke with the person about their experiences, places they had visited. The person showed they enjoyed the staff member's company and they shared laughter together during the conversation.

Staff were knowledgeable about the care people required and the things which were important to them in their lives. They were able to describe how different individuals liked to dress and we saw people had their wishes respected. People who lived at the home confirmed the staff knew the support they needed and their preferences about their care. One relative explained how the staff really listened to their family member and facilitated what they wanted. They went on to say how their relative always liked a cooked breakfast this was provided.

People we spoke with told us staff treated them as individuals and took into account their needs and preferences. One person we spoke with explained how staff, "know our little peculiarities," and how this helped with their feeling of comfort and well-being. A relative told us how their family member preferred to stay in their own room and always enjoyed when staff and the registered provider regularly popped in to chat with them. The relative said this stopped their family member feeling isolated, and respected their wishes to stay in their own room. The relative told us their family member was very happy at the home, and they "Couldn't fault the care."

We saw staff gave people as much choice and control over their lives as possible. Staff assumed people had the ability to make their own decisions about their daily lives and gave people choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. Some people lived with dementia and needed some support to communicate their feelings. For example, one member of staff explained how one person usually communicated with facial expressions. They told us how staff had learnt to understand what this person wanted to say and were able to use techniques to communicate with them.

People said staff respected their dignity. One person told us staff supported their independence, "They listen

to me, and only help with what I want help with." Another person explained how staff respected their dignity by always knocking on their door before they entered, which ensured they had the privacy they needed. Relatives said staff always treated them and their family member with dignity and respect. One relative told us, "They really listen to [family member,]" and explained how this had supported their family member's well-being. Another relative said, "I feel it's really warm and welcoming here, they [staff] treat people living here as people, real individuals which you can see with everyone."

Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and always listened to people's views. Staff told us how the management team regularly worked with staff to support people. One staff member explained how the management team worked alongside them and leading by example, which inspired them to improve their care practice. They said they also spent time sharing best practice in daily meetings with staff. Another member of staff described how they always ensured people were as covered as possible when supporting them to wash, to ensure the person felt less vulnerable and exposed.

People told us their family and friends could visit whenever they wanted. One person said, "They can come and share a meal or just visit with me where ever I want to be" Relatives told us they were able to visit their family members as the wished. One relative explained how they could use the upstairs lounge if they had a lot of family visiting which gave the children more space to enjoy their visit.

Is the service responsive?

Our findings

People we spoke with told us about how their individual needs were met. One person explained how they enjoyed knitting and staff supported them to link with other people living at the home. They said they enjoyed this shared experience and said this supported their wellbeing. Another person told us, "Staff do their best, I can say what I want and they will make sure I get it." A further person said, "All my needs are met, I am happy here." People we spoke with told us staff involved them with any decisions about how they were supported.

Relatives we spoke with said they were happy with the support their family member received at the home. One relative told us "I would be surprised if anyone wasn't happy at the home, all the staff are excellent at providing personalised care." Another relative explained how the communication between them and staff was "Brilliant, constantly involved and included." They went on to say staff really listened to what their family member wanted and the family as a whole which improved the experience for all of them.

We spoke with one member of the district nurse team and they shared an experience of when staff played a recording of an ice cream van and shared ice creams with all the people living at the home. They went on to say how much all the people living at the home had enjoyed this and how this had enhanced people's experience of the ice cream by bringing back memories.

People's individual needs had been assessed before they moved into the home to help ensure people's needs; wishes and expectations could be met. The registered provider explained the member of staff who was responsible for updating care plans had recently left. They were in the process of training another member of staff to step into this role. We saw there was on-going work to improve people's care records to make sure information about people's individual care and support needs was accurately described. This was to help to make sure people were not at risk from receiving care which was not responsive to their needs.

Staff showed us they were knowledgeable about people's individual ways. For example, we saw staff supporting one person whose needs had increased over the last few years. We saw the care plan and risk assessments were no longer accurate, however staff were all knowledgeable about how this person needed to be supported. They explained how information was shared regularly and discussed with the management team which supported their communication and understanding. The registered provider ensured records were updated during our inspection.

Staff we spoke with told us they learnt about people's changes in needs through staff meetings held at the beginning of each change of shift. We attended a handover meeting where staff evidenced a detailed knowledge of the health and emotional needs of people they were supporting. We saw staff ensured any issues were followed up in a timely way. For example, staff shared where a person's needs had changed, and when the doctor was required for a person living at the home.

People we spoke with told us they were supported with recreational pastimes for them to enjoy. For

example, arts and crafts, quiz, and ball games as well as organised events such as a choir at Christmas. One person said, "We have a lot of ball games, and sometimes singers, quizzes and bingo." Another person told us, "I have a good time here; I am nosey enough to join everything that's going on." Other people said they did not often choose to join in, and preferred their one to one conversations with staff. The registered provider had recently recruited an activities coordinator who was in the process of establishing a varied programme of fun and interesting things for people to choose to participate in. They were discussing with people living at the home what sort of pastimes they would like provided. One person explained how this had been discussed at the last meeting with people living at the home.

Relatives we spoke with said their family member could be involved with interesting things to do. One relative explained how they had seen interactive ball games which people had really enjoyed. They understood the registered provider was improving the pastimes offered to people. They explained they felt more one to one activities would improve their family member's well-being and they said they had shared this with the registered provider. We saw people were supported to play a quiz type game and an interactive game using a ball. Additionally we saw staff supporting some people on a more one to one basis with conversations and magazines. People we spoke with said they had access to what they needed to meet their cultural needs, and they were happy with what was provided.

People said they were happy to raise any concerns with the registered provider, management team or staff. One person told us they had nothing to complain about but felt confident they would be listened to if they did. Another person said, "We can complain, and they would listen and sort. The boss is always happy to chat." Relatives told us communication with staff was good, and they were comfortable to raise any concerns as they happened. One relative said, "I only have to ask and they listen and sort." They gave an example of a concern they had raised and said it had been acted on straight away. We saw there were no recent formal complaints; however there was clear guidance and policy available and displayed.

Is the service well-led?

Our findings

The management team explained there had been a loss of some key members of senior staff. They had identified and taken action to reallocate those responsibilities to other members of staff. They acknowledged they were experiencing a delay whilst they trained staff to take on their new roles. For example, the person responsible for activities was working on updating the plan for the year involving people living at the home. They were also reinstating the regular meetings to ensure people living at the home had an opportunity to be heard. Another member of staff was undergoing the training to review care plans and risk assessments to ensure they were up to date and people were not put at risk.

We found some area's for improvement relating to the documentation within the home. The registered provider explained the steps they had taken to ensure these would be brought up to date. We also found that one member of staff had not received the induction training they needed to support people living at the home, as stated in their policy. We spoke with the member of staff and they explained they were well supported by the team and the management team. They told us they had daily discussions about best practice and worked along-side the management team which supported their practice. The registered manager put plans in place to ensure the member of staff was appropriately trained straight away.

People we spoke with said the registered provider was approachable and the management team were open and inclusive. One person told us, "They [staff] are always happy to listen, which gives me confidence to speak to them about anything." Relatives we spoke with said the home was well managed and they knew the registered manager well. One relative said, "Everything is properly managed, the senior team [senior care assistants] are all approachable and sort everything we need." A member of the district nurse team explained staff were very professional and the home was managed effectively.

The registered provider supported an open and inclusive culture. They annually sent questionnaires to gain feedback from people living at the home, relatives and visitors. The feed-back from the questionnaires was actioned by the management team to improve the quality of care people received. For example we saw all the responses from questionnaires sent in January 2017 were positive. The management team were in the process of collating results to ensure any suggestions were actioned.

Staff said the registered provider and management team were approachable. One member of staff told us, "[The registered provider] will guide and advise if I am doing things properly so I can continue to improve." Staff we spoke with said they had clear roles and responsibilities and worked as a team. Another member of staff told us, "We all work with heart, all the staff team are very supportive and work together in people's best interest." Staff said they had daily meetings with the registered provider and the management team where they could always raise suggestions and concerns. They said they were well supported and were confident with how the management team ran the home.

Staff we spoke were aware of how to record accidents and incidents. One member of staff explained how these were then investigated and any action needed was taken in a timely way. For example we saw one person had fallen and the management team had contacted their doctor for a medicine review. The

registered provider had an over view and ensured appropriate action was taken and people's risks were reviewed.