

Bearwardcote Hall Residential Home Limited

Bearwardcote Hall Residential Home

Inspection report

Bearwardcote Hall
Heage Lane, Etwall
Derby
Derbyshire
DE65 6LS

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Bearwardcote Hall Care Home is a residential care home providing personal care to people aged 65 and over. At the time of the inspection 32 people were using the service. The service can support up to 39 people.

The accommodation is provided over two floors. The upper floor being bedrooms, toileting and bathing facilities. The downstairs provides two communal lounges, two dining areas and some other small areas for people to use. There were extensive grounds with beautiful views which could be admired by people through the large windows or from the patio area.

People's experience of using this service and what we found

Audits had not always identified when areas required changes or improvements. However, other audits had been used to reflect the required changes and these had been made. People's views had been considered and action taken. Staff felt supported and understood the ethos of the home and had created a homely and friendly atmosphere. The home worked with a range of professionals and the community to enhance people's life. We had received notifications and the previous rating was displayed.

Staff understood how to keep people safe and report any risks to harm. Risk assessments had been completed to reflect on action required to reduce the risks. There were enough staff to support people's needs and appropriate recruitment checks had been completed. Medicine was managed safely, and lessons had been learned following any events. Measures were in place to reduce the risk of infection.

Staff had received training for their role and new training areas had been identified and implemented. People's health care was supported through referrals to health and social care professionals and their guidance was being followed. There was a positive meal experience which was supported by people being able to choose their meal. People's dietary needs were reflected and monitored. The environment was accessible, and people could personalise their own space.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had established positive relationships with people. We observed kind and respectful interactions with people encouraging people to make their own decisions in their daily choices. Relatives were welcome and people were still able to follow their religious beliefs.

The care plans provided information to support the care people required. A pre-assessment had been completed before care was commenced to ensure the provider could meet people's needs. There was a range of activities provided daily to offer people the opportunity to enjoy areas of interest. People knew how to raise a complaint, and any had been responded to formally providing an outcome. The provider was developing end of life plans to ensure people's wishes would be respected and implemented.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (Published 1 December 2016).

At this inspection we found improvements had been made in the effective domain, however we have reflected some further improvements were required in the well-led domain.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bearwardcote Hall Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted on one inspector and an assistant inspector.

Service and service type

Bearwardcote Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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 inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from

the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager, deputy manager, senior care workers, care workers, domestic staff and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We email a health care professional who had been involved with the home, their responses have been included in the report findings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same and is rated good.

Assessing risk, safety monitoring and management

- Risk assessments were completed for most of the people's needs. These covered aspects when people were required to move, or areas of risk related to falls. However, some risks had not always been updated when people's health care needs changed. We have reflected on this in the Well-led domain of this report. Staff were aware of how to mitigate the risks in these areas.
- We observed some people being supported to move using equipment. This was done safely with staff showing knowledge of the equipment and gave instructions to the person to make the transfer as comfortable as possible.
- People had an emergency plan which was individual to their needs. It detailed the zone within the home the person spent most of their time. Staff had completed regular evacuation drills and from these any learning was shared with staff. For example, locations of equipment or how best to approach a person.

Preventing and controlling infection

- People were protected from the spread of infection. The home appeared clean and had a pleasant odour, however the cleaning schedules were not specific to reflect when some areas of the home had been cleaned. We discussed these with the provider, who acted to ensure these would be put in place.
- We saw staff used protective equipment like gloves and aprons when they provided personal care or when serving meals
- The kitchen and food preparation area was well maintained. There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse. There was a policy which clearly described how to keep people safe from the risk of harm. Staff we spoke with were aware of the policy and were provided with regular training to ensure that they could recognise the signs of abuse and report concerns confidently.
- We saw how after an incident the provider had reviewed their processes for reporting safeguards to the local authority. The provider also completed competency reviews of staff skills and knowledge to ensure they understand the action to taken if incidents or concerns were raised. This meant the provider learnt from incidents and used them to drive improvements.

Staffing and recruitment

- There were sufficient staff to support people's needs. People told us when they required support staff were

always around. They also told us that when they used the call bell it was responded to.

- The registered provider had a process for ensuring that staff were recruited safely. Records showed that pre-employment checks were undertaken prior to staff commencing employment. Staff had Disclosure and Baring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions.

Using medicines safely

- Medicines were managed safely. People had their medicines administered safely by competent and experienced staff. Staff had received regular training and the staff competency was checked to ensure they had the knowledge and understood the importance of the recording aspects of administration.
- We observed how people received their medicine. Staff took time to explain what the medicine was for and when people required as when required medicine staff ensured this was given in line with their prescribed needs.
- We checked the stock and storage of medicines and found this was being recorded in line with guidance. The deputy had identified the fridge temperature kept fluctuating and this had been recorded. This had also been raised with the pharmacy who provided the fridge and measures were in place for a replacement. This shows action was taken to ensure medicine was stored in accordance with the prescribed requirements.

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.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 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. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection we recommended the provider consider current guidance on capacity assessments. The provider had made improvements.

- People's capacity had been assessed and records showed that where people may be lacking the capacity to make particular decisions, a two-stage assessment of their capacity was carried out.
- People were asked to provide their consent to receive care and support. We saw that staff encouraged people to make daily choices and obtained their consent before commencing any care support. Some people had been referred to the local authority with regard to a DoLS and the provider was awaiting an assessment and outcome. Where an assessment had been completed this information was included in the care plan.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed when they moved into the home, the registered provider used a pre- assessment document to ensure that detailed information about the persons support needs were recorded.
- People had been encouraged to be involved in their care planning of their needs. One person told us, "Staff always ask what I would like, and my views are respected."

- The health care professional who delivered the training told us, "I have given a training package on Delirium which was attended well and I found the staff to be enthusiastic. They asked lots of questions and feedback how useful they had found the information. I am due to attend in July for a Dementia training session and am quite looking forward to it."

Staff support: induction, training, skills and experience

- Staff had received training suitable for their role. This included additional training which had been delivered by health care professional partners. One staff member said, "We have had some recent training on delirium which was really interesting and helped us to understand people's condition."

- When new staff commenced their employment, they were provided with 12 weeks of shadowing with experienced staff. One staff member told us, "It seemed a long time, but it was good as I learnt so much. Like with the training, I got to know which slings were correct for each person and their needs."

- The deputy had a record of all the training and kept a detailed matrix so that people would receive ongoing training for their skills to be maintained.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the meal experience at the home. One person told us, "The food is excellent, and you get a lovely selection, with a choice at lunch and teatime." Another person told us, "I often asked for a jacket potato which is not on the menu and this is always provided."

- We observed the midday meal. People had a choice of meals and when required support or encouragement this was offered. A staff member told us one person had lost their appetite, so they now encouraged them to join people in the dining room and their appetite had increased due to the social element of the meals.

- People's weights were monitored, and referrals made when there was a concern with regard to the person being over or under weight.

- The chef was aware of people's dietary needs and these were catered for.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health care was monitored. Staff had a good knowledge of people's health conditions, and care plans contained clear personalised information to support this.

- People's care plans showed that they were regularly accessing medical professionals such as GP's, district nurses & community psychiatric nurses.

- We saw on the day of the inspection the GP had been requested to attend someone who was unwell. A relative told us that staff were very responsive and contacted health care professionals when they had any concerns.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were decorated according to their choice and we saw personal memorabilia was displayed. One person told us, "I brought my own armchair from home."

- There was a homely feel and people sat in their chosen seat. The carpet had been replaced in the lounge and there were plans to replace the carpet in the corridors.

- People were able to use the different communal spaces in the home and people enjoyed sitting outside on the patio area.

- Some people had expressed how they would like a path, so they could walk around the garden as it was so beautiful. The provider told us they would investigate the options for this.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating of good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had established positive relationships with the staff. One person told us, "The interaction with staff is positive and caring. Staff listen to you and accepted your decision."
- People were able to continue their religious beliefs. Some people had an individual arrangement and others accessed a monthly church visit.
- We observed staff interacting with people. Staff took their time and spoke on the same level with people. Staff showed a real affection for people, one staff member said, "I just love everyone, they are all different. I really enjoying caring for them and making their day."

Supporting people to express their views and be involved in making decisions about their care

- People were able to choose how they spent their day. We saw staff ask people where they wished to sit or how they wished to spend their day. For example, joining the activity or sitting in a different room.
- The people and relatives had a meeting every six weeks and this provided an opportunity for the provider to share any changes in the home and for people to make comments on their care or the home. These were documented and responded to.
- Relative we spoke with said they were welcome to visit any time and did so. We saw those who visited during the inspection were made welcome. Relatives also told us they were kept informed of any changes and the action they had taken.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. One person told us, "Staff always knock before entering my room. They also ask me before doing any tasks which I appreciate since I lost a lot of my independence."
- People's care records were kept locked in the office and access was only by staff who needed to review the information.

A health care professional said, "When I arrived I am welcomed warmly, the staff are always friendly and smiling. There is a relaxed and positive atmosphere. I have witnessed staff and resident interaction and have found these to be very caring and attentive. The staff know their residents very well and notice subtle changes in their presentations."

- A health care professional said, "When I arrived I am welcomed warmly, the staff are always friendly and smiling. There is a relaxed and positive atmosphere. I have witnessed staff and resident interaction and have

found these to be very caring and attentive. The staff know their residents very well and notice subtle changes in their presentations."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same and is rated as good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A pre-assessment had been completed before care was commenced to ensure the provider could meet people's needs.
- The care plans provided information to support the care people required. Staff had access to the care plans and had been involved in updating them when people's needs changed.
- Before staff commenced their shift, they were provided with a handover so that they were familiar with people's current needs. One staff member told us, "The information is useful as you know what to expect and how to support people."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw that information was displayed within the home on boards which were accessible by people. There was an orientation board which was used to relate to the day and date.
- There was a chalk board for the menu and the provider was looking into other methods of displaying information.

Supporting people to develop and maintain relationships to avoid social isolation;

- People had been supported to access a range of activities, these were provided by different visiting people or ex staff who had a varied programme of activities. People we spoke with felt there was enough activities on offer.
- In the last questionnaire completed by people, they had asked for more practical activities like dominoes and we saw these had been added.
- People had also been able to go out and we saw within the newsletter that some people had visited the local public house and the tea rooms.

Improving care quality in response to complaints or concerns

- Complaints had been addressed. We saw the complaints policy was displayed on the notice board. In the last questionnaire four people had identified they had not had the complaints policy. It is now displayed on the back of the bedroom doors as well as on the notice board.

- People and relatives told us they felt confident to raise any concerns and those which had been raised were responded to swiftly. We reviewed the complaints the provider had received, they had all been responded to with a formal response and outcome.

End of life care and support

- End of life care plans had not been fully embedded in the care planning process. One relative told us they would welcome the conversation about this area of care. We discussed this with the deputy and the provider who agreed to review this process and ensure this would be embedded. We will review this as part of our next inspection.

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.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a range of audits to reflect on the quality of care and when improvements were required. However, some audits were not in place or used affectively. For example, there was no audit to review the care plans to ensure they were up to date following any changes. Some people had diabetes, there was no risk assessments to reflect the action which should be taken should a person have blood sugar reading above or below the safe reading for that person. In addition, some of the risk assessments had not been updated following a fall, however, measures had been put in place.
- When people had an accident or incident this was recorded, and the deputy manager had reviewed the measures in place to reduce the risks. However, the analysis of the accidents and incidents did not reflect trends or any ongoing concerns. The deputy was looking into other recording methods and how this data could be shared with staff at the monthly meetings.
- The infection control audit had not identified that cleaning schedules were required to ensure a consistent approach to reducing the risk of infections. It had also not identified that the enamel on one of the baths was peeling. This meant this area could not be cleaned appropriately. The provider was implementing an improvement plan which could be used to track all the areas which required improvements within the home.
- Other audits had been used to drive the improvements. For example, an environment audit identified that the carpet needed replacing and we saw this had happened. Another identified that the bathroom extractor fans needed replacing and again this was completed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive atmosphere within the home. People we spoke with all said they were happy living at the home.
- The provider and registered manager had developed a staff team which reflected a clear vision and a strong set of values.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website.

- We checked our records which showed the registered manager had notified us of events in the home. A notification is information about important events which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives had been given the opportunity to comment on the home and the care people receive. There was an annual questionnaire and a suggestion box in place at the reception. Family members felt the questionnaire was restrictive and so the provider was reviewing the questions and opportunities for information to be shared.
- There was a monthly newsletter to share information and following the annual questionnaire these results were shared with people and relatives. This was through meetings and displaying the outcomes on the notice board.
- We saw that people's views had been responded to. For example, people had requested more outside seating, and this was purchased. They had also requested that the conifer trees be cut to allow them to see the view of the countryside and this was completed.
- Staff were also given a questionnaire and their views considered. For example, staff had suggested an additional cleaning routine for wheelchairs and this had been implemented. Staff had also asked for a new Hoover and hoist, both of which have been purchased. This shows the provider listened to people and staff to make improvements.

Continuous learning and improving care

- The provider held monthly meeting with staff and there was time made available to share learning within the team or from events.
- The provider had processes in place to investigate incidents and outcomes were shared with staff.

Working in partnership with others

- Partnerships had been encouraged and developed. There was a positive response from health care professionals we spoke with. A health care professional said, "I have found that the deputy has a great understanding of people's needs and works in an empathetic and patient focused way. I am always made to feel welcome by the management and the team."
- There was a positive connection with the local community, a link with the churches and ex-employees who had returned to provide volunteering.

