

Mrs Victoria Lavender-Mew

# Bedwardine House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Bedwardine House Residential Care Home is a residential care home providing personal care to 22 people aged 65 and over at the time of the inspection. The service can support up to 25 people in one adapted building.

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

Safe and effective recruitment procedures and systems were not always in place to ensure staff were of good character and suitable to work with people living at the home. The storage and recording of medicines was not always in line with requirements and systems were not sufficiently robust to identify shortfalls. Systems to identify risks to people were not always sufficiently robust and care records and risk assessments were not always either in place or updated to reflect people's needs. Management systems were not always identifying shortfalls in these and other areas such as some staff training and the analysing of accidents within the home.

The provider had failed to notify the CQC of accidents whereby people had received or sustained an injury.

There were sufficient staff members on duty to care for people. People told us they liked the staff and found them to be kind, caring and considerate. People felt safe living at the home and told us they had their right to privacy and dignity respected by staff members and were able to make choices about how they spent their day.

People had a range of fun and interesting things to do during the day and told us they enjoyed taking part in these.

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.

Most people liked the food provided and told us they had a choice of food. People had access to a range of healthcare professionals to uphold their wellbeing.

People and staff told us they liked the management of the home. Staff members felt supported by the provider and enjoyed their work.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 08 February 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

### Enforcement

We have identified breaches in relation to the safe management of medicines, staff recruitment, good governance and notifying the Care Quality Commission of accidents within the home.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bedwardine House Residential Care 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 was carried out by one inspector.

#### Service and service type

Bedwardine House Residential 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.

There was no registered manager because the provider was both the registered provider and the manager. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. In addition, we contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with the provider, the business manager, the deputy manager and six members of staff.

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 reviewed a range of records. These included five people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. We looked at a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The deputy manager provided some additional information as requested within the timeframe given.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider failed to ensure they protected people living at the home from potential harm by having safe recruitment practices in place.
- Checks on new members of staff or staff returning to the home, after a period working elsewhere, were not sufficiently robust to ensure these potential employees were suitable to work with people living at the home. Checks such as a complete and up to date one with the Disclosure and Barring Service (DBS) were not always in place, any concerns identified were not risk assessed. References were not always obtained prior to the employee commencing employment and a work history was either not in place or complete.
- The provider was not able to give us details of actions they had taken to keep people safe or to demonstrate they had enough knowledge about their employees recent or full background.

We found no evidence that people had been harmed however, the provider had not fully ensured people were protected from risks associated with unsafe staff recruitment. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection the provider supplied us with evidence of the action they had taken to make improvements in their recruitment procedures.
- People and staff members, we spoke with believed there were enough staff on duty to meet the needs of people living at the home. Staff told us agency staff were rarely used to cover care duties as they covered each other during holidays and in the event of sickness. This was to ensure consistency in care delivery.
- Staff responded promptly to the call bell system when this was activated by people who lived at the home.

### Using medicines safely

- The storage of some controlled medicines requiring additional requirements was not in place as needed. The recording of a medicine's name was not always included within the register which the provider was required to keep as a record of these medicines.
- The records of one medicine needing to be accounted for showed on one occasion staff had not recorded an accurate amount of the number of tablets remaining. This error was not brought to the attention of a manager or a senior member of staff at the time and was not known to the provider until we brought it to their attention as part of the inspection.
- Some people were prescribed medicines on an as and when needed basis. There were no protocols or guidelines in place for staff members to ensure these were consistently administered to people when

needed.

We found no evidence that people had been harmed however, the provider had not fully ensured people were protected from the risks associated with medicine management. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider informed us they would obtain the required storage facility and introduce protocols regarding medicines prescribed on an as needed basis.

- People confirmed to us they received their medicines regularly.
- Staff were heard explaining to people the need for them to have their medicines. This was done in a calm and reassuring way. Staff members were seen to wear a tabard while administering medicines to people to reduce the risk of interruptions.

#### Assessing risk, safety monitoring and management

- We found the laundry door to be open on two occasions. On day two of our inspection, we found the door to be on the catch to prevent it locking. One member of staff told us the door was never locked while another told us it was kept locked. We found the laundry room contained hot water tanks with hot water pipes which could not be touched for more than a few seconds before there was a risk of scalding.
- Risks assessments regarding people's care and support were in place. Although staff had knowledge about risks we found these were not always accurately updated in a timely way for example following a person sustaining a fall.
- Equipment such as hoists were available for staff to use as assessed to meet people's needs. These items of equipment were routinely examined to check their safety.
- Regular checks to fire systems and fire equipment were undertaken to ensure they were safe.
- People had access to specialist equipment. For example, walking frames were close at hand and some chairs had seat raisers to assist people get in and out of a sitting position.

#### Learning lessons when things go wrong

- Although accidents and incidents were recorded they were not always up dated in the event of further information becoming available such as when a person sustains a fracture because of an incident. Accident records were not evaluated or analysed to look for any theme or trends in order to identify methods to keep people safe. An undertaking was given by the management of the home at the time of the inspection to commence this work in the future.
- Staff told us they were made aware of accidents and incidents such as falls during staff handovers.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I couldn't be better off than here". Another person told us, "I do feel safe. If any concerns I would speak with the carers [staff]."
- A relative told us, when discussing their experience of the home, "The key thing is [family member] is safe and looked after."
- The deputy manager told us they were aware of when they would need to report an incident such as a safeguarding matter to the local authority. They added they had not needed to do this.
- Staff were aware of their responsibility to report any concerns. Staff we spoke with told us they were not aware of any safeguarding issues which had occurred at the home.

#### Preventing and controlling infection



- People living at the home told us the home was kept clean and tidy. Communal facilities such as bathrooms and toilets were seen to be clean.
- One person told us, "The air here is always nice and fresh."
- Hand washing facilities were available for people and staff members.
- Staff had personal protective equipment available to them as needed.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff had not had access to regular training updates to refresh their knowledge in key areas. Some gaps were evident on the training matrix for example the night staff previously attended fire training during 2017. We were assured this was covered in induction training and for other staff this was covered during their previous training. The provider told us their procedure was to provide this training on an annual basis however there had been no changes since staff had received training. They gave us an undertaking this training would be provided shortly. In addition, one member of staff, who was cooking on the day of the inspection, did not have a valid basic food hygiene certificate. The provider told us they would remedy and ensure the training was provided.
- Some members of staff had recently attended training in advanced medicine administration, safeguarding and Deprivation of Liberty Safeguards (DoLS).
- One member of staff was able to provide training to other members of staff for example in moving and handling. This training had been completed by staff members.
- Induction training was undertaken by newly appointed members of staff this included shadowing experienced members of staff.
- Staff told us they felt supported by the management of the home. The provider was seen joining the staff having a cup of tea in the dining room. Staff told us they could have a one to one meeting with the provider or deputy manager if they wanted one.

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

- One person was recently placed on food and fluid balance records at the request of the local authority due to their weight loss. We were informed following discussion with a community nurse these were no longer in place. However, these records had been inconsistently completed during the time they were needed. During this period no revised care plan was devised to inform staff on what needed to be achieved such as the target for fluid intake and the action to be taken if and when not achieved.
- The majority of people told us they liked the food available and had a choice if they did not like the main meal. One person told us the meals were, "Wholesome" and, "Plenty of variety". Another person described the food as, "Excellent" and told us, "I like to clear my plate." They told us staff knew of their likes and dislikes regarding food. However, one person described the food as, "Palatable" and, "Similar everyday" while another person told us the food was, "Reasonable."
- Staff we spoke with were complimentary about the food. They told us food was always freshly prepared and extra helpings always available. One member of staff told us the provider would go out and obtain anything people wanted if they did not have it in stock.

- People sat in the lounge were regularly seen to have a drink available.

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

- Relatives we spoke with told us an assessment of their family member's care needs had taken place prior to them moving into the care home. One relative told us they were assured their family members needs could be met as a result. Another relative told us, "It felt homely and a nice environment" when they first visited the home on behalf of their family member.

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

- People told us they liked their bedroom and confirmed they were able to personalise it to their own taste. One person said, "I have a lovely room."
- People could access the front of the home via a ramp.

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

- People confirmed they had access to a range of healthcare professionals. People told us the doctor visited regularly and they were able to see them when needed. Community nurses were seen to visit regularly to assess and review peoples' health needs such as their skin care.
- People told us they had access to dentists as well as a chiropodists and opticians.
- A visiting healthcare professional confirmed they visited the home on a regular basis. They told us staff knew people well and acted upon their medical advice and sought clarification if unclear. They confirmed medical attention was requested when needed and when appropriate.

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, and some hospitals, 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.

- The provider had fitted a code to the door and lift on the first floor which restricted people's access. One person told us they knew the code but waited for staff to assist them down stairs. Where people lacked capacity, applications had been submitted to the local authority to lawfully deprive people of their liberty.
- Assessments of people's capacity were in place. Best interest decisions were undertaken for the use of equipment such as bedrails.
- Staff were seen seeking consent from people prior to providing care and support.

# 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. 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 told us they were happy living at the home and told us the staff were kind and caring. One person described the staff team as, "Wonderful" and, "Hardworking". Another person told us, "I regard the carers [care staff] as my friends. Everyone is my friend. I only have to ask for something and I get it straight away". A further person described the staff as, "Very Friendly."
- People told us they could rely on staff members to assist them. One person told us staff are, "Always willing to help. To help you wash."
- Throughout the inspection we saw friendly banter taking place between people and members of staff. We saw people laughing and smiling.
- A relative described the staff as, "Very caring" and added, "I know everybody [the staff] and they know me. They always do their best for [family member]."
- The deputy manager told us they believed the care to be good at the home because the staff were, "Kind, caring and considerate." One member of staff told us, "I only want what is right" by providing good quality care.
- A professional who visited the home was complimentary about the care provided.

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

- People told us they felt involved in day to day decisions and felt listened to. We saw people were able to spend the day in their bedroom if they wished or return to their bedroom for example after having taken part in an activity.
- A relative told us people had a choice about where they wished to sit.
- The provider was known to people and their family members and was seen spending time talking with them.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. People told us staff always knocked on their bedroom door before entering. One person described staff as, "Very good" for how they respected their privacy and dignity.
- During our inspection we witnessed staff knocking on people's bedroom door prior to entering.
- One person told us they had initially requested female staff only attended to their personal care needs. They confirmed staff had respected this although they had now accepted male staff as they had got to know them.

- Staff were aware of how to uphold privacy and dignity. Staff were able to explain to us how they did this while providing personal care such as ensuring curtains were closed and covering people with a towel while washing them.

# 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 deteriorated to Requires Improvement. This meant people's needs were not always met.

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

- Care plans to guide staff members regarding people's needs were not always either in place or up to date, however, care staff had a knowledge of people's care needs. One person had changes to their mobility needs following an assessment. Although it was evident professionals had visited there was no change to their risk assessment or care plan. We were informed of a person with continence needs however their care plan was not up to date or reviewed since 2016. A person with a risk of falls had no care plan in place. Care records for a person with diabetics did not contain any symptoms of what the person could experience if unwell.
- The provider was aware of shortfalls with the current care plan records and told us they planned on looking towards moving to an electronic system in the future in order to address the concerns with the current arrangements.

Improving care quality in response to complaints or concerns

- The provider informed us they had not received any formal complaints since our previous inspection. One person told us they had no complaints about the care provided. Another person told us they felt able to raise concerns if needed.
- We had a concern brought to our attention at the time of our inspection regarding one person's care. We brought this to the attention of the provider for them to address and action. We found the person's care plan was not up to date to evidence the support staff were providing.
- The provider's complaints procedure was displayed in the entrance hall of the home for people to refer to if needed.

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.

- There was some signage within the home. The provider believed no further signage was required at this time.
- Assurance was given by the provider and business manager that information would be made available in large print and or in pictorial format if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were able to take part in fun and engaging activities as they wished or spend time in their own room. One person told us they went to the regular quiz and enjoyed this. The same person told us the activities coordinator visited them in their room and brought them books.
- We saw people engaging in games and enjoying the competitive element of these while also having fun and encouraging each other and celebrating success.
- People told us they enjoyed the entertainment provided. One person told us, "We had people singing and dancing. A lively lot they were."
- Information was displayed about planned events scheduled to take place. Photographs were displayed of people engaged in interesting things.
- People were able to sit outside to enjoy the warm weather.

#### End of life care and support

- A visiting healthcare professional gave positive feedback in relation to advanced care planning and staff having a good approach to end of life care.
- Medicines to relieve pain were available in preparation for some people as prescribed by the doctor should they be needed.
- People's care records contain details of people's end of life wishes.
- A recently introduced local initiative regarding end of life care was known about and was to be fully implemented.

# 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 has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Registered providers are legally obliged to inform the Care Quality Commission (CQC) of certain incident and accidents which have occurred within the home. These statutory notifications are to ensure CQC is aware of important events and play a key role in our monitoring of the service. During our inspection we identified occasions where people had sustained a notifiable injury whereby no notification was submitted to the CQC.

Systems to ensure CQC were made aware of these incidents were not robust enough to demonstrate safety was effectively managed. This placed people at potential risk of harm. This was a breach of Regulation 18 of the Care Quality Commission (Regulation) Regulations 2009.

- Management systems where not sufficiently robust to ensure care records and risk assessments were completed accurately and kept up to date.
- Systems to ensure safe recruitment of staff were not effective to ensure people were not placed at risk of unsuitable staff being appointed.
- Systems to monitor medicine records were insufficient to ensure they were always accurately completed.
- Systems to ensure staff received refresher training as required were insufficient to ensure staff had the training in line with the providers own procedures.
- Management systems to ensure notifications were submitted to the CQC were insufficient to ensure this took place
- Arrangements to review and analyse accidents and incidents to monitor for trends were not in place.

Systems were not sufficiently robust to ensure the quality of the service was suitably well led. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had engaged with people and their family members to seek their opinions on the service provided.
- One person told us they previously had meetings, but these no longer took place. The business manager



confirmed they recently sought people's opinions by carrying out a survey asking people a range of questions about the level of service provided.

- The provider had carried out a questionnaire seeking feedback from relatives in January 2019. Most comments received were positive. Comments included, 'All the staff are very friendly and easy to talk to' and, 'excellent care.'
- Meetings involving senior members of staff took place. The minutes of these meetings were made available to the full staff team, so they were aware of the subjects discussed.

Continuous learning and improving care; 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

- The provider was aware improvement because of the inspection findings and gave an undertaking to make these.

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

- The provider was well known to people who lived at the home as well as to relatives. One relative told us the provider as well as the business manager were regularly in the home.
- Staff spoke highly of the provider and the support they received. A staff member told us they enjoyed working for the provider due to the, "Team work." Another member of staff told us the provider had an expectation of people who live at the home coming first. Staff told us they supported this approach.

Working in partnership with others

- A healthcare care professional told us they worked well with the staff team.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered provider failed to ensure the Care Quality Commission were notified of serious injury occurrences within the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The Registered Provider failed to have safe and effective systems to place to store and record people's medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The Registered Provider failed to have effective systems in place to monitor and improvement the quality of the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The Registered Provider failed to have in place and operate effective recruitment processes to meet the regulation.

