

Handsale Limited

Handsale Limited - Bierley Court

Inspection report

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Bradford
West Yorkshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

About the service

Handsale Limited Bierley Court is a residential care home providing personal care and can support up to 40 people. At the time of our inspection there were 29 people living at the home, the majority of whom were aged 65 and over.

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

A recent inspection by West Yorkshire Fire and Rescue Service found the premises did not meet the current fire safety regulations. The provider took immediate action to make sure people were safe. They also put an action plan in place to make sure the necessary improvements were carried out within the specified timescale. Staff had received fire safety training and drills were carried out to test their competence. People told us they felt safe at Bierley Court.

Overall people were satisfied there were enough staff to meet their needs. People received care and support from staff who were trained and supported in their roles. The service worked with other professionals to ensure people's health care needs were met.

People told us the food had improved. They said they were consulted about the menus and confirmed their dietary needs and preferences were catered for.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us staff treated them well. Staff knew about people's diverse needs and we saw staff were kind and respectful in their interactions with people.

People's needs were assessed, and person-centred care plans were in place. This helped to ensure people received the right care and support. People's communication needs were assessed, and appropriate support was provided where needed.

People were supported to take part in a range of social activities inside and outside the home. People told us they were involved in planning what they wanted to do.

Since the last inspection the management team have continued to work on improving people's experiences of care. People told us they were consulted about changes such as the ongoing improvements to the environment. People told us they had confidence in the management team. A relative said, "I feel confident in the day to day running of this residential home and feel we made the best choice, all the staff are wonderful, caring, patient and I mean all staff."

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 requires improvement (published 25 July 2018).

Why we inspected

This was a planned inspection based on the previous rating.

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 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 well-led.

Details are in our well-led findings below.

Good ●

Handsale Limited - Bierley Court

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

Bierley Court 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 on both days.

What we did before 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. 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 used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with one visiting health care professional and nine staff including the registered manager, deputy manager, senior care workers, care workers, the chef and the quality manager. 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. This included three people's care records and several medication records. We looked at one staff file in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has remained the same.

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.

Assessing risk, safety monitoring and management

- A recent inspection by West Yorkshire Fire and Rescue Service (WYFRS) found the premises did not meet the current legal requirements in relation to fire prevention. WYFRS told the provider what actions they needed to take to ensure the building complied with current fire safety regulations. The provider acted immediately to make sure people were safe. In addition, the provider put an action plan in place to make sure the required improvements were carried out within the specified timescale.
- Staff had received fire safety training and fire drills were carried out. Individual emergency evacuation plans were in place to inform staff of the support people needed in the event of an emergency.
- Maintenance records showed checks were carried on installations and equipment. These included gas, water, electricity, hoists and slings.
- Risks to people's safety and welfare were assessed. Each person who used the service had a range of risk assessments in place. These reflected their individual needs and covered areas such as falls, pressure ulcers, nutrition, moving and handling and behaviours which challenged. Staff were aware of what they needed to do to manage risks to people's safety and welfare.

Staffing and recruitment

- Staffing numbers were linked to people's needs and were kept under review. Following feedback from people at a residents meeting in April 2019 the registered manager had made some changes to the way staff were deployed. This had helped to make sure staff were available where they were needed most.
- Overall people were satisfied there were enough staff to provide them with the support they needed when they needed it. Staff told us they felt there were enough staff to meet people's needs and keep them safe.
- For the most part there was a good staff presence in the communal areas and staff had time to sit with people. On the second day of our inspection we saw one member of staff was left alone on one of the units while the other staff member went for their break. We talked to the registered manager about this and they assured us this should not have happened and would be dealt with.
- Robust recruitment procedures were followed to make sure staff employed were suitable to work with vulnerable adults.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People who used the service and relatives told us they felt Bierley Court was a safe place. Comments from

relatives included, "Mum's safe and sound and we have peace of mind knowing she is being well looked after by all the kind staff. "and "My father is in a place which gives me peace of mind and comfort in the knowledge his future days are peaceful."

- People knew who to speak to if they were worried about anything. People and staff were confident any concerns they raised would be dealt with properly.
- Staff had received training and knew how to identify, and report concerns about people's safety and welfare.
- The registered manager understood their responsibilities and reported safeguarding concerns to the relevant agencies.

Using medicines safely

- People's medicines were managed safely.
- Medicines were stored securely and administered by staff who had completed appropriate training. Competency assessments were carried out to confirm staff were following the correct procedures.
- We observed staff supporting people with their medicines. They explained to people what their medicines were for and where necessary encouraged them to take them. Medication administration records were up to date and accurate.
- People's medicines were reviewed regularly which helped to make sure they were not taking unnecessary medicines.

Preventing and controlling infection

- The home was clean and fresh.
- Staff were provided with personal protective equipment such as aprons and gloves and were observed them using them appropriately.
- Infection control audits were carried out to make sure infection prevention and control procedures were being followed.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. For example, checks on the way people's medicines were managed had shown the new electronic medicines management system had led to an increase in medication errors. As a result, the service had changed to a paper-based system and the number of errors had reduced significantly.
- Accidents and incidents were reviewed, and action taken to reduce the risk of recurrence. Information was shared with the staff team to reduce the risk of recurrence.

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 requires improvement. At this inspection this key question has improved to good.

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

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

- People's needs were assessed. The assessments considered all aspects of people's daily lives including religious and cultural needs.
- Care and support was delivered in line with the law and good practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had received a range of training to meet their needs.
- Training was provided on safe working practices and subjects related to the needs of people who used the service. These included moving and handling, first aid, infection control, pressure area care, nutrition, falls prevention, dementia and person-centred care.
- Staff told us they received lots of training and felt supported by the registered manager and the management team. They told us they had attended specialist training to help them understand the experiences of people living with dementia and shared examples of how this helped them to support people more effectively.
- Staff received regular one-to-one sessions of supervision. These provided an opportunity for staff to reflect on their working practices and discuss training and support needs.

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

- People were supported to have a varied diet. People's dietary needs and preferences were catered for, this included medical, religious and cultural needs.
- People said the food had improved following the recent appointment of a new chef. People told us the chef asked them what they would like to see on the menu. One person told us they had enjoyed recent treats such as strawberries, blackberries and butterfly buns. Another person said the chef's home-made soup was "gorgeous."
- People's weights were monitored and when people were at risk, for example, due to unplanned weight loss appropriate action was taken.
- We observed people being offered drinks and snacks throughout the day. It was very hot outside and people were being encouraged to drink plenty of fluids.

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

- People and relatives told us healthcare support was provided when needed. One relative commented,

"They have all been amazing with my mum and have picked up on things immediately if she has been unwell."

- Care records showed specific healthcare needs were being met and medical advice was sought appropriately when required.
- People were supported to maintain good health, for example by being supported to visit the dentist.
- The service held regular meetings with the district nursing team which helped to ensure they worked together effectively to support people's healthcare needs.

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 home was working within the principles of the MCA.
- Appropriate DoLS applications had been made.
- When people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff had received training on MCA and DoLS and had a good understanding of how this applied to their day to day work. We observed staff asking people for their consent before providing care and support.

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

- There was an ongoing programme of refurbishment and redecoration. People who used the service had been consulted. A hairdressing and nail salon and a bar had been created in response to people's feedback.
- There was a large garden which was easily accessible to people.

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 staff treated them well. One person told us, "[name of staff] greets you like a friend." In a recent survey carried out by the provider people described the staff as "Kind, compassionate and caring." A relative commented, "Couldn't wish for a better place for my Mum to live, fabulous friendly staff from management to cleaners."
- It was clear staff valued people as individuals. They spoke about people respectfully and showed care and kindness in their interactions with people. For example, one staff member was walking arm in arm with a person who used the service, they were chatting while they walked and looked comfortable and relaxed in each other's company.
- The registered manager promoted equality and diversity. Information was displayed in the reception area where it could be seen by everyone who visited the home. Staff received training on equality, inclusion and person-centred care. They were aware of people's diverse needs.

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

- People and/or their relatives were supported to make decisions about their care.
- We observed staff offering people choices about all aspects of their daily lives. For example, we saw one staff member asking people if they wanted to watch a film. They suggested 'Last of the Summer Wine' and showed people the DVD which had pictures of the characters to help them decide.
- Care records included information about people's life histories and their preferences. Staff knew about people's individual needs, preferences and interests and used this information when talking with people. One staff member told us a person they supported liked to talk about the time they had spent working at a Butlins holiday camp.
- Meetings were held where people and their relatives were given the opportunity to share their views and make suggestions. Topics discussed included menu planning, activities and fundraising events.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff understood the importance of respecting people's privacy and supporting them to be as independent as possible.
- The management team carried out dignity audits to make sure people's experiences were consistently good. The findings were discussed with staff to maintain and promote good practice.
- The provider had appropriate systems in place to protect people's confidential information.

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 remained the same.

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; End of life care and support

- People told us the service was responsive to their needs. One person said, "I have no worries about the staff, if I am not happy about anything I will say so and it is dealt with."
- People told us they were happy with the care and support they received. A relative said, "Bierley Court is excellent, it's a wonderful place." A visiting health care professional commented, "It's wonderful to see how much my service user's life has improved since they moved into Bierley Court, physically and mentally. Lots of activities for residents to take part in. Staff all very welcoming and helpful. Home very clean, lovely meals provided, trips out recently enjoyed."
- Care plans had detailed information about people's needs and preferences.
- Staff were attentive to people's needs and knew about their preferences. For example, we observed a staff member noticed a person was reluctant to drink their milkshake and offered them coffee instead.
- People were supported to plan for their end of life care. The registered manager told us they had signed up for the Gold Standards Framework (GSF). GSF is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis.

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.

- Care plans included information about people's individual communication needs and how these should be met. This included information about communication aids, such as hearing aids.
- Staff supported people with their communication needs. For example, a person who was visually impaired had been supported to take part in choosing new wallpaper for the lounge. Staff had done this by describing the different colours and patterns and giving the person the wallpaper to touch so they could feel the different textures.

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

- Since the last inspection the provider had introduced a 'wellness' model which focussed on improving people's well-being through individualised activities, engagement and involvement with the local community. They had engaged the services of an external organisation who supported staff and provided

access to a minibus to make it easier for people to go out.

- Throughout the inspection we observed lots of positive interactions and staff supporting people to engage with their surroundings.
- People were supported to keep in contact with family and friends. There were no restrictions on visiting. When people had family or friends who did not live nearby staff supported them to keep in touch by writing letters for them.

Improving care quality in response to complaints or concerns

- Complaints were taken seriously and dealt with in line with the providers policy.
- People and relatives told us they would have no hesitation in speaking to the manager if they were unhappy about anything. They said any issues they had raised had been dealt with.
- Complaints were recorded and monitored to identify how the service could be improved.

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 requires improvement. At this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team promoted an open culture. For example, in the reception area they displayed a summary of the previous month's accidents, safeguarding concerns, complaints and pressure ulcers.
- The provider submitted notifications of significant events, such as incidents and accidents, to CQC in a timely manner.
- The registered manager was aware of the duty of candour, which sets out how providers should explain and apologise when things have gone wrong with people's care.
- Staff told us the service had continued to improve since the last inspection. One staff member said, "[Name of manager] really cares about the residents." Staff were committed to providing person centred care and all told us they would recommend the home to friends and family.

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

- The service had an improvement plan in place which focussed on continuing to improve outcomes for people.
- Audits were carried out to monitor the quality of the service. These had been effective in identifying area where improvements were needed, for example in relation to the safe management of medicines.
- The registered manager was aware of their regulatory responsibilities. They were open and responded positively to feedback given throughout the inspection.
- Staff understood their roles and responsibilities and knew about people's needs

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

- People were consulted and given feedback about the actions taken in response to their comments. A 'You said, we did' notice was displayed in the reception area and survey findings were discussed at residents' meetings. Any issues raised about people's individual care were dealt with through the providers complaints procedures.
- Staff were supported through regular meetings and one to one supervision sessions.

Continuous learning and improving care; Working in partnership with others

- The provider supported continuous learning and improvement. For example, the registered manager had recently attended a conference on the proposed changes to the Deprivation of Liberty Safeguards (DoLS). In another example, one of the care staff had been enrolled on Care Home Assistant Practitioners (CHAPs) training help them develop their skills and knowledge.
- The service worked in partnership with other agencies such as the district nurses, community matron, GPs and the local authority to ensure people's needs were met.