

Acegold Limited

Begbrook House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Begbrook House is a care home that provides personal and nursing care for up to 32 older people. The service is provided in accommodation on one level and divided into four units. At the time of the inspection, 29 people were living at the home.

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

Staff continued to be supported with training to help ensure they had the knowledge and skills they needed to carry out their roles effectively. They told us they enjoyed the training and sharing what they had learnt with colleagues. Staff felt supported by the management and their colleagues and worked well as a team. The manager and deputy understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice.

Quality checks needed to improve to ensure that record keeping and monitoring of people's needs were effective and of a good standard. Some further training around completing and sending information to CQC needed to improve. Stability of a management presence continued to improve and support the service. People told us they were listened to and were confident to raise complaints or concerns. They also found the 'resident' meetings arranged were useful and kept them informed of any changes.

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

Rating at last inspection (and update) Good (published 2018). There was a breach at the inspection of March 2018.

Why we inspected

We carried out an unannounced comprehensive inspection of this service March 2018. A breach of a legal requirement was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve an effective service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Effective and Well-led.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. Although no further breaches were identified some improvements were required in Well Led. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Begbrook House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor the service through the information we receive. We will visit the service in line with our inspection schedule, or sooner if required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Begbrook House 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Begbrook House is a nursing home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a newly appointed manager who was in the process of registering 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 was an unannounced inspection

What we did:

Before the inspection we looked at information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law.

The manager was not available at the time of our inspection. We were assisted throughout our visit by the

deputy and regional support manager. We spoke with three people living at the home and five staff members

We looked at six people's care records, together with other records relating to their care and the running of the service. We also looked at audits and quality assurance reports.

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 inspection of March 2018, we could not be satisfied that staff would be alerted to a poor food and fluid intake. This was because charts were inconsistently completed. This was a breach of Regulation 14 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014. Following the inspection, the provider sent us an action plan telling us how they would improve and by when.

At this inspection we found improvements had been made, the breach had been met and the rating for effective was Good.

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

- Since the last inspection, food and fluid intake charts had improved for those who required monitoring.
- People chose where they wished to receive their meals. The meals prepared and served to people had always been well received. Although there were menus, people were supported to choose whatever they wanted on the day.
- People were supported with any special dietary requirements that needed to be catered for. This included diets for people with diabetes, compromised swallow and fortified foods for those at risk of weight loss.
- People's weights were checked monthly but frequency increased if people were considered at risk.
- Improvements were required when recording people's weights because the information was not consistently recorded in the same place. This meant that weight loss might not be identified effectively and promptly.

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

- Assessments were completed for those who were considering moving into the home. The information supported the manager and prospective 'resident' to decide as to whether the service was suitable, and their needs could be met.
- Care and support was reviewed and evaluated so that people received support that was responsive, and person centred.

Staff support: induction, training, skills and experience

- Staff confirmed their induction and subsequent training they received was effective.
- Training and development opportunities were tailored to people's needs in addition to individual staff requirements. Staff were encouraged and supported to increase their skills and gain vocational qualifications.
- The deputy told us there had been good improvements around team work and there was a continuous theme of supporting and supervising each other. Staff received formal supervision and felt they were supported by the manager and deputy.

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

- Staff were working with other agencies to provide consistent, effective, timely care.
- They ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. The regional support manager spoke with us about a recent diabetic review for a person who lived at the home. This had been co-ordinated with a community diabetic nurse. The re-evaluation included, medicine management, new guidance on nutritional support, signs and symptoms where diabetes is uncontrolled and risks associated with the condition. The person had a food passport which was person centred and developed by the nurses and carers. A visiting professional had recently complimented the home on the level of detail and the actions they had taken in improving this area.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The regional support manager and deputy demonstrated a good knowledge of the MCA. Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- There were no restrictive practices. Staff offered choice to people and asked for their consent when offering support.
- Daily routines were equally flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

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

- One relative recently wrote in feedback to the home, "The atmosphere at Begbrook is homely and warm. Being on one level is a big benefit to those with mobility challenges".
- People's rooms were comfortable warm, clean with en-suite facilities. Rooms were personalised with ornaments, pictures, soft furnishings and photographs.
- There was a continuous rolling programme with regards to the general upkeep and redecoration of the interior and exterior of the home.

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.

Although some aspects of the service were well led, improvements were identified at this inspection and the rating has changed to requires improvement.

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

- Whilst systems were in place to monitor and evaluate the quality of the service provided, some improvements were required. There needed to be a greater oversight with record keeping, monitoring records and quality checks. At this inspection we found there were people on food and fluid intake charts that had not been assessed as at risk. This had been noted at previous inspections and it had compromised the quality of record keeping and recording for those who did require monitoring because there were too many people on charts that were not required. There was a potential that this could happen again. Monitoring and recording people's weights was confusing and staff may not identify any significant weight loss that might need intervention.
- Although the service sent CQC notifications sometimes they lacked detail. On occasions we had contacted the service to resubmit them with more information. The regional support manager had also identified further improvements were required. They had arranged for additional training to ensure the manager, deputy and nurses knew when notification forms had to be submitted to CQC and to ensure there was enough level of detail. These notifications inform CQC of events happening in the service. We use this information to monitor the service and ensure they have responded appropriately to keep people safe and meet their responsibilities as a service provider.
- The manager was in the process of applying to be registered with the Commission. They were not available at the time of the inspection and we were assisted by the regional support manager and the deputy.
- The deputy was a registered nurse and spoke with us about her role and how this was very much about working directly with nurses and staff to improve and enhance best practice and person-centred care.
- The deputy told us they were working positively with the manager and establishing their roles and responsibilities in partnership together.

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

- People confirmed that they were happy living at Begbrook and that they chose how to spend their day. They felt their choices were respected by staff. They knew the management team by their first names and said they had regular contact with them.
- One relative recently fed back to the home, "For mum Begbrook has been the right choice and we thank the management and staff on her behalf for everything they do for her and us".
- Staff spoke positively about the manager and deputy including how much they enjoyed working at the home. Comments included, "I am enjoying it here, the home has great potential and things are always

improving", "The deputy leads by example and helps us", "I feel I could speak to the manager and deputy if I had a concern or a new idea" and "We all care very much about the people we support and want them to feel happy and well looked after".

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; Continuous learning and improving care

- The regional support manager worked hard to ensure the service developed good working relationships with external health and social care professionals. In recent months we had seen many examples where they had worked with professionals to provide honest, transparent reports and reviews for the people that live at Begbrook. All concerns raised had been thoroughly investigated and it was evident that the services culture was one of learning from events and improving best practice.
- One community professional told us, "I have every confidence that information I share with them will be investigated thoroughly and promptly". When we recently spoke with relatives who had raised concerns they had told us they were, 'very satisfied with how things had been handled, they had been listened to and they were happy with outcomes that were resolved'.
- Concerns, incidents, accidents and notifications were reviewed each month. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.

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

- 'Resident', relative and staff meetings were an effective way to share ideas, updates, discuss any concerns and make plans for the future. The regional support manager also wrote to relatives with any immediate changes and had individual meetings when it was not suitable to wait until the next arranged meeting.
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports, staff meetings and written daily records.
- The home monitored and assessed the quality of services provided, by giving people and relative's questionnaires to complete.

Working in partnership with others

- To ensure the service kept up to date with relevant changes relating to good practice, regular forums with other providers and managers were attended. The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, safeguarding and DoLs teams and CQC.