

Mrs Judith Dena Griffin

Bearwood House Residential Care Home

Inspection report

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Date of inspection visit:
22 February 2017

Date of publication:
11 April 2017

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?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection was unannounced and took place on 22 February 2017. The service was registered to provide accommodation for up to 27 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection, 19 people were using the service.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had recruited a manager who had been working at the service since January 2017. They told us they were in the process of applying to register with us.

At our last inspection on 10 February 2016, we issued requirement notices in relation to reducing environmental risks for people and the need for consent. The provider sent us an action plan on 12 April 2016 that told us about the improvements they would make. At this inspection, we found that some improvements had been made, but further actions were required.

The provider had made improvements within the home that meant people who used the service were no longer at risk from the environment they lived in. However, we found that the provider could not ensure that people's medicines were managed in a safe and proper manner.

We had also told the provider to ensure that when people were not able to make decisions for themselves, this had been assessed and decisions made in people's best interests were evidenced. These required improvements had not been made. However, when people who lacked capacity were being restricted, the applications to ensure this was being done legally had been submitted.

People were safe and protected from harm by staff who understood how to recognise signs of abuse and knew how to report concerns. Risks to people were assessed, managed and reviewed. The environment had been improved so risks associated with this were minimised. There were enough staff to meet people's needs and keep them safe and there were safe recruitment processes in place.

Staff received an induction and training to give them the knowledge needed to carry out their roles. People enjoyed their food and were supported to maintain a balanced diet. They were able to access healthcare services when needed and changes in people's health were responded to.

People were supported by staff who were kind and compassionate. Positive relationships had been developed and staff knew people well. People's independence was promoted and they were enabled to make day to day decisions about their care. People's privacy was respected and staff treated people in a dignified way. Visitors were made welcome and people were able to maintain relationships that were important to them.

People were involved in the planning of their support, and the care they received was individual to them. There were opportunities for people to take part in activities they enjoyed. People knew how to raise any concerns and were encouraged to provide feedback about the care they received.

There was an open and positive culture within the home and communication was effective. Staff were supported to carry out their roles. The manager had systems in place to assess, monitor and review the quality of the service. These were used to drive improvements.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

People's medicines were not always managed in a safe and proper manner. People were protected from harm by staff who understood how to recognise signs of abuse and knew how to report concerns. Risks to people were assessed, managed and reviewed. The environment had been improved so risks associated with this were minimised. There were enough staff to meet people's needs and keep them safe. There were suitable recruitment processes in place.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Staff gained people's consent before they were supported. However, when people were unable to make decisions about their support, the provider had not assessed their capacity regarding this, and was not able to show why decisions made were in their best interests. When people who lacked capacity were being restricted, the necessary applications had been made to ensure this was being done legally. Staff received an induction and training to give them the knowledge needed to carry out their roles. People enjoyed their food and were supported to maintain a balanced diet. They were able to access healthcare services when needed and changes in people's health were responded to.

Requires Improvement ●

Is the service caring?

The service was caring.

People were supported by staff who were kind and compassionate. Positive relationships had been developed and staff knew people well. People's independence was promoted and they were enabled to make day to day decisions about their care. People's privacy was respected and staff treated people in a dignified way. Visitors were made welcome and people were able to maintain relationships that were important to them.

Good ●

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their support, and the care they received was individual to them. There were opportunities for people to take part in activities they enjoyed. People knew how to raise any concerns and were encouraged to provide feedback about the care they received.

Is the service well-led?

The service was well led.

There was an open and positive culture within the home and communication was effective. Staff were supported to carry out their roles. The manager had systems in place to assess, monitor and review the quality of the service. These were used to drive improvements.

Good ●

Bearwood House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 22 February 2017 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also received feedback from the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with 10 people who used the service, five relatives and a visiting community professional. We also spoke with four members of care staff, the cook, the deputy manager and the manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of five people to see if they were accurate and up to date. We reviewed one staff file to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related

to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our previous inspection in February 2016, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to make improvements to ensure that the environment did not pose risks for the people who used the service. At this inspection, we found that the necessary improvements had been made. We saw the provider had blocked off the doorway from the dining area to the hallway where a previous trip hazard had been. One staff member said, "It's made a huge difference. It's a lot safer and has made a nicer quiet lounge that people like to sit in. It's cosier and used more now." We also saw that the stairways had been made safer as stair gates had been fitted in all the areas needed. The provider had also replaced the locks to the upstairs laundry and cleaning rooms. This meant that people who used the service were no longer at risk from the environment they lived in.

However, we found that improvements were needed to ensure that people's medicines were stored safely and administered as prescribed. We checked the medicines administration records and saw that stock levels had not always been recorded. This meant that staff could not be sure how much stock should have been in place. When this had been noted we found that there were some discrepancies between the records and the actual stock levels. Some people had medicines that had a certain shelf life once opened, and we saw that the date of opening had not been recorded on the packaging. This meant that staff did not have the information they needed to know when the medicine should be replaced or destroyed. We found that some medicines had been prescribed to take at night time, but the medicine was in the morning section of the blister pack. This meant that the medicine might not be given at the correct time. We saw that a medicine had been discontinued for one person, and records stated that it had not all been used. Staff were unable to locate this medicine and we were unable to determine if it had been returned. These issues demonstrated that the provider could not ensure that people's medicines were managed in a safe and proper manner.

This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

We brought our concerns about medicines to the attention of the manager who agreed to prioritise the medicines audit they had planned and to increase the frequency of these checks.

Risks to people were assessed, monitored and reviewed. When people were at risk of developing sore skin we saw staff carried out management plans to reduce this risk. One staff member told us, "We have to reposition some people every two hours and record that this has happened." They added, "No one has any pressure areas at present." We saw that specialist equipment was maintained and that daily checks were carried out to ensure the equipment was fit for purpose. Some people were at risk of falls, and we saw that referrals had been made to the occupational therapist or falls team to assess how these risks could be reduced. There were various risk assessments completed for individuals to enable staff to know how to minimise any possible risks. Plans were in place to guide staff if they needed to respond to emergency situations such as fire. These provided information about the level of support people needed.

People were safe and protected from harm and abuse. One person told us, "I feel safer living here than I did when I lived in my own home as the staff here look after me." Another person commented, "I feel very safe; right at home." One relative said, "I know my relation is safe here." Staff were knowledgeable about the different types of abuse that could happen and were able to recognise potential signs of abuse. One staff member told us, "We know people really well and could pick up if there was something troubling them. A lot of people would be able to tell us." Staff felt confident to report any issues, and one staff member commented, "If I had any concerns at all, I would report these to the manager. I would always write a statement, and know that any concerns would be listened to and acted upon." We saw that when issues had arisen the provider had acted upon these. One relative told us, "The safeguarding team was involved in the past and the staff handled the situation very well. I was included and kept informed, and now things are sorted out." The provider had informed the local authority and us when incidents had occurred.

There were enough staff to meet people's needs and keep them safe. One person told us, "I don't feel the staff levels are too bad here." Another person told us, "The staff work very hard; they busy but always available." One relative commented, "I feel there is enough staff and they work here regularly." One staff member told us, "There are enough staff at the present time." People were able to call for staff when they were in their own rooms. One person said, "If I ring my buzzer in my room it's answered within five minutes at the most." Another person commented, "I have a buzzer over my bed and another in my toilet; if I ever have to ring it they respond quickly." The support that people needed was reviewed and the manager used this information to determine the staffing levels. When the manager was unsure about people's support needs, for example as they had just moved to the home, the staffing was adjusted. One staff member told us, "Extra staff were put in place over night to make sure they were okay." This demonstrated the provider considered the needs of people when staffing levels were determined.

We checked to see how staff were recruited. One staff member said, "The manager saw my DBS was valid for three months, and then filled in a risk assessment form about this as I brought it from my previous job." The disclosure and barring service (DBS) provides information to enable providers to make safer recruitment decisions. The staff record we looked at showed that the necessary pre-employment checks had been carried out before staff commenced their employment. This demonstrated the provider had suitable recruitment processes in place.

Is the service effective?

Our findings

At our previous inspection in February 2016, the provider was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that when people were considered not to have the capacity to make certain decisions for themselves, this had not always been assessed. We told the provider to make improvements to ensure that they were working within the principles and guidelines of the Mental Capacity Act 2005 (MCA). The MCA provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

At this inspection, we found that the required improvements had not been made. For example, there were people who used the service who were deemed not to have capacity, and we were told that other people had been authorised to make certain decisions on their behalf. It was not clear which decisions other people were authorised to make as the provider had not seen these authorisations. We also saw that the provider had not assessed people's capacity when necessary and had not evidenced why certain support would be in their best interests. This meant people were at risk of not having their rights protected regarding decision making and consent.

This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection, we had also found that when people who lacked capacity were being restricted, applications had not been made to the local authority to ensure this was being done legally. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). At this inspection, the required improvements had been made. We saw that an urgent authorisation had been requested and the manager also re-submitted some DoLS applications as it was not clear if this had been done.

Staff demonstrated an understanding of the MCA and how they should put this into practice. One staff member said, "Most people can make their own decisions, but for some we may have to go away and ask again at a better time. People have their rights and we can't force them to do things. Some people will not tell us what they want, but will often let us know by what they do." Another staff member added, "When people aren't able to understand something, then we need to look at what would be the best thing for them. We will talk to people who know them well to find out if they have views on this." Staff were aware that some people may have been restricted, and one staff member told us, "I know that we would only apply for a DoLS if a person lacked capacity, so this would only be for a couple of people here."

Staff gained people's consent prior to assisting them. One person told us, "Staff ask my permission before they do anything and explain things to me." We observed staff checking that people were happy with the

support they were given. Some people did not use words to communicate and staff understood what their gestures meant. For example, some people would guide staff by the hand to show them where they wanted to sit. This meant that people were supported in the decisions they made.

Staff had the knowledge they needed to carry out their roles. One person said, "I think the staff are good, they know what they are doing." When staff started in their jobs, they completed an induction to enable them to develop the skills they needed to support people. One staff member told us, "I spent the first week shadowing the other staff; it was good as the information I got from them was consistent. It helped me know how to help people. After that I was included in the actual staff numbers." They added, "The manager has been really good; they spent time showing me where everything was before I started. They were very thorough." Staff received training to increase their knowledge. One staff member told us, "The manager is in the process of planning all our training to make sure everyone is up to date with things." Another staff member said, "The manager has asked me what areas I would like training in. They are keen that we all increase our knowledge and skills." Staff were given information each day to ensure they were kept up to date about the people who used the service. One staff member commented, "We have our handover meetings at the beginning of each shift and talk about people we need, and this helps us to know what we are doing for the day."

People enjoyed their meals and one person told us, "The food is excellent." Another person commented, "The food is wonderful; it's all homemade and I'm never hungry." People were involved in making decisions about their food. One person said, "There are always two choices." Another person told us, "I'm a picky eater; the cook knows this and offers me choices." One staff member told us, "We complete a food chart with the residents and determine what meals have or have not been enjoyed. They also can request specific types of food. This information is shared with the kitchen staff and the menus are then planned with the management team." People's individual preferences were catered for. One person told us, "I only like a small portion served on a hot plate, and this is always accommodated." We saw that people received the meals they had chosen. Some people preferred to eat their meals in their room, and we saw they were able to do this. People were able to have drinks when they wanted. One person told us, "I need to be well hydrated; I have this large jug of juice by my side so I can drink as much as possible." Another person said, "I keep water and juice in my room to have when I want." When people were at risk of not maintaining a balanced diet we saw that records were completed to show how much they had had to eat and drink. When there were concerns that people were at risk nutritionally, we saw that referrals were made to healthcare professionals and actions were then taken. This demonstrated that people were supported to have enough to eat and drink and maintain a balanced diet.

People had access to healthcare professionals when needed. One person commented, "The district nurse comes to see me every day to do their checks." Another person told us, "The staff are marvellous at dealing with hospital appointments; I'm taken in a wheelchair and always accompanied by care staff." One relative said, "The chiropodist came to see my relation this morning which was arranged by the doctor." Relatives told us they were kept informed about any changes in their relations health. We saw that referrals were made in a timely manner when people's needs changed. People spoke positively about the support they received when they were unwell. One relative said, "My relation was unwell recently, and was taken to hospital accompanied by the carers. They stayed beyond the end of their shift. When my relation came back here, the staff nursed them for two days. I feel that my relation would not be alive today but for the care given by the staff during this time." Another relative commented, "My relations health has improved so much; they are much brighter." A third relative told us, "The staff have worked wonders with my relation. When they first came here they were confused, eating very little and refusing to get out of bed. Within two months, they were eating well again, dressing and coming downstairs to the lounge." This demonstrated people were supported to maintain their health.

Is the service caring?

Our findings

People were supported with kindness and compassion. One person commented, "The staff are here all the while; they genuinely care rather than just doing a job." Another person told us, "The staff are kind; they look after me very well." One relative commented, "The staff are very kind." Another relative told us, "I'm here a lot and I've never heard the staff shout or be inappropriate towards the people who live here." A visiting professional said, "The staff are lovely here; they have time to spend with people." Staff spoke kindly to people and we heard light hearted banter take place. We observed positive interactions between staff and the people who used the service. Staff were patient towards people and gave them the time they needed. This demonstrated that positive relationships had been developed.

Staff knew people well and understood them. One person said, "They look at us as people here, not just a number. We are able to get to know them as they are consistent, not always changing." One relative told us, "The staff know my relation and their needs very well." Another relative said, "The staff know my relation inside out. Many of them have been here a long time; I find that reassuring." A visiting professional commented, "The staff here know people well." We observed staff spent time with people, talking with them about their interests and family members. This demonstrated that people were supported by staff who were caring towards them.

People were supported to make day to day choices for themselves. One person told us, "I was asked if I would like to change rooms when this one became available, and I'm glad I moved. I've got a bit of home with me in here." Staff had been reminded to take the trolley with sandwiches and cakes out to people to enable them to make choices by seeing the options they had and we saw that this happened. We observed staff taking time to explain things to people and they were patient and did not rush people. Staff promoted people's independence. One person said, "The staff encourage me to stay independent. I can look after myself." Another person commented, "I try to be independent and get myself washed and showered." This demonstrated that people were able to retain some control in their lives.

People's privacy was respected. Some people chose to have keys for their bedroom doors. One person told us, "I keep it locked during the day, but prefer to keep it unlocked at night time so the staff can get in easily if I need any help." Another person commented, "They put this gate in my doorway for me which is a lot better. I've got my privacy when I want it." One staff member said, "They are a lot happier now the gate is in place, far more settled." We observed staff knocking on people's bedroom doors before entering, and closing doors before supporting people with their personal care.

Staff treated people with dignity. For example, we heard staff ask people discreetly if they needed their personal care needs met. One person responded to this saying to the staff member, "I'm so glad you knew what I wanted and helped me." One staff member said, "I always talk to people in the way I would want to be spoken to, and treat people as if it were my nan who was here."

We saw and people confirmed that family members and friends were able to visit people who used the service. One person said, "My family can visit at any time. We can either sit in the lounge or go to my room if

more privacy is needed." One relative told us, "I visit regularly; I can come in anytime." Another relative commented, "I visit day and night and never feel restricted." This demonstrated that visitors were welcomed and people could maintain relationships that were important to them.

Is the service responsive?

Our findings

People and their relatives contributed to the assessment and planning of care. One person said, "They listened to me and I was able to tell them what was important to me." One relative told us, "I was involved in the discussions about the assessment of my relations needs." Another relative commented, "I spoke with the manager who then came out to visit my relation at home to assess and see if they were able to meet their needs here. I was able to give a lot of background information." When new people moved to the home, an assessment and care plan had been completed that gave staff guidance about their individual needs. One staff member told us, "The information I have read matches what the person needs." They added, "It works a lot better when we know what we're doing." The records we looked at were personal and contained information about people's histories, interests and favourite things. People's care records were reviewed so that they were kept up to date. Another staff member said, "I take time to read what is in the care plans as they give me information I need to support people and understand about them."

People received support that was individual to them. One person said, "I prefer to stay in my room, but like the door open so I can see people passing and say hello." Another person told us, "I can get up and go to bed when I want. I can have a shower at any time." People's preferences were acknowledged and taken into account. One person told us, "I have a nice room with my own furniture and personal items around me." This demonstrated that people were supported to make choices about their care.

People spoke positively about the activities they participated in. One person told us, "I don't get bored; I made scotch eggs last week." Another person commented, "I enjoy the singing, bingo, painting and cookery we do." One relative said, "My relation enjoys the quizzes that take place in the lounge." Another relative told us, "The activities here are brilliant; my relation enjoys the dancing and keep fit. There is always something going on." One staff member commented, "The activities co-ordinator is very good at interacting and motivating people. They arrange community visits as well as tea dances at the local church. There is one next week." This demonstrated that people were supported to take part in activities they enjoyed.

People knew how to raise any concerns or complaints and felt confident to do this. One person told us, "I've got no complaints about this place, but if I had I would speak to the staff." Another person commented, "If I had any concerns I can speak to the manager or my social worker." One relation said, "If I had any concerns I would speak to the manager or senior carer. I have no complaints whatsoever about this home." Another relative told us, "When I made a complaint it was all sorted; they were really concerned and genuinely upset." The provider had a copy of the complaints policy on display and people also had their own copies to refer to. The manager maintained records of any issues and we saw these had been responded to in a timely manner. There were opportunities for people to provide feedback about the support they received. People were asked for their opinion about their lunch time meal, and there were meetings arranged for people who used the service and their relatives. One relative said, "I have been asked for my opinion on the care my relation receives." Another relative told us, "I have been to the relatives meetings here." We saw that people and their relatives received surveys from the provider. This demonstrated that people were encouraged to share their experiences about living at the home and any concerns were acted upon.

Is the service well-led?

Our findings

Since our last inspection in February 2016, the registered manager had left the service in December 2016. The provider had successfully recruited a new manager into this post and they had taken up their role in January 2017. They were in the process of registering with us. Even though they had only been in post for a few weeks, we received positive feedback about the impact they were having on the service. One person told us, "The new manager is marvellous, well trained. She's got my recommendation." Another person said, "The manager is new; she's very good. In touch with everything and gets things sorted." We discussed the areas of improvement required from this inspection, and the manager was pro-active in taking these issues on board. They told us, "There are areas that we have identified already and know that improvements are needed. It's not possible to do everything overnight, but I know we will get there." One relative commented, "Before my relation came here I asked the manager about improvements made since the last inspection; I was reassured by their comments."

People were positive about their experiences of living at the home and were happy with the support they received. One person told us, "It's very nice; as soon as I came here it was like home." Another person said, "It's fantastic." One relative commented, "This home is by far the best; it's the staff that make the difference." People told us they were happy with the management and leadership within the home. One person said, "The place is very well run; credit where it's due." One relative commented, "The new manager is very approachable." Another relative told us, "The manager is ever so friendly; I can go and ask questions anytime, there is an open door policy." This demonstrated that there was a positive open culture within the service.

Communication between the management team, staff and people was effective. One relative told us, "The staff ring me with information." Another relative commented, "The communication is good; and there are always notices in the porch so that helps me to keep in touch and it's regularly updated." One staff member said, "We are kept informed and know that if there is anything we need to know, we can just ask." We looked at the daily communication book that staff used. This gave staff information to ensure they were aware of any changes or issues they needed to know about. For example, when people had appointments to attend; and when items had been requested for people's rooms and then fitted or replaced.

Staff were motivated and supported to carry out their roles. One staff member told us, "We all work well together and everyone mucks in. I really enjoy my work." They added, "We had a staff meeting just as the new manager started and have another one next week." Another staff member said, "The manager has arranged regular supervisions for me." The manager commented, "I know I can't run before I walk; but I have a great team here. A lot of support. The staff team is flexible; loyal to the residents and very committed to the home." Staff were aware of the whistle blowing policy in place. This protects and supports staff if they wanted to raise any concerns, anonymously if they preferred. One staff member told us, "I've not had to bring anything up, but know I would be okay if I ever had to."

The manager had systems in place to monitor the quality of the service. The work already completed had identified certain areas of improvement, which included ensuring that the audits in place were more

effective. They told us, "I am used to having thorough paperwork and audits and like things to be right." We saw they had already put some improvements in place. One staff member said, "There are better systems now; things are where they should be and now we know where to go to find the information we need. It's more organised." We saw that the manager had spent time creating a secure area where people's care records were kept. This had been communicated to the staff team, ensuring they were aware of keeping personal information confidential. A care plan audit had identified that further details were needed in people's records, and this was in progress, and an infection control audit had resulted in action and improvements.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service 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 conspicuously displayed their rating in the hallway. The manager understood their responsibilities with us and told us they were supported by the provider. We had been notified about any significant events that had occurred.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider was not acting in accordance with the Mental Capacity Act 2005. Where people were unable to consent, decision specific capacity assessments had not been completed and best interest decisions were not evidenced. Regulation 11(1).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not ensure the proper and safe management of medicines. Regulation 12(2)(g).</p>