United Care limited

Bescot Lodge

Inspection report

76-78 Bescot Road
Walsall
West Midlands
WS2 9AE

Tel: 01922648917

Date of inspection visit:
30 March 2016

Date of publication:
24 May 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on 30 March 2016. Bescot Lodge is a residential home providing personal care for up to 26 older people who may have dementia. There were 21 people living at the home when we inspected.

At the last inspection in January 2015 we asked the provider to take action to make improvements to ensure that there was enough suitably skilled and experienced staff to meet people's needs. Following this inspection the provider sent us an action plan to tell us the improvements they were going to make. We found some improvements had been made during the inspection in March 2016.
It is a requirement that the home has a registered manager in post. The registered manager left the home in March 2016. We were made aware of this by the provider during the inspection; an application to remove their name from the register has not yet been received. 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.

People told us they felt safe living at the home. Staff were aware of the different types of abuse and were confident if they raised any concerns, appropriate action would be taken. Staff were aware of risks to people's health and well-being. There were adequate staffing levels to support people with care tasks. People told us they received their medicines safely. Staff told us they felt confident to administer medicines and they had been appropriately trained.

Staff obtained consent from people before they provided their care but had a mixed understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to have sufficient to eat and drink. However mealtimes were not a positive experience for everyone living at the home. People were supported to access healthcare professionals to ensure their health needs were met.

People told us staff were kind and caring. Staff sought to understand people's choices and respected these. Staff promoted people's dignity and privacy. However, care records were not always personalised to reflect how people liked their care and support needs to be met. People told us about, and we observed a lack of activities for people within the home. People were unsure how to raise complaints and the provider did not have an effective complaints system in place. People, relatives and staff were positive about the interim manager and provider and felt confident to approach them with any concerns.

There were systems in place to monitor the quality of service provided. We found that issues which had been identified by these audits had not been implemented to improve the quality of service provided to people living at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The home was safe.

People told us they felt safe. Staff understood their responsibilities to protect people from the risk of harm or abuse. There were sufficient numbers of staff to meet people's care needs. Medicines were managed safely.

Is the service effective?

Requires Improvement

The home was not consistently effective.

People were supported to have enough to eat and drink. People had access to healthcare professionals to meet their specific needs. Staff had the knowledge and skills to meet people's needs and felt supported by the provider. People's rights and choices were respected by staff however staff knowledge regarding MCA and DoLS was inconsistent.

Is the service caring?

Requires Improvement

The home was not consistently caring.

Not all the people were involved in decisions about their care. People's dignity was not always maintained. People told us they felt supported to make their own choices. Staff ensured that people's privacy was maintained.

Is the service responsive?

Requires Improvement

The home is not consistently responsive.

People were not supported to take part in activities either within the home or wider community. People and their relatives could not be confident that if they had any concerns or complaints they would be listened to and acted upon. People received care and support when they needed it by staff that were aware of people needs.

Is the service well-led?

Requires Improvement

The home is not consistently well-led.

People did not have an opportunity to give feedback about the service they received. The provider completed a number of quality audits however actions from these audits had not always been addressed. People, their families and staff were complimentary about the interim management arrangements.

Bescot Lodge

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 took place on 30 March 2016 and was unannounced.

The inspection team consisted of one inspector and one 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.

As part of the inspection we looked at information we held about the home. This included statutory notifications which are notifications the provider must send us about certain events. We also contacted the local authority for information they held about the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with seven people who lived at the home, four relatives, five care staff, the manager, area manager and provider. We looked at four records relating to people's care, medicine records and records relating to the management of the home. We also looked at training documents.

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.

Good

Is the service safe?

Our findings

At our last inspection on 8 January 2015, we had found that the provider did not have sufficient numbers of suitably skilled and experienced staff to meet people's needs. The provider sent us an action plan outlining how they would make improvements. We found at this inspection the provider was compliant with the regulations although further improvements were required.

People who lived at the home told us there was enough staff to meet their care and support needs. However, they said staff did not always have the time to do activities with them as they were "Often busy caring for people." One person told us, "[Staff] are busy but they have time to look after me I'm happy." Another person said, "There's always someone about if I need help with anything." A third person said, "There could be more staff around as the ones we have got are so busy they haven't got time to do anything for us if we need occupying." A relative said, "Don't think the home is flush with staff but [person's name] needs are being met." Another relative said, "There are staff about and they do keep popping into the lounge to check on people." Staff we spoke with felt that there was sufficient staff to meet people's needs however said that an extra staff member in the afternoon would mean that they would be able to spend more time with people. One member of staff said, "I feel we have enough staff to do the job but another member of staff in the afternoon would help. It is very busy at times and people sometimes might have to wait." One person we spoke with said, "Sometimes I have to wait a while for [staff] to help me do things. There are a couple of staff on in the afternoon that is when it is worse." We saw people were not kept waiting for long periods of time when they needed support or assistance and there were sufficient numbers of staff on duty to support people with their care needs. We saw staff were busy during the day with tasks which meant that they did not have time to engage in activities with people. We discussed staffing levels with the manager and they told us that staffing numbers were based on people's individual dependency needs. They said they were reviewing the needs of people to ensure there was enough staff available to support them safely.

People told us they felt safe living at the home. They said they would speak to a member of staff if they had any concerns about their safety. One person said, "I do feel safe here because the staff walk with me if I'm not steady on my feet." Another person told us, "I feel safe here and have no worries about being here." Relatives we spoke with told us they felt their family member was safe and not at risk of abuse in the home. One relative said, "I think it is safe I don't have any concerns with [person's name] safety." Staff we spoke with were able to tell us what they understood by keeping people safe; they were able to explain the different types of potential abuse and the actions they might take to reduce the risk of abuse. Staff said that they understood their responsibility to report potential abuse. One member of staff said, "I would report anything straight away to the senior or the manager if I saw something that I thought was abuse." All the staff we spoke with said they had confidence that the manager or provider would listen and act appropriately on any concerns they raised. Staff told us that if they felt their concerns were not being addressed properly they would contact CQC or the local authority. Staff demonstrated an awareness of the provider's whistle blowing policy should they wish to raise concerns where they felt people were at risk of receiving unsafe care. Whistleblowing means raising a concern about a wrongdoing within an organisation.

People we spoke with told us how staff supported them to manage their own personal safety. We observed

people being supported by staff to mobilise safely. We saw staff support people to walk safely or stand up from a chair when needed. Staff we spoke with were aware of people's individual risks such as with their skin care, food and fluid intake. People had risk assessments in place that gave staff guidance on how to manage known risks to people. We looked at records and saw that one person had recently returned to the home from hospital; we saw their risk assessments had been reviewed and updated to reflect a change in care need. Staff we spoke with were aware of the change of need and we saw the support being provided by staff was reflective of the care plan. Staff told us they were aware of the need to report anything they identified that might affect people's safety. They said information about changes in people's care needs was discussed during handover between shifts to ensure people remained safe. Staff we spoke with were aware of the importance of reporting and recording incidents that occurred. We saw incidents and accidents were reported appropriately and action was taken by the manager to ensure people were safe. For example referral to a health care professional or falls team.

We looked to see whether medicines were managed safely. One person told us, "Staff give me my medication every day and they stay with me until I have taken it." Another person said, "Staff give me my medication each day and if I tell them I'm in pain they provide me with paracetamol or something similar." Relatives we asked told us they did not have any concerns with how their relative's medicines were managed. We looked at how people were given their medicines by staff. We saw there were systems in place to ensure people received their medicines as prescribed and in a safe way. For example, we observed a member of staff stay with a person while they took their medicine and help them to swallow the medicine by offering them a drink. We looked at the systems for managing medicines and saw that these were effective in ensuring that medicines had been administered as prescribed. We sampled Medicine Administration Records (MAR) and saw that they were completed accurately. Some people were prescribed 'as required' medicine to be taken when needed, for example for pain relief. We saw guidance was available for these medicines for staff to follow which helped them to administer these medicines correctly.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they enjoyed the food offered to them. One person told us, "The food is very good and I can choose from two things that they offer me." Another person said, "The food is nice and they give me choices at every meal time and there's drinks and snacks around during the day if I need them." People told us that they were offered a choice of drinks throughout the day. One person said, "I have enough to drink and when I get up in the morning there's a nice cup of tea waiting for me." We observed mealtime and found it was not a positive experience for all the people living at the home. We saw some people were left waiting for help with eating their meal. For example, we saw one person had a meal left in front of them for a period over twenty minutes. The person was approached once by a member of staff however the meal was removed and the person did not have any lunch. We saw a further two people refuse the meals that they were presented and saw no alternative choice of meal being offered by staff. Where people required assistance with eating their meal they were often kept waiting so their meals became cold. We saw where staff assisted people with eating their meal, this was often rushed and we saw one member of staff serving other people at the same time as supporting a person with their food. We discussed the mealtime experience with both the manager and provider sharing our observations. The manager said that they would look to address the concerns we had identified during the inspection immediately.

We looked at records to see what information was recorded about how people should be supported with their diet. We saw where required nutritional assessments had been completed and professional advice sought from dieticians or speech and language teams (SALT). We saw staff were following the advice given by professionals when supporting people with their food or drinks. For example, we saw staff using thickening agent in drinks where required to reduce the risk of people choking. Staff we spoke with were aware of those people who required a soft food diet. However we saw the food prepared for those people was pureed all together and served in a bowl. We saw that there was no effort made to make the food look more appealing, for example blending food items individually. We discussed this with the manager who informed us that they were not aware of this practice but would ensure in future this practice did not happen.

People and their relatives were complimentary about the care staff. One person said, "They seem to know what they are doing, I have not had any problems." A relative told us, "Staff are able to meet [person's name] needs." Staff we spoke with told us that they had received training and felt they had the skills necessary to meet the needs of the people who were living at the home. Staff told us the registered manager had recently left the home. They told us they had not had many one to one meetings with the registered manager over the last twelve months or opportunity to share specific issues in relation to their personal development. However staff said that they had attended a number of staff meetings which provided them with an opportunity to share any concerns or ideas. Staff said managerial support was currently being provided by another manager and the provider. Staff said they felt the interim manager and provider were both approachable and supportive of staff. We looked at records and saw the manager had identified areas where training required updating and saw that this was being arranged.

The majority of staff had worked at the home for a long period of time. However one member of staff told us

following a period of absence from the home, they were required to complete a couple of shifts shadowing staff to ensure that they felt confident in their role and to make sure that they were aware of people's care needs. Staff told us and we saw a number of communication systems in place to ensure information was passed between shifts in a timely manner. For example, staff received a handover before they started each shift in the home. They told us communication was good within the staff team and the handovers ensured that they were kept up to date with how to meet people's needs. They told us they also used a communication book to share information between shifts to ensure appointments and requests were followed up.
People told us staff sought consent before providing care and support. One person said, "Oh yes, staff check with me first before providing care." We observed staff supporting people to make their own decisions and choices as far as possible. For example we saw a member of staff seek consent from a person before they supported them with mouth care. We asked staff how they would seek consent from a person who could not verbalise. One member of staff said, "I know people very well; I would look for signs of agreement such as facial expressions."

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. We checked whether the home was working within the principles of the MCA and found that it was.

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 the Deprivation of Liberty Safeguards (DoLS). We looked at people's records and found people were assessed in line with MCA. Where a decision was needed to be made on a person's behalf these were detailed as being made in a person's best interest. Where people might have restrictions placed on their freedom they had been protected by the manager following the correct procedure. Applications had been made to the local authority as required and the provider was waiting for the assessments to be completed. Staff we spoke with had a mixed understanding of MCA and DoLS. They were aware of the principles of obtaining consent from people, but were not fully aware of DoLS and what this meant in practice for those people who might have their rights restricted. Some staff we spoke with required prompting on the subject but all said they felt people were not being unlawfully restricted and were able to describe to us how they gained people's consent prior to supporting them.

People who lived at the home had a range of health conditions and had access to external support when needed. One person said, "The doctor comes and sees me every now and again but if I needed to see him staff would arrange this for me." One health care professional we spoke with said the staff at the home contacted them if they required support or advice. They commented that staff followed any advice given. Relatives we spoke with did not have any concerns about how their relative's health needs were being met or how they were supported by the staff at the home. One relative said, "[Staff] phone up if the doctor has been in and keep us informed." We looked at people's healthcare records and saw where required referrals had been made to healthcare professionals, for example, the community nurse and pharmacist.

Requires Improvement

Is the service caring?

Our findings

People we spoke told us they were happy with the care they received however said they could not recall being involved in their care-planning. One person told us that no one had talked to them since they had been at the home about how they wanted their care needs to be met or about things that were important in their life. A relative commented, "As far as I am aware no one has talked to my relative about what care needs to be provided." Other people commented that there was limited opportunity to be involved in decisions about how their care needs were met. They said this was because staff were often busy and mainly task focused which meant that there was little opportunity for staff to spend time interacting with people. During mealtimes we saw people did not always receive the care and support when they needed it. For example, we saw on three occasions people's meals were removed without staff interacting with people, or offering an alternative choice. This demonstrated people's dignity was not always respected.

However we saw that when staff were required to do specific tasks such as supporting people with their mobility interactions were positive with staff offering encouragement. On one occasion we saw one person who was distressed and in pain. We saw a member of staff approach the person and spend time with them. The staff member sat with the person and observed their body language and gestures to confirm where they were experiencing pain from. They stroked the person's face gently and offered a warm drink while another member of staff contacted a healthcare professional.

People we spoke with told us staff were kind and caring. One person said, "The staff are very good to me, kind and compassionate and they look after me very well." Another person told us, "Carers are good to me and make me happy." Some relatives we spoke with told us that they had had a few concerns about staff not being caring towards their relatives. One relative said, "[Persons name] was not always looked after well but it has improved a lot since the [interim manager and provider] have been at the home. Staff are now caring." People and their relatives told us the staff were approachable and friendly and that friends and relatives were always welcomed by staff when visiting the home.

People told us staff respected their daily choices. One person told us, "I can go to bed and get up when I want." One member of staff told us, "I help people make a choice for example I hold up items of clothes for them to choose from. [Person's name] points out what they want to wear." We saw some people's bedrooms and noted that they were decorated to reflect personal tastes and contained various personal effects. One person told us, "I have my own personal belongings in my room which makes it homely."

People we spoke with told us how they were encouraged by staff to maintain their independence when being assisted with their personal care needs. One person said, "I have had a few showers….the staff just watched me to make sure I was safe and didn't tumble or slip. It was to maintain my independence." Staff we spoke with explained how they encouraged people to remain as independent as possible for example, by supporting people at their own pace to wash and dress themselves. During the inspection we saw staff supporting people with their personal care needs in a way that maintained their dignity and privacy. For example, we observed staff knock and wait before entering people's rooms. One person told us, "[Staff] make sure the doors and curtains are closed to protect my dignity." One member of staff said, "When

providing personal care I cover people with a towel to protect their modesty and always knock on people's doors before I go into their room."

Requires Improvement

Is the service responsive?

Our findings

We asked people about what they liked to do and whether they were supported by staff to take part in any interests or hobbies. All of the people we spoke with told us that there were limited activities at the home. One person said, "There's nothing much to do around here just the TV and the odd game, bingo is not to my liking. Sadly the carers don't have time to sit and chat to me." Another person said, "There are little or no activities to do, just paper games or bingo. It's not good for me just watching TV. I occupy myself with word searches and things like that. We never go out and do things in the community." A third person said, "It's just so boring there's nothing to do apart from TV and bingo. Staff paint my nails so that can be the highlight of the day. One thing I would change is for some real activities to happen every day and that would please lots of other people as well." Another person commented their religion was important to them and would welcome a visit from a priest occasionally. However since they had been in the home this had not been accommodated. We spoke with the manager about the lack of meaningful activities within the home. They acknowledged our concern and said that they had recognised this themselves since they had been at the home and were looking at ways to make people's days more interesting and varied.

People we spoke with were unsure who they would speak to if they had any concerns or complaints. One person said, "If I was worried or concerned I don't know who I would speak to. I think one of the carers might help me." Another person said, "If I was worried I would talk to my friend here and we would sort it out ourselves." One relative we spoke with told us they had raised a complaint with the registered manager however felt that their concerns had not been addressed appropriately. They told us the registered manager had taken action to deal with the issue raised, but felt the matter was not managed satisfactorily. We looked at the provider's complaints system and found that there was not an adequate system in place to record, acknowledge or investigate complaints. We saw there had been no complaints logged for a period exceeding twelve months. We were unable to find any documentation about complaints that we were aware of from our conversations with people and their families. We discussed this with the manager who acknowledged that currently the provider had failed to manage complaints in line with their own complaints procedure or have a system in place to deal with complaints in an efficient manner. The manager said that they would look to address this immediately.

People we spoke with told us they were not sure if they had been involved in the planning of their care. One person commented, "Nobody has talked to me about my care needs." Another person said, "I have been here over a year but I don't know if my care needs are written down anywhere but staff generally know what they are doing." Both people however said that they were happy with the way staff assisted and cared for them. Staff we spoke with were able to demonstrate they were knowledgeable of people living at the home. However there was limited personalisation within the four care plans we looked at. Although records contained people's individual needs and preferences information was not detailed to reflect how they liked their care and support needs to be met. Records did not contain specific guidance or information for staff to refer to in order to provide individualised care and support. We discussed this with the manager who informed us that they were in the process of reviewing and updating all of the people's records. This involved talking with both people and their relatives to ensure that they were reflective of people's current care and support needs. They said that they were aware some information required updating within the care

plans and they were looking to address this quickly.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with told us that they did not feel they were involved in decisions about the home. They told us that they had not been asked to complete feedback surveys or questionnaires about how the home was managed. One person said, "I can't recall ever going to a residents meeting or filling in a questionnaire to feedback what I think about the service I receive." Another person told us, "There has been some decorating done in the home but no one asked me or the other residents what we would like to have done or what colours it would have been nice of them to ask." We found that although people felt at ease to speak with staff there was no means for people to express their views or experiences of life at the home. We found that not all people's views had been used or recognised. For example one person had requested a specific activity, they said this request had not been addressed or responded to. Relatives we spoke with told us they had not been asked for feedback about the home nor had they attended any meetings. They did however say that they would contact the manager if they were not satisfied with the service their relative received at the home. We discussed with the manager the lack of opportunity for people to feedback their views of the service provided at the home. They explained there were plans in place to consult with people and staff to ensure any concerns and feedback raised were used to ensure improvement were made.

We found that there were systems in place to collect information but there were no processes in place to assess and monitor the quality of the home. We found although information was appropriately recorded such as incidents and accidents there was no evidence that information was used to identify trends or patterns to improve the quality of care people received. We found although the provider regularly completed audits of the home and produced action plans to address issues identified these had not always been adequately addressed by the registered manager. For example, care plan audits had not been completed and there was no analysis of incidents and falls. We discussed this with both the manager and provider who acknowledged and accepted the issues we raised. They said that they had taken steps to recruit a new manager and were working to address the concerns identified from quality audits. We saw that the manager had started to make a number of positive changes to the home such as reviewing the dependency levels of the people living in the home and identifying actions from the audits to improve the quality of care people receive at the home.

People and their relatives told us up until very recently they were unsure of who managed the home. One person said, "I have no idea who [manager] he or she is; I think they have left." Another person said, "I know who all the carers are but I have no idea who manages this home." We were informed at the start of the inspection the registered manager left the home in March 2016; we have not yet been notified of this by the registered manager. The home is being managed currently by another home manager with the support of their manager and provider. People and their relatives told us they had noticed an improvement in the atmosphere of the home since these arrangements came in to place. People said that although it was "very early days they felt the management of the home was moving in the right direction." They all told us that they were friendly and approachable and expressed their confidence in them. One relative said, "[Manager's name] is good and responsive. It's a lot better here now." Another relative said, [Manager name] is very approachable, if we have an issue it is dealt with." We observed that the manager was welcoming and had quickly developed good relationships with people and their relatives. We saw everyone felt at ease to

approach the manager and ask for advice and support as required. This indicated that the manager was promoting and developing an open culture within the home. Staff we spoke with told us about the management structure of the home. They said they were aware of their roles and responsibilities and received support from the manager to perform their roles. Staff told us they felt confident to discuss any concerns with the manager or provider and said any issues they had raised had been resolved quickly, for example, weekend working rota's.

Organisations registered with the Care Quality Commission have a legal responsibility to notify us about certain events, for example serious injuries or allegations of abuse. We reviewed the information we held about the home and saw that they had notified us about events that they were required to by law.