

Advinia Care Homes Limited

# Bedford Care Home

## Inspection report

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Date of inspection visit:

28 July 2021

29 July 2021

04 August 2021

05 August 2021

Date of publication:

14 September 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Bedford Care Home provides personal and nursing care for up to 180 people. The home is divided into six different units, each with 30 beds. Astley and Lilford units are predominately for people who require personal care and support, Croft and Kenyon for people with mainly physical nursing needs and Pennington and Beech for people with dementia care nursing needs. The home also has designated beds on two of the units for intermediate care. At the time of the inspection only five units were in use, Kenyon unit was closed and had been repurposed to support safe visiting during the pandemic. On the first day of inspection there were 119 people living at Bedford Care Home.

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

People told us they felt safe living at Bedford Care Home. Enough staff were deployed to meet people's needs, albeit people commented on staff being very busy and not having much time to chat with them. Staff knew how to identify and report any safeguarding concerns. Accidents and incidents had been logged consistently on the provider's electronic system, with analysis completed to look for patterns and trends to help prevent a reoccurrence. Medicines were being managed safely, by staff who had been trained and their competency assessed. The home was clean with effective infection control processes in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff received sufficient training and support to complete their roles. People's healthcare needs were being met. Timely referrals to the necessary professionals had been made when any issues or concerns had been noted. People told us they had enough to eat and drink each day, although comments on the quality of the food provided varied. People's food and fluid intake was documented, as was the provision of personal and oral care, however, this process required strengthening. Some consideration had been made to ensure the environment was suitable for people who lived at the home.

We have made a recommendation about the completion of research into personalisation and dementia friendly décor.

Care files provided information about people's needs and how they wished to be cared for. The provider had switched to an electronic care planning system and was in the process of finalising the transfer of information from the previous paper based files. People provided mixed views about the social and recreational activities available within the home, which had been affected by the loss of two activity co-ordinators and the COVID-19 pandemic. A weekly schedule was in place, with each unit having one planned activity per day throughout the week. Recruitment for additional activity staff was ongoing, to enable the frequency of activities to increase across the home. People said they knew how to complain but had not needed to.

The home used a range of systems and processes to monitor the quality and effectiveness of the service provided. Actions had been identified and added to the home's improvement plan, which was regularly

reviewed, both by the registered manager and at provider level. People and staff's views were sought through regular meetings and questionnaires.

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

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 18 April 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 11 March 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and staff support.

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 Safe, Effective, Responsive and Well-Led which contain those requirements.

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 changed from requires improvement to good. 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 Bedford Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

# Bedford Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by three inspectors, a bank inspector, a medicines inspector, a medicine team support officer 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.

#### Service and service type

Bedford Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 announced. We gave a short period of notice of the inspection due to the COVID-19 pandemic to ensure we had prior information to promote safety. We announced the inspection on the afternoon of the 27 July 2021 and completed the first day of inspection on the 28 July 2021. Additional site visits were completed on the 29 July 2021, 4 and 5 August 2021 to complete the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and six visiting relatives and friends about their experience of the care provided. We spoke with 22 staff members, which included the registered manager, unit managers, nursing and care staff. We also spoke with a visiting professional.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures, audits and training data were also reviewed.

#### 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 now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were administered in a safe and caring way, with action taken when medicine incidents or errors occurred.
- Medicines were stored securely. However, the temperature in one medicine room regularly exceeded manufacturers' recommendations. Action was being taken to address this.
- Medicines that are controlled drugs were stored, administered and documented correctly.
- Guidelines for the use of medicines to be taken only when required were detailed and specific for each person, to ensure staff knew when and how to administer these.

### Staffing and recruitment

At our last inspection we recommended the provider reviewed the systems in place to determine safe and effective staffing levels across all units. At this inspection we found improvements had been made.

- One system, often referred to as a dependency tool, had been used to assess the level of support people needed on each unit and how many nurses and care staff were required to meet these needs. Regular discussion between the registered manager and each unit manager had taken place to ensure staffing levels were sufficient.
- We received mixed feedback from people about staffing levels. One person told us, "Yes, I think there are enough staff", whilst another said, "The staff work hard, I don't think there are enough of them."
- Staff members confirmed they were very busy and had limited time to sit and chat with people but confirmed staffing levels allowed them to meet people's needs and keep them safe.
- Staff were recruited safely. Pre-employment checks were completed, including checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

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

- People told us they felt safe living at the home. Relatives also had no concerns about their family

members safety. One person told us, "I'm definitely 100% safe here, I'm very happy and contented." A relative stated, "They are safe and well looked after, the staff are really nice "

- Staff had received training in safeguarding which was refreshed annually. Staff we spoke with knew how to identify and report concerns. One told us, "I would report any concerns to my manager on the unit, if she wasn't here I would see matron (registered manager)".
- Safeguarding concerns had been reported in line with local authority guidance. The home's electronic monitoring system had been used to log any safeguarding issues, along with actions taken and outcomes.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The home had assessed risks to people's safety and wellbeing. Guidance around managing people's risks was contained in their care records for staff to follow.
- Accidents, incidents and falls had been recorded consistently, with analysis completed to look for trends to help prevent a reoccurrence. Ongoing provider level oversight was also in place, to ensure actions had been addressed timely.
- Checks of the premises and equipment had been completed as required, with certification in place to confirm compliance. A fire risk assessment was in place and each person had an evacuation plan in place, in case of emergencies.

Preventing and controlling infection

- A separate infection prevention and control (IPC) inspection had been carried out on 20 July 2021 by the CQC, and no issues or concerns had been noted.
- At this inspection we found IPC practice continued to be of a good standard. Current COVID-19 guidance around PPE usage, regular cleaning and risk assessments was being adhered to.
- Staff had received training in infection control and the safe use of PPE.



# 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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received supervision and appraisal in line with their policy and procedures. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff spoke positively about the training and support provided. Comments included, "When I started I completed lots of training such as manual handling, dementia training, first aid. Did all the face to face training, then completed e-learning. There's a lot of training" and "We have appraisals every three months and an annual appraisal; we talk about things we want to do."
- The home used a matrix to monitor training completion. We noted the overall completion rate for the 10 training courses the provider considered mandatory was currently 91 percent, with the majority of those staff whose training was outstanding being newer staff members going through induction.
- Supervision and appraisal completion was also monitored by the registered manager to ensure these had been completed in line with policy.

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

At our last inspection we recommended the provider reviewed the process for ensuring supplementary charts were completed consistently across the home. At this inspection we found improvements had been made.

- Since our last inspection the provider had introduced an electronic care planning and monitoring system. As a result, staff now used handheld devices to complete daily notes and supplementary charts. The system allowed for live monitoring of people's care, with alerts being raised if a care intervention was missed, such as a planned check or positional change.
- Although record keeping had improved, we identified some gaps in personal and oral care charts and the documenting of positional changes. The registered manager told us staff were still adjusting to the new devices and how to input information correctly. We saw these issues had been identified through audits with

weekly meetings held to drive improvements.

- People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, tissue viability nurses and dieticians. Information following appointments or assessments had been documented in care records.
- We identified a couple of examples where records had not been updated or amended timely, to reflect either new advice from professionals or people's changing needs. However, there had been no impact on either person as a result, with staff demonstrating a good understanding of these people's care needs.

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

At our last inspection we recommended the provider completed research into personalisation and dementia friendly décor. At this inspection we found further improvement was required and this remains a recommendation.

- Decoration and renovation work had been impacted by the COVID-19 pandemic, however, whilst the general décor of the units which specialised in supporting people living with dementia was appropriate, more work was needed to ensure the environment was personalised and met people needs.
- Communal areas and rooms, such as lounges and toilets, contained dementia friendly signage to help people identify these, however there was a lack of directional signage to help people navigate the building.
- We observed people ask staff to show them which bedroom was theirs as they could not remember. Bedroom doors had been painted in bright colours, however, we found little in the way of personalisation to help people identify their bedroom, for example memory boxes or pictures and/or words of relevance and significance.

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

- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable.
- People's likes, dislikes and preferences had been captured and used to inform the care planning process to ensure care provided was in line with people's needs and wishes.

#### 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.

- Staff had received training in MCA and DoLS and had an understanding of both. Comments included, "We don't deem people to lack capacity until it has been assessed and proven" and "People have DoLS due to there being restrictions in place, which are in their best interest."

- DoLS applications had been submitted timely, with logs used both on each unit and centrally, to monitor applications and their outcome.
- Care plans contained information about people's capacity to make decisions, with reference to the MCA. Where necessary best interest meetings and decision making had taken place.

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

- People received enough food and drink throughout the day, however, feedback about the quality of the food varied. One person told us, "The food varies, sometimes very nice and sometimes awful, but there's always a choice. I get what I want and drinks whenever I need them."
- Where people required a modified diet, such as soft or pureed meals, these were provided in line with guidance.
- Food and fluid logs had been used to record people's intake. However, at times greater detail was required to explain exactly what and how much people had eaten, or that supplements and fortification had been provided.
- We found mealtimes to be very busy, especially on the units where large numbers of people ate in their rooms, either through choice or because they were bed bound and needed support. This resulted in limited staff being available to monitor and encourage people to eat within the dining room. We discussed this with the registered manager who agreed to look at how mealtimes were managed.

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

At our last inspection we recommended the provider reviewed the care file audit process, to ensure these accurately reflected people's needs. At this inspection we found improvements had been made.

- An electronic care planning system had recently been introduced. The transfer of information was still a work in progress and whilst key information had been uploaded onto the new system, more work was needed to ensure the electronic plans had the same level of personalisation as the paper based care plans, which were still available for staff to read.
- From reading care plans, it was apparent people and/or relatives had contributed to the initial completion of these. However, although monthly reviews had taken place to ensure information was accurate, people and/or relatives' involvement in this process had not been documented consistently on the new electronic care plans.
- Regular monitoring of the new care planning system was in place. These reviews had highlighted the areas mentioned above, with plans in place to address these.

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.

- The service was meeting the requirements of the AIS. People had communication care plans, which explained any difficulties they had and how best to communicate with them. Details of any aids or equipment required to assist with communication was included, such as reading glasses and hearing aids
- Information was available in a range of formats, to cater for people's varying needs, this included easy read and different font sizes.

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

- People provided mixed feedback about activity provision, some were happy with what was offered, others felt more was needed. The home had lost two of its activity coordinators and despite advertising for the positions, had yet to fill these. This had had an impact on activity provision across the home, as only four remained to cover all five units.

- The home had an activities manager, who ensured a weekly schedule was in place across the home, with each unit having the same number of activities, usually one per day in either the morning or afternoon, including weekends.
- Staff told us they did their best to complete additional activities with people. Comments included, "We chat with people and have a box in the lounge with activity objects in, such as things for touch therapy, textural objects which we pass round" and "We do activities with people. On here a lot of them enjoy singing, we do dancing and things like that. Give them a choice of what they want to do."

#### Improving care quality in response to complaints or concerns

- Information on how to complain was displayed clearly on each unit. People we spoke with told us they had not needed to make a complaint but would speak to a staff member should they need to. One told us, "If I wanted to complain I would tell the unit manager."
- Complaints had been logged onto the home's electronic monitoring system. Records detailed the nature of the complaint and action taken, with letters sent or received stored as attachments. The electronic system prevented any complaints from being closed until they had been fully resolved.

#### End of life care and support

- Care files contained advanced care plans, which were used to capture people's wishes for this stage of their life, providing they had chosen to discuss their wishes with the home.
- The home had links with a local hospice to support the provision of end of life care. The current registered manager had worked to strengthen this link to ensure staff had access to and attended end of life training courses, provided by the hospice.
- Staff understood how to support people at the end of their life. One told us, "We try to meet all their wishes, make sure we have medication in place, ensure the person is comfortable and pain free."

# 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 now 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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we recommended the provider review the process and timescales for the completion of resident and staff meetings. At this inspection we found improvements had been made.

- Meeting schedules were in place along with a monitoring system, to ensure meetings took place in line with the provider's policy.
- Staff told us they had monthly meetings on their respective unit, alongside larger meetings held by the registered manager.
- Resident meetings were scheduled to be completed at least quarterly, however had been held more frequently on most units. A set agenda was in place for meetings, with action points and people's requests being logged and reviewed at the next meeting.
- Due to the COVID-19 pandemic, relative meetings within the home had not been possible. However, since starting work at the home, the registered manager had facilitated some online meetings, to ensure relatives were aware of what was happening and could have any queries answered.
- We found the home to be an inclusive environment. People's views were sought and documented.
- Annual surveys were circulated to people and staff, to gather their views on the home, care and support provided. We noted the most recent staff survey was largely negative, with staff reporting concerns with management of the home and support provided.
- However, staff we spoke with during the inspection provided a different picture, telling us the home was well-run, they enjoyed working there and had adequate support. Comments included, "I feel like it's a good company. [Registered manager] is on the ball, firm but fair" and "I feel the current management have brought an improvement in consistency across the home."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager used a range of systems and processes to assess the quality and performance of the home and care provided.
- All audits and governance were recorded via the provider's electronic system. The system automatically generated action points which were added to the home's continuous improvement plan.
- Information recorded on the electronic system was analysed monthly at provider level. Following this

analysis, the registered manager was required to submit a report explaining the actions taken and subsequent outcomes, where any issues or incidents had occurred.

- The provider was proactive in reporting accidents, incidents and concerns to the appropriate professionals and bodies in a timely manner and had submitted statutory notifications to CQC as necessary.

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 home was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home. Staff worked closely with relevant health and social care professionals which helped to ensure people received effective care and support.
- Involvement with local organisations had been affected due to restrictions caused by the COVID-19 pandemic; however, the home had maintained links with local schools, through letter writing.