

## Bearwood Nursing Home Limited

# Bearwood Nursing Home

### Inspection report

86 Bearwood Road  
Smethwick  
West Midlands  
B66 4HN

Date of inspection visit:  
18 February 2020

Date of publication:  
06 March 2020

#### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bearwood Nursing Home is a residential care home providing personal and nursing care to 58 people aged 65 and over at the time of the inspection. The service can support up to 63 people in one adapted building over two floors. Ground floor is for people who have nursing needs and first floor provides support for those living with dementia.

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

We saw some good interaction with service users, showing care, compassion and kindness. However, we did observe mealtime interactions which could be improved to enhance people's enjoyment.

Appropriate forms of communication to meet people's individual needs were available including staff who could interpret. People were supported by staff who knew them and their needs well. There were sufficient staff members employed by the service to support service users.

We saw staff have received training in line with the needs of people using the service and the care certificate.

People's needs were assessed, care plans and risk assessments were in place to support their needs.

Staff worked with external health and social care professionals and ensured people were supported to access these services when they needed them to maintain their health and wellbeing.

Staff were aware of people's dietary needs and the risks associated with this. 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.

We found people were safe at the home. Accidents and incidents are monitored, and appropriate actions taken to reduce further occurrences. Staff knew service users well and had received training on how to protect them from the risk of abuse. There were robust medication systems in place to reduce the risk of errors.

People's needs were reviewed when their needs changed, and care plans updated accordingly.

The service seeks feedback from people using the service and families about the service.

We saw complaints which were received, were investigated and responded to in a timely way.

Staff told us they felt listened to and supported by the management team.

There are robust audits in place and we were told about plans to continue to develop and improve the service.

The manager and nominated individual knew people's needs well and worked closely with the nursing team.

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

The last rating for this service was Good (published 13 September 2017).

### Why we inspected

The inspection was a comprehensive inspection, prompted in part, due to concerns received about staffing and safeguarding alerts. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the findings in this full 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring 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.

# Bearwood Nursing 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.

#### Inspection team

The inspection was carried out by one inspector and one specialist advisor (SpA) for the safe handling, storage and administration of medication.

A SpA is a person who supports the inspection team and provide specialist advice. The SpA during this inspection specialised in medication.

#### Service and service type

Bearwood Nursing 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 who has now left. The provider had recruited a new manager who is currently going through the registration process with CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 18 February 2020 and ended on 19 February 2020.

#### What we did before the inspection

We reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We also sought feedback from a recent inspection carried out by the local authority safeguarding team. We used all of this information to help us plan our inspection. We had received some concerning information and brought this inspection forward.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the senior operations manager, nominated individual, manager, registered nurse, senior care worker and care workers. 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. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We also spoke to a professional who regularly visits and supports the service.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, care reviews and staffing tools. We spoke with three relatives about the care and support their relatives receive.

# 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 Good. At this inspection this key question has now the same.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Due to concerns which we had been made aware of prior to the inspection taking place a Specialist Advisor (SpA) for the safe administration of medication was part of our inspection team. They completed a thorough audit and observation of medication procedures. We found there were robust systems in place to ensure safe receipt, storage and administration of medication.
- People had medication care plans in place detailing how they take their medications and any risks associated to this. This included things such as covert medication. Covert is when medication is given without consent of the person, due to impact refusal of medication would have on their health and well-being. We saw evidence of health professionals being involved in making these best interest decisions.
- There were measures in place to monitor the use of 'as required' medications. There were instructions of methods to try before using these medications, such as engaging the person in another activity, to try to help them to become less anxious.
- Staff had received training in the safe handling of medications and told us the correct procedure they would follow if an error occurred.

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

- Staff had received safeguarding training and could tell us how to protect people from abuse.
- Information was available around the home for staff and visitors explaining what action to take should they suspect that someone was being abused.
- Relatives we spoke to said they felt their loved ones were safe at the home. One told us, "When we leave him we are not worried, we feel his needs are being met and he is safe." One person we spoke to told us they felt safe in the home.

### Assessing risk, safety monitoring and management

- On the ground floor corridor there was a door that opened onto stairs leading to the basement, this could be accessed by anyone. This was discussed with the nurse and the management who said this door had never been opened by service users. However, as this had now been brought to their attention, a lock was put in place to make it safe.
- There were risk assessments in place to reduce the risks to people using the service. This included assessed risks such as mobility, eating and drinking, health conditions and medication. This ensured staff had the information they needed to reduce the risk to people using the service and staff members.
- Staff knew people well and could tell us about risks to those using the service and what actions they

would take if risks changed. We saw staff supporting people in a safe way as detailed in their care plans.

#### Staffing and recruitment

- During the inspection we saw there were enough staff to support people safely. Staff also told us they felt they had time to support people with their planned care.
- People we spoke to told us they felt there were enough staff. One relative said, "There's always enough staff to look after people in the room [communal area]."
- The management and staff told us staffing had recently been increased for care staff and activities. The home now has two full time activity co-ordinators which allows them to have an activity co-ordinator on each floor. One staff member told us, "Staff [numbers] has increased, and we can give more time [people using the service], it is good now."

#### Preventing and controlling infection

- Staff have received training in infection control to reduce the risk of cross infection. We saw people wearing protective equipment, such as aprons at meals times.
- There were products such as soap, hand towels and hand gel in all of the communal areas we looked in.
- On the day of the inspection we did not notice any odours. However, a relative told us, "The home can be a bit smelly sometimes."

#### Learning lessons when things go wrong

- We saw evidence of actions being taken and measures put in place when complaints or problems occurred. This included care plans and risk assessments being updated following any incidents and equipment such as sensor alarms being put in place to reduce the risk.
- Supervisions and staff meetings were used as a time to discuss things that went wrong, and everyone was able to be involved in how to improve and reduce the recurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- We saw pre-assessments of people's needs were completed prior to people moving into the home. This was to ensure they were able to meet the person's needs. Family members told us they and the service user were involved in the assessment and the planning of their support. We saw people were supported as detailed in their care plans.
- Care plans identified people's choices and preferences, histories, hobbies and interests, allowing staff to have a person-centred approach when supporting people.
- One family member told us, "[Name] stopped walking in hospital and had lots of falls. Since being at Bearwood [name] is walking again and only had one fall." We were told by a health professional, "They [service users] are safe here, some people here will fall as they are not being stopped to walk, their minds are telling them to walk and they are allowed to and that is good. Other homes stop them from walking and that is not good."
- Staff told us about the support needs of people and they clearly knew them and their needs and wishes well.

Staff support: induction, training, skills and experience

- Staff told us about the recruitment process they had gone through including induction and training. We saw from staff files, 'safe recruitment process' were followed. One told us their induction was, "Comprehensive, it was over two weeks, a week working on each unit, went through policies, learning how things are done here, care plans and medication procedures."
- There is a comprehensive training programme in place for staff to complete, this is inline with the Care Certificate. The Care Certificate is a set of standards that sets out the knowledge, skills and behaviours expected for specific job roles in the health and social care.
- The training reflects the needs of the people living at the service, supporting staff to have the skills and knowledge to support people with complex care needs and health conditions.
- The management team meet with staff for one to one supervision. During supervisions training, development and progress are discussed. Staff told us they felt supported by the management team.

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

- The dining and lounge area did not look inviting, tables had table cloths on but there were no napkins or condiments available, for people to use or to prompt them to ask for them. The lack of preparation of tables not being laid ready for meal service, did not make a positive experience or provide stimulation for people with dementia, to recognise it was meal time.

- We saw there was a choice of meals offered and snacks and drinks were available. One relative told us, "They always bring biscuits and fruit round with the drinks."
- The provider information return stated there were people living at the home who were at risk of malnutrition. It stated people who were at risk, had measures in place to reduce the risk such as offering them snacks in between meals, encourage them with small and frequent diet and provide them with fortified diet. This group of resident's weight was monitored on a two weekly basis. We saw evidence of these actions being in place.
- We saw there was regular involvement from the dietician and the Speech and Language Therapist (SALT) for people living at the home, to support people to maintain a healthy diet. A SALT is a health care professional that supports people who have difficulty with swallowing.

Staff working with other agencies to provide consistent, effective, timely care

- One health professional we spoke to told us, "We work together, I come here every week. They are always prepared with who we are seeing during the visit. We are really happy with them, they are well organised."
- People and relatives, we spoke to told us they saw health professionals when they needed to.
- We saw evidence of the GP visiting, they were visiting there on the day of the inspection. We also saw that referrals were made in a timely manner, to other agencies such as the optician, dentist and chiropodist.

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

- People were encouraged to bring in their personal belongings and special items to help furnish their bedrooms. We saw rooms were personal to the person living there.
- There was signage around the home to allow people to easily identify where toilets and bathrooms were.
- The corridors had murals, pictures and items of interest along them, to make them look homelier and to brighten them up.

Supporting people to live healthier lives, access healthcare services and support

- We saw the home was proactive in contacting other health care services for people who were moving into the home and for those who already lived there.

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 and had a good understanding of people's rights under the MCA and when to act in their best interests to ensure people's safety and welfare is maintained. When we asked a staff member about what MCA was, they told us, "For people who lack capacity act in their best interests at all times, but

we still offer support and ask for consent."

- Where people required applications to be made under the Deprivation of Liberty Safeguards, the management team had completed these. The nursing team were aware of who had authorised DoLS in place.
- There was evidence of best interests meeting taking place and families confirmed their loved ones needs we discussed with them.
- People were supported by staff, using the least restrictive option such as sensor alarms to alert staff if someone, who was high risk of falls, was walking around so they could monitor them to keep them safe.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- During the inspection we observed of a meal time experience. We saw support being offered and given to residents to eat their meals. However, this was not in a dignified and person-centred way. Staff did not focus on sitting with, and supporting one person at a time, they supported with a couple of mouthfuls of food then went to do something else. We saw staff stood behind residents to support them with food rather than sat at their level and engaging. This was discussed with the management team during our visit.
- A family member told us, "I have always found them [staff] pleasant, they all speak to you and update me when I go in about how [Name] has been."
- The home has service users and staff members from varying cultures and everyone respects each other. Staff recognised people's individuality and the importance of treating everyone as an individual.

Respecting and promoting people's privacy, dignity and independence

- Staff had received training on how to promote people's privacy, dignity and independence. One of the staff members explained how they would do this, "It's all about choice, you give people choices, you work with what they say and respect it. You sit with them, talk to them and get a feel of how they are, they are human beings and should not be talked down to. You don't do what they can do for themselves, encourage them to do what is in their scope such as, walk not go in a wheelchair, feeding themselves. It's important to keep their self-esteem going, they give up everything to live in a home."
- We saw staff knocking doors before entering rooms and being respectful of their privacy when they had visitors.
- People were able to walk around independently and when asked if they felt their relative was supported to remain independent we were told, "They do, they walk with [Name] with their frame, they don't make him sit down all of the time."
- One service user who wished to go to the bank, told us that the management take him so that he can still do this on his own. We saw this happen on the day of the inspection.

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

- During the inspection we saw people were given the opportunity to make decisions, this included where they would like to go and what they would like to do.
- We saw people's views about the home and the quality of the service they receive had been sought. There had been an analysis of this information and an action plan of how items raised would be rectified.
- There are resident and relative meetings held and we saw evidence of these. However, some service users

and relatives were not aware of these taking place.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans we looked at showed people's histories, likes and dislikes had been explored. This helped staff to communicate in a meaningful way with people they supported.
- The PIR we received from the service told us. 'Service users are supported with their cultural and religious beliefs by providing them with their preferred meals and support them to dress in their traditional way. During the inspection we saw people were supported to dress in their traditional way and cultural meals were on the menu.
- Care plans and risk assessments were reviewed to reflect any changes in needs of the service user. Relatives told us they were always kept up to date with any changes in care or treatment.

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.

- There were Punjabi speaking service users and staff members who were able to translate for none Punjabi speaking staff, so they could provide the support needed.
- We saw some pictorial communication methods were used, to support people to make their wishes and feelings known, such as menu's.
- During the inspection we spoke to the manager and nominated individual about the Accessible Information Standard. Both had a good understanding of the importance of suitable communication methods to meet individual needs being available.

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

- Some people we spoke to, felt that at times there was not a lot of stimulation or activities. People did tell us about the activities that did take place but felt there could be more going on.
- We saw the provider had identified a shortfall of activities taking place in the home and this has resulted in them increasing the activity hours. There are now two activity co-ordinators and the provider has plans to give additional training for them to increase their knowledge and awareness of meaningful activities to meet people's interests. We saw varied activities were planned for the forth coming week during our visit. The visiting GP told us, "A couple of years ago there were no activities [in the home] and this has improved

and now they have two [Activity Co-ordinators]. An example of how this has impacted is they had a lady who was very unsettled and repetitive and I said they needed activities, and since having them she is much more settled and sings beautifully now. That is better than any anti-depressant."

- The home holds a monthly party to celebrate birthdays in the month. All service users and families are invited to attend. This invite was displayed in the home.

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

- We were aware of an increase of complaints about the home prior to our inspection and this was in part, the reason the inspection was brought forward. During our inspection we did not find evidence to substantiate the complaints we had received.
- The home had a complaints procedure, and this was displayed around the home. People we spoke to said they speak to the manager or nurse if they had any concerns.
- We saw complaints that had been received had been investigated and responded to as per the home's procedures, within a timely manner. The outcome of investigations had been discussed with the complainant and staff and actions taken to reduce recurrences.

#### End of life care and support

- The home provides end of life care (EOL) and holds conversations with people who use the service and their relatives, about advanced care plans and EOL care to ensure they know people's wishes. Advanced care plans hold information about people's wishes for hospital admission and treatment should their health deteriorate. Detailed care plans were in place.
- The home works closely with the GP and the we were told by the GP, "They [the home]help with getting end of life conversations going with families and this is helpful if families are not available on our visit."
- When asked about what good EOL care was a member of staff told us, "I have completed the Gold Standards Framework training (GSF) training at another home, so I am up to speed. I like the palliative setting, making sure they [service users] are comfortable, pain free, have a dignified death. It is about supporting the family as well, after care and includes attending the funeral to say goodbye." The Gold Standards Framework (GSF) is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It is a way of raising the level of care to the best standard. The manager has also completed the GSF training and this has helped with implementing changes in the home.





# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

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

- We saw there were meetings for service users, relatives and staff, giving people the opportunity to be involved in developing the service. We also saw that the provider had listened to feedback from people and used this to improve the service.
- Staff told us they had the opportunity to raise anything at the meetings and felt they were listened to and valued. One staff member, when asked if they felt valued said, "I'm comfortable working here and feel a valued member of the team. I feel I am making a positive impact on people's lives. I come to work and give my best."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibilities around the duty of candour. They had a policy and procedure in place. We saw from records that they had been open and honest when dealing with complaints.

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

- There were quality audits completed by the management team to reduce the risk to service users and staff.
- The management team have worked at the home for many years and fully understood their roles and responsibilities in providing a safe environment for people to live and work. The nominated individual is located at the service and there is a manager in post, who is currently going through the registration process, to become the registered manager.

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

- There are plans by the home, to increase the involvement of people in community coming into the home and for service users to access the local community more. This is something the provider had already highlighted, and will be developed following the increase in activity hours.
- People and their families felt engaged with the service. Relatives felt able to speak with staff and

management of the home when needed and felt their feedback would be listened to.

#### Continuous learning and improving care

- A senior operations team visit the home regularly to carry out quality audits, including monitoring the management team and supporting them in keeping their knowledge and skills up to date.
- We saw that staff had completed training and they have access to continued learning.

#### Working in partnership with others

- We saw where accidents and injuries had occurred appropriate treatment had been sought and actions had been put in place to ensure the person's on-going safety. Investigations into any safeguarding's had been conducted in partnership with the local authorities to reach a satisfactory outcome.

The nominated individual and manager worked with other health and social care organisations to achieve better outcomes for people. This included healthcare professionals who worked closely with staff, to meet people's health needs.

- A GP was complimentary about how well the service works with them. They told us, "All the other doctors in the practice are now happy to come here as they are organised and like to visit the home. I think they do a really good job and have done for a long time."