

Tamaris (England) Limited

# Bebington Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Bebington Care 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 87 people.

Bebington Care Home accommodates 87 people across four separate units, each of which has separate facilities. This included specialist nursing support, respite care, end of life and general assistance with everyday living for people living with dementia.

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

People and their relatives who we spoke with told us that there had been an improvement in the service since the interim manager had been in post. This inspection found that significant improvements had been put into place by the interim manager and provider.

During this inspection we found improvements in all areas however additional improvements were needed surrounding medication management and the recording of information.

Improvements were being made to the internal and external environment. There were various internal and external checks in place to ensure the home was safe. People's personal emergency evacuation plans had improved and matched their care plans for the majority that we looked at.

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 were recruited safely and received regular training, received supervisions, attended staff meetings and had regular practice checks. Agency staff had appropriate processes in place surrounding induction.

Incident and accidents were analysed for patterns and trends. Risks to people were assessed safely and referrals were made to other professionals in a timely when people living in the home were in need.

Auditing systems the provider had in place were now being used appropriately and the findings were being used to drive improvements. Additionally, the electronic system the provider had in place for staff to record incidents was also now being used correctly. This meant the oversight and monitoring of the home had improved.

Policies and procedures were in place and updated, such as safeguarding, complaints, medication and other health and safety topics. Infection control standards were monitored and managed appropriately.

Systems were in place to gather feedback from people, including meetings or surveys. People and their

family members told us they felt confident to be able to raise any concerns they had with the management.

There were person-centred care plans in place that described what people needed and wanted to keep them safe and well. Activities had improved, and the activities co-ordinator had worked with the provider to implement systems to ensure people had access to meaningful and fulfilling activities.

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 inadequate (published 24 April 2019) and there were multiple breaches of regulation in relation to safe care and treatment, staffing, complains and governance. 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. 9, 16, 17 and 18. However there was a continued breach of regulation 12 in relation to medicines management.

This service has been in Special Measures since April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bebington 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.

#### Inspection team

The inspection was carried out by an inspector, a medicines inspector, an assistant inspector, a nurse specialist advisor 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

Bebington Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager who was registered with the Care Quality Commission. The manager was an interim manager. The service had recently recruited a registered manager who had started the application process for registration with the Commission. The provider is 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.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and ten relatives about their experience of the care provided. We spoke with eight members of the care staff, provider representatives, the managing director and the interim manager. 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.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at ten 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.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

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

At this inspection we found that the provider had made improvements to the way medicines were managed. However, further improvements were needed in two of the four units in the home. The provider was still in breach of regulation 12 in relation to medicines management.

- A safe procedure was in place but not consistently followed for medicines administration.
- With one exception, medicine administration was accurately recorded on MARs.
- Medicines were stored securely and at the right temperature and medicines that are controlled drugs (CDs) were handled safely.
- Guidelines (protocols) on giving 'when required' medicines contained sufficient detail and were reviewed. However, one person's protocol contained incorrect information and another person's protocol was missing.
- The application of people's non-medicated creams was not consistently recorded and the home's tool for assessing people's pain levels was not consistently used.
- Regular medicine audits were carried out. However, a concern identified one week before the inspection had not been acted upon. As a result, one person's barrier cream was not being applied.
- Feedback we received from people we spoke with was very positive regarding medication. Comments included "Yes, I know what I take and it's on time every day", "Yes – I'm on antibiotics and I get them on time" and "Yes, I would get pain killers if I needed them."

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to manage risk safely. This was a 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 in relation to managing risk safely.

- Monitoring information such as fluid and nutrition charts were completed for the majority and staff were now following appropriate protocols for people with pressure area concerns. However, we found a small

number of gaps in the monitoring charts. This was immediately brought to the attention of the provider. This meant that risks to people's wellbeing were being recognised and acted on in a timely manner.

- We had previously identified that personal emergency evacuation plans (PEEP's) had not been updated. At this inspection we found that this had improved. There was an adequate PEEP grab file and the PEEP and care plan information matched for the majority. However, we found one that did not match. This was brought to the manager's and provider's attention that was immediately actioned and rectified.
- The electronic system the provider had in place for the reporting of accidents and incidents by staff was now being used appropriately. This meant that trends and themes could be effectively monitored and acted on in a timely manner.
- People's dependency levels had been reviewed and these were now reflected throughout the care file.
- People told us they felt safe in Bebington Care Home. Comments included, "Yes everything is secure and locked up", "Perfectly – everything is looked after. You can be assured they are taking care of you" and "Yes, security is good."

#### Staffing and recruitment

- There continued to be a high level of agency staff, however these were regular staff who had full knowledge of the home and the people living in it. This was supported when we looked at the previous four weeks rota.
- The provider continued to use a dependency tool, however during this inspection we saw that sufficient staff were on duty and matched the amount of staff the dependency tool stated. The manager told us that they endeavoured to exceed the numbers required on each shift as the tool was a guide and they felt the needs of the people living in the home at times dictated this.

#### Preventing and controlling infection

- The provider had conducted their own infection control audit and had developed an ongoing action plan from the findings.
- Staff had completed appropriate training and were aware of the need to control the potential spread of infection. Risk assessments were in place for those people who needed them.
- The environment was visibly clean and free from any unpleasant odours.

#### Learning lessons when things go wrong

- We looked at the records relating to accidents and incidents and saw that audits carried out had improved as the electronic system was being used appropriately.
- We saw how lessons were learnt through any errors that had been identified, for instance the previous inspection findings had been used comprehensively as an improvement and learning tool.



# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. The service was found effective however, the service needed to demonstrate the improvements are imbedded and could be sustained.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide appropriate induction and support for staff. This was a breach of Regulation 18 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.

- There were comprehensive inductions in place for both permanent and agency staff. We spoke with staff who were able to tell us what their inductions included.
- Nursing and care staff were now receiving appropriate and regular supervisions.
- Staff we spoke with told us that training had improved and we saw that appropriate disciplinary processes were now in place.

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.

At our last inspection we found that the provider had not ensured consent to care and treatment was sought in line with law and guidance. This was a breach of Regulation 11 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 11.

- Mental Capacity assessments and best interest meetings had been carried out with or for people surrounding the administration of covert medications.
- Staff had attended additional training surrounding mental capacity.
- People's consent to care was documented in the care files that we looked at.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

At our last inspection we found that the provider had not ensured safe care and treatment of people using the service. This was a breach of Regulation 12 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 in relation to safe care and treatment.

- People's allergies were now documented appropriately on care plans and medication charts.
- The service worked with other health and social care professionals to ensure people's healthcare needs were met. An example was when other health and social care professionals, such as dietetic services, were involved in people's care, any advice given was incorporated within their plans of care.
- The documenting of monitoring information such as nutrition and fluid intake had improved significantly. We were able to see how one person's weight/nutrition and fluid had been monitored until they attained a healthy weight.
- We observed lunchtime and saw that the environment was welcoming and inviting with age appropriate music playing in the background. Tables were set with cutlery and linen tablecloths and had glasses and serviettes available.
- People were supported to eat by staff and we observed how staff encouraged people to eat and if they continued to refuse the staff offered milkshakes to ensure the person received nutrition.

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

- Improvements had been made to the environment since the previous inspection. The home was undergoing a redecoration and refurbishment plan.
- There were dementia friendly signs being fitted.
- On our previous inspection we found that one unit had to shut a door in the middle of the corridor if two people living with dementia had an altercation, reducing the ability for people to move freely. At this inspection we found the units were open and people were able to move around as they wished.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Improvements had been made to how people's personal information was stored. People's privacy was now maintained.
- At the last inspection incidences had not been recorded or responded to safely and appropriately. During this inspection we identified that improvements had been made and staff had responded to people's needs and provided information or support impacting on maintaining the wellbeing of people living in the home.
- People we spoke with seemed happy with how they were treated and supported. We were told, "Yes, I stay in the lounge until 10ish at night which suits me." Another person said, "Nobody bothers you, I get up when I like and decide what to wear" and a third person told us "They don't force me, and it fits in with my routine. I usually have breakfast in my room and decide when to go to bed."
- We also asked people if staff were kind and caring and we received a positive response. Comments included, "Whatever I want they get for me", "They are very very good. Really kind – no problems whatsoever", "Yes, they are kind. I have no complaints" and "Yes, they look after you fine. I have bad legs and they are really good the way they look after them. I like it here."
- We asked relatives about the staff's approach and attitude towards their family member and we received positive comments. We were told, "Yes they know him and are fond of him. He reacts well to them as he obviously likes them", "Yes they are good with him and know him well. We have seen them with other residents and they are very good" and "Yes, the regular staff are exceptionally kind."

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

- We asked people and their families if they were involved in their care plans. The majority of people said that they were. One person told us, "They come and ask me what my needs are." A relative we spoke with told us "I have seen it recently and think it is meeting [persons] needs" and another said, "Yes, I see it and sign it. It's reviewed every few months and [person's] DoLS is reviewed." However, we were also told that some people had no knowledge of their care plan. The provider told us of the ongoing plan to rectify this.
- The interim manager held a weekly drop in session for relatives to come and discuss anything however this had not been well attended. People were invited to meetings and also to leave comments on the electronic form for people that was available at all times by using an electronic tablet that was positioned at the entrance of the home. We were able to see that responses had improved since the last inspection.

# 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 Inadequate. At this inspection this key question has now improved to Requires Improvement. The service was found to be responsive however, the service needed to demonstrate the improvements are imbedded and could be sustained.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support; 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

At the last inspection the provider had not planned personalised care. This was a breach of Regulation 9 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 9.

- Improvements had been made to the activities available for people living in the home. There was a dedicated activities co-ordinator, and another had just been recruited. People and their relatives told us that this had improved but still felt there was room for improvement.
- The activities co-ordinator showed us how they had implemented a file for each unit that outlined peoples likes and dislikes and gave specific instructions on how to effectively carry out certain activities. This meant that if the activities co-ordinator was off, the staff would be able to continue providing the activities.
- We observed activities being made available for people in the home who lived with dementia. We saw how the staff had put up a washing line for people who had advanced dementia. There was a washing basket, pegs and towels so those who walked for long periods of time due to their dementia were able to carry out an activity that they were familiar with and gave satisfaction. We saw this being used during the inspection.
- Care plans matched relevant risk assessments. This meant that staff now had the correct guidance on how to support an individual appropriately. This reduced the risk of people not receiving person centred, responsive and safe care as the provider still used agency staff.
- During our last inspection we were told that people and family were not involved in care plans. However, at this inspection this had improved with the majority of people having knowledge of their care plans. There were still some people and their relatives who did not but when we raised this with the provider they told us of their ongoing plans to meet with people to rectify this.
- During our last inspection we had identified that people had not been able to access spiritual support when they wanted to. We saw that this had significantly improved, and those services were available to people living in the home.
- There was no one receiving end of life care at the time of inspection however we were told by relatives how the staff had recently helped care and support the person and the family at this time. We were told how the family had been kept updated with everything that was happening with their family member. We were told, "They were so kind and knowledgeable. The support we received couldn't be faulted. They treated us

well and always made us feel welcome."

- Care plans we looked at contained end of life care plans that had been reviewed.

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

At our last inspection we found that the provider had not managed complaints adequately. This was a breach of Regulation 16 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 16.

- Complaints were now logged, and we were able to see how each had been dealt with and actioned.
- The complaints procedure and complaints forms for people to use were on display in the home in the entrance foyer. People we spoke with told us that they would complain if they needed to and that they knew who to go to.
- People and relatives we spoke with told us that there had been an improvement in the communication.

#### 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.

- We saw how the provider was able to make sure information was available in different ways for the benefit of the people living in the home.
- People's care plans documented the best way to effectively communicate with them. For instance, one care plan said how to approach the person with open friendly body language, a smile and good eye contact. Also, that communication was not impaired by a physical symptom.

# 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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had not notified the Commission of significant incidents. This was a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009. Additionally, the lack of robust quality assurance meant people had been at risk of receiving poor quality care. This was a breach of Regulation 17 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 of the Care Quality Commission Registration Regulations 2009 and of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had started the application process to CQC to become the registered manager. This was started on the day of inspection as the manager was new in post and applied for their DBS check to be carried out. The interim manager and representative of the provider were in attendance during the inspection.
- There had been significant improvements, however the provider and interim manager were aware of additional improvements that were needed regarding recording and documentation.
- Notifications surrounding abuse, pressure area problems/accidents incidents were now being submitted to CQC in a timely manner.
- The interim manager and provider were using their own audit systems and processes appropriately that identified where further improvements were needed and to ensure that improvements already made were sustained.
- The interim manager had implemented a clinical monthly analysis. This documented falls with corrective actions, infection, safeguarding, weight loss and wound analysis. This identified trends and actions needed.
- All documentation requested by the inspection team was readily available and all managers and staff were open and transparent throughout the inspection.
- Oversight of the recruitment, induction, training and supervision of staff had improved and was now in place.
- The staff had received instruction of the use of the electronic systems that were in place for the monitoring of accidents, incidents and all other occurrences. This had improved the use and had fed into the auditing system. Improving staff knowledge of the systems was an ongoing process and was promoted through meetings and supervision.

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

- We received feedback from people and their relatives that communication had improved. We were told, "Yes, [manager] is approachable. There has been an improvement since [manager] came. The staff seem happier" and "Yes [manager] and [deputy manager] are very good. It is much improved. Staff morale was low but it's better now."
- Care plans documented when other professionals had given directions for the care of people living in the home and that this had been followed. However, we found one instance where it had not been made clear about a change in a person's medication. This was brought to the providers attention and acted on immediately.
- We saw evidence of regular staff meetings as well as residents and relative's meetings that were taking place for people to engage with the changes and improvements being carried out in the home. The provider had also kept people, relatives and staff fully informed about the previous inspection's findings.
- We saw evidence that the manager was engaging with the local authority and other stakeholders to support the staff team to make improvements in the home.

Continuous learning and improving care

- The interim manager and provider had devised a number of action plans in relation to different areas in the home and was working on them consistently.
- The interim manager and provider were very receptive to our findings and feedback during the inspection and immediately acted on what was raised.