

Bamfield Lodge Limited

# Bamfield Lodge

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bamfield Lodge is a care home providing personal and nursing care for up to 60 people, on three floors. Crocus provides personal care, Daisy provides personal and nursing care, and Snowdrop provides care for people living with dementia. At the time of our inspection, 49 people were living in the home.

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

People received a service that was safe. People had access to call bells. They looked comfortable and relaxed in the presence of staff. Systems were in place to ensure medicines were safely managed. Staffing levels were safe and robust recruitment systems were in place.

Staff had a good understanding of safeguarding processes and were confident the registered manager would act on any concerns they raised. Effective infection prevention and control measures were in place.

Risks associated with people's care needs and the environment had been assessed and staff were provided with information on how to support people safely. Incidents and accidents were reviewed to ensure lessons were learned to reduce recurrence and make improvements.

People's needs were assessed, and when people moved into the home, protocols were in place to isolate people, in line with current pandemic guidance.

People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way and in their best interests. The policies and systems in the service supported this practice.

People were provided with choices at mealtimes and provided with the support they needed to eat and drink.

The provider had systems and procedures to monitor and assess the quality and safety of the home. People using the service, relatives and staff told us the care home was well led.

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

The last rating for this service was requires improvement (published 25 October 2018).

The provider completed an action plan after the last inspection to show what they would do and by when, to improve.

Since the last inspection, the care home has been taken over by Barchester Healthcare Limited. At this inspection we found improvements had been made and the rating for this service has improved to good.

### Why we inspected

We undertook this focused inspection to check the service had followed their action plan and to check they had made improvements. This report only covers our findings in relation to the Key Questions: Safe, Effective and Well-led.

The key question, Responsive, was not looked at on this occasion. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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 coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bamfield Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Bamfield Lodge

## 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 one inspector on 22 September 2020.

An Expert by Experience made telephone calls to people who used the service and to relatives on 23 September 2020. 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

Bamfield Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 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. The registered manager in post at our last inspection in 2018 had left and a new registered manager was appointed in January 2020.

#### Notice of inspection

We gave 24 hours' notice of the inspection to ensure we could manage the risks related to Covid-19 and to discuss with the registered manager how we would conduct our inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider sent us a provider information return in 2019. 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. We also reviewed other information, including notifications the provider is required, by law, to send to us. We used all of this information to plan our inspection.

### During the inspection

We spoke briefly with people who used the service during our walk around the home. We spoke with nine members of staff including the regional director, registered manager, chef manager, registered nurses, senior care workers, care workers, and the senior housekeeper. We observed how staff interacted with people, and how people were supported at mealtime.

We reviewed a range of records. This included two people's care records, daily monitoring records and multiple medication records. We read three staff recruitment files. We completed an Infection Prevention and Control (IPC) audit. We checked records relating to the safety of the premises, that included legionella, fire, electrical, gas and equipment safety checks.

### After the inspection

We spoke on the telephone with four people who used the service and five relatives. We received clarification from the service to validate evidence found and requested further information which we have used to support our judgements in the report. We reviewed a variety of records relating to the management of the service, including policies, procedures, staff rotas, training and supervisions records, audits, quality monitoring records and actions plans, staff and service user meeting minutes and survey responses. We obtained feedback from two health care professionals who have had regular contact with the service.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I do feel safe, you get what you ask for, it's lovely, the staff are lovely, they treat me like a queen," and, "They're always popping in to check I'm alright, it helps me to feel safe."
- We spoke with staff who demonstrated a good understanding of their responsibilities with regard to safeguarding people from harm and abuse. They had received training and were aware of what they needed to do to keep people safe.
- The registered manager kept a safeguarding file and understood actions they needed to take and what they needed to report to the local authority and to the Care Quality Commission.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their health, safety and welfare.
- Risk assessments were completed and risk management plans guided staff on how to support and protect people. For example, people at risk of developing pressure ulcers were supported to change position regularly and had equipment in place to reduce the likelihood of their skin deteriorating or breaking down, such as pressure mattresses and cushions.
- The care home was well maintained to help ensure people were kept safe. Records showed that legionella, gas, electrical, fire and equipment checks were completed on a regular basis. Personal emergency evacuation plans (PEEPS) provided details of the support people needed if they were to be moved out of the home in the event of an emergency.

Staffing and recruitment

- People told us there were enough staff to meet their needs. One person told us if there was staff sickness, "They get somebody else in straight away. I've never thought they don't have enough (staff). I don't know about night time, it seems there are always people around.' The person also commented that staff were 'regular' and they had got to know them well.
- The registered manager used the provider's dependency tool to help calculate the staffing levels required. Based on our observations and the feedback we obtained from people who used the service, the registered manager and staff, we found there were enough staff available to meet people's needs.
- Staff were safely recruited. Staff files included interview checklists, review of employment history and explanations of any gaps in employment, written references and completion of disclosure and barring service checks (DBS). The DBS helps employers to make safer recruitment decisions, by preventing unsuitable people from working with vulnerable people, such as people who live in care homes.

Using medicines safely

- Systems were in place to safely obtain, record, store, administer and dispose of medicines.
- People were supported to take their medicines as they were prescribed and when they needed them. One person told us, "They're on time. They just wait till I've taken them. They're pretty thorough." The medication administration records (MARs) we checked were fully completed.
- The records confirmed how people liked to take their medicines. For example, "Likes to take (medicines) all at once from her hand, with a glass of water."
- Protocols were in place for medicines to be taken occasionally, when they were required (PRN), for example, for pain relief.

#### Preventing and controlling infection

- At the time of our inspection, there were no people using the service or staff being treated with suspected or confirmed Covid-19. Whole home testing of people who used the service and staff was taking place regularly.
- We were assured that the provider was preventing visitors from catching and spreading infections. One person commented, "All is done that they can. Even visitors are checked before they go to the garden. Everything seems fine. It's clean here."
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. PPE was readily available throughout the home.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Information and guidance was prominently displayed throughout the care home.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded by staff and reviewed by the registered manager. In addition, the records were monitored for any evident patterns or trends.
- Clinical meetings were held each week. Discussions included a review of accidents and incidents, falls, weight loss and pressure ulcer management. A 'lessons learned' and 'what we could do better' section was completed. This was in addition to completion of a root cause analysis, for example, if a person had more than three falls in one month.



# 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 now improved to good. 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

- People were assessed before they moved into the home, to ensure their care needs could be met. Additional Covid-19 protocols were in place. These included a requirement for people newly admitted or who had returned from a hospital stay to self-isolate for 14 days following admission.
- People needs were re-assessed on a regular basis and care plans were reviewed to ensure they were accurate, complete and up to date. Regular checks were made using assessments and screening tools. For example, when it was identified people were at risk of malnutrition or dehydration, food and fluid monitoring charts were used.
- We did note a gap on one of the charts we checked, where people's fluid intake records had not been fully recorded. This shortfall had already been identified by the provider's regional director who had completed an audit shortly before our inspection. We were assured that actions would be taken to ensure all records were fully completed.

Staff support: induction, training, skills and experience

- People who used the service and relatives told us they thought staff were trained and competent to deliver the care they needed. Comments included, "I think they're all good. They all seem to know what they're doing. They help me in all sorts of different ways really," and, "I'd say all my health needs are being met here. They've recognised when I'm not so good. Fluid builds up because I'm sitting around. I've had hospital tests, blood tests. They're onto it."
- Staff completed an induction when they were new in post and received training to make sure they had the skills needed to do their job. Staff spoke positively about the support and supervision they received. A member of staff told us, "The induction was really good, and I had three supernumerary days too," with another member of staff commenting, "The training is really good and we are well supported now."
- Refresher and update training was planned. Records were well maintained and the system showed when training was completed and flagged when it due or overdue. The registered manager told us since they had been in post, they had worked hard to support staff to complete training when it was due. Compliance with training had improved significantly in recent months and 97% staff were up to date with their mandatory training.

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

- People received a healthy and nutritious diet and were provided with support to eat and drink. People were assessed for the risk of malnutrition and actions were taken when people's weight or nutritional needs changed. People were offered choices from a menu at mealtimes and alternatives were available.
- Feedback was mostly positive, with one person commenting, " We have soup and lots of vegetables. I've

never seen so much food before. There are snacks too and we have starters. There is a lot of food," and, "I'm quite happy with the meals." We also received feedback that the food could be variable in quality, depending on who was cooking.

- On the day of our inspection, the food served looked nutritious and appetizing. In addition, a cheese and wine activity was taking place. Some people chose to have snacks during the day, and we saw staff offering snacks to people, that included crisps, fruit, chocolate and biscuits.
- The chef manager had a good knowledge of people who required fortified foods, textured diets, had allergies, and their likes and dislikes. They were provided with copies of people's 'food passports.' They told us they welcomed feedback from people to help inform the menu planning.

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

- People and their relatives spoke positively about the healthcare support they received. One person said, "If I get poorly they make sure I see someone. I had a chest infection and had a blood test. It was something to do with my lungs," and a relative said, "She has an iron deficiency and they are really onto it all the time. They'll ring me and we'll talk about any changes or plans. She needs regular check-ups including during Covid. They have taken her, so nothing is missed in her health needs. They've even asked her which member of staff she wants to take her so she's comfortable."
- The registered manager made sure everyone living in the home had access to the healthcare they needed. This included advice and guidance from district nurses, tissue viability nurses and speech and language therapy team (SALT). Healthcare professional contact records were maintained.
- Feedback from health professionals was positive, with comments including, "Have had contact in the past. I'm really impressed with just how much it has improved now."
- Since the onset of the pandemic, reviews by the GP were mostly completed remotely with video and telephone consultations. The GP attended the home to assess people when this was clinically indicated.
- On the day of the inspection, the dementia well-being service, who had been providing remote support, visited the home to undertake reviews and consultations in the garden area.

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

- Overall, the home was well decorated, and people's bedrooms were personalised with small pieces of furniture, photos and other personal items.
- There was an on-going refurbishment programme, so the areas we noted where carpets were worn, would be replaced as part of this programme. In addition, there were plans to further enhance the area of the home, Snowdrop, where care was provided for people living with dementia.

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 told us they were always asked for consent and supported to make decisions. Comments included, "They discuss it with me first. When I needed a blood test they didn't just go ahead. We talked about what is best and I tell them sometimes what I think is best. They listen, we talk," "When they come in in the morning, they ask me if I am ready to get up. If I want to, they support me to, if I don't, they say, "Why don't you have a cup of tea before you get up"," and, "I suppose so. I've not noticed to be honest. I can't imagine them trying to do something without asking me first."

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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked the service was working within the principles of the MCA, and that any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

# 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.

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

- From our observations, the culture within Bamfield Lodge appeared positive, open and person centred. Staff support was personalised, and staff knew the people they supported well.
- Relatives commented positively on the service and the support that had been given to people during the recent challenging period. One relative said, "From what I have experienced, the staff always ring back when they say they will. Everyone has been very helpful. The communication about Covid has been good and stopped us worrying. They've kept us up to date about Mum's health. As a family, it's a total relief".
- Staff told us they felt teamwork had improved, and staff morale was good, despite the challenges of the current pandemic. Feedback included, "[Name of registered manager] has been really good for us. He makes it clear just what he expects," and, "He is really supportive. He's the best manager we've had." A health professional commented they now had, "No qualms at all about working with this service."

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: Continuous learning and improving care: Working in partnership with others

- The registered manager clearly understood their responsibilities under the duty of candour. Relatives told us they were informed of any incidents or concerns. One relative told us when her mum has had any sort of incident, staff have called her "straight away", and discussed the details of the incident and actions they had taken, and if further measures were needed, what was in place to reduce recurrence.
- The registered manager worked with external professionals before, and during the current pandemic. District Nursing teams were involved in some people's care and records showed that communication was maintained.
- A business contingency plan was in place to ensure the service continued to be operationally effective in the event of an emergency and in the event of further outbreaks of Covid-19.

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

- The provider had completed their action plan from the last inspection. Medicines management, the dining experience, staff deployment and quality assurance systems had all improved.
- Effective and consistent systems were in place to monitor and review the quality of the service by the provider and the registered manager. Actions were monitored to ensure changes and improvements were made.

- The registered manager was well supported by the regional director, who, since the onset of the pandemic, had called the registered manager every day. In addition, the chief executive officer held weekly support calls with the registered managers, where information was shared and everyone had the opportunity to express any concerns, ask any questions and provide feedback.
- Staffing roles and structures were clear and organised. Staff understood their roles. The registered manager told us they had recruited permanent staff, and had practically eliminated the use of agency staff.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform CQC of.

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

- People were involved in daily choices and decisions about their care, and independence was promoted.
- Whilst there were current limitations on relatives visiting inside the home, 'garden' visits were taking place. Regular entertainers had been unable to visit, so staff had provided entertainment and activities for people, and supported people to keep in touch with loved ones. A member of staff told us how they supported people with letter writing and saw the pleasure people got from receiving letters too. They said, "It makes me a bit emotional at times, reading letters to them."
- Staff told us the communication in the home was very good. There were daily heads of department meetings and handover meetings, so all staff were kept up to date and made aware of any changes.
- People and their relatives spoke positively about the communication they received from the provider. They received regular updates in sensitively written letters and emails. For example, one letter included, 'This is an incredibly difficult time for everyone, and we are deeply saddened by what is happening, and the loss and pain that so many have endured. We all continue to be humbled by the amazing work that is happening to fight this pandemic, and we continue to be so proud of our teams at Barchester who are working tirelessly to keep your loved ones safe and well. Please continue to contact us with your queries and concerns, or your gratitude and thanks, we appreciate it all, and are doing our best to respond'.
- A 'You said, We did' board was displayed, and confirmed actions taken in response to feedback received. This included updates regarding visits to the home and the introduction of video meetings with relatives.