

Barchester Healthcare Homes Limited

Bedewell Grange

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 caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bedewell Grange is a service providing accommodation and personal care to up to 50 older people, including people who may live with dementia in one purpose-built building. On the day of inspection there were 41 people using the service.

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

A new registered manager was in place who was introducing some changes and improvements to the home.

Improvements had been made since the last inspection and these included improvements to staffing levels, safe care and treatment and person-centred care. People, relatives and staff were positive about the changes.

People told us they felt safe with staff support and staff were approachable. One person said, "If I want anything staff come straight away" and "Staff are very friendly and that makes for a caring service, they are very patient."

We have made a recommendation that staffing deployment should be kept under review, so people receive more person-centred care.

Appropriate checks were carried out before staff began work with people. People received suitable support to take their prescribed medicines. Staff said they were aware of their responsibility to share any concerns about safeguarding and the care provided.

The home was comfortable, well-decorated and clean. The environment was designed to meet the needs of people who may live with dementia.

We have made a recommendation about improvements to people's dining experience.

People were provided with good standards of care by staff who were trained and supported in their roles. A staff member commented, "It is a privilege to work with these people living here."

There was a good standard of record keeping to ensure people received care that met their needs. People's privacy and dignity were respected.

Risk assessments were in place which identified current risks to people as well as ways to reduce those risks.

Communication was effective, staff and people were listened to. One person commented, "Staff are very

patient and attentive." Staff worked well with other agencies to ensure people received appropriate care.

People were cared for by staff who were kind and compassionate. The atmosphere within the home was friendly and welcoming. One relative commented, "This place is even better than crusty bread, it's marvellous."

Activities and entertainment were available to keep people engaged and stimulated during some parts of the day. We advised of further improvements that could be made to occupy people, when staff were busy.

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.

There was a stronger and more effective governance system in place. The management and compliance team carried out a regular programme of audits to assess the safety and quality of the home. There were opportunities for people, relatives and staff to give their views about the service.

Processes were in place to manage and respond to complaints and concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 30 October 2018) and there were three 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

The inspection was prompted in part by some concerns relating to people's care.

We found during this inspection that people were not at risk of harm and the provider was taking action to mitigate risks as a result of concerns that had been raised.

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bedewell Grange

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

One inspector and an Expert-by-Experience carried out the inspection. 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

Bedewell Grange 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 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 unannounced.

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 spoke with three professionals before we inspected the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service and seven relatives about their experience of the care provided. We spoke with 12 members of staff including the area manager, the registered manager, seven support workers including two senior support workers, the activities co-ordinator and one visiting professional. 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 four people's care records and three medicine records. We looked at three staff files in relation to recruitment and staff training. 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 and quality assurance records.

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

At our last inspection the provider had failed to ensure staffing levels were sufficient to ensure safe and person-centred care to people across all areas of the home. This was a breach of regulation 18 (Staffing) and regulation (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made after the inspection and the provider was no longer in breach of regulations 12 and 18.

Staffing and recruitment

- Improvements had been made to staffing levels. An additional support worker was employed to work at busy periods during the day. People and staff confirmed there were enough staff to support people safely and to ensure people's needs could be met. A person told us, "I think there are enough staff. They are very busy, but they still have time to talk with you" and "Girls are in and out of the room all the time, if we need them they come straight away." A staff member said, "It's better now there is a floater, staff member, they cover both floors."
- The registered manager worked well to ensure staff vacancies and staff absences were filled to assist in the daily running of the home. A visiting professional commented, "I think there are now enough staff, some of the issues were when there weren't enough staff, staff absences were not always covered and support staff were very busy."
- We discussed the potential for improvement to staff deployment to ensure each floor was well-run. We had been told the senior support worker provided some direct care and support, however this was not observed when staff were busy supporting people. The senior worker did not always have an oversight of each floor with staff allocated certain duties. Support staff spent a large amount of time completing daily records about the care interventions carried out by them. Records are necessary to monitor people's well-being and to evidence the care provided. We considered a balance was required so staff could complete the task more quickly and then have more time to engage with people. We discussed this with the registered manager and area manager who told this would be addressed.

We recommend that staff deployment is kept under review to ensure staff are appropriately deployed so people receive person-centred care.

- Effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Systems and processes to safeguard people from the risk of abuse

- People and relatives said people were kept safe at the home. One person said, "I feel safe here. The building is secure. I never feel frightened and staff make me feel safe" and "Everybody is so nice here and if I was in trouble of any kind, staff would help me."
- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns. A staff member told us, "I'd report any concerns to the registered manager" and "Morale has been low, it has been upsetting with these recent safeguardings."
- Some safeguardings had been recently raised due to concerns about aspects of people's care. The registered manager was taking immediate action to address the concerns, including introducing protocols for visiting professionals. Some safeguardings were still being investigated at the time of inspection. A visiting professional told us, "There have been improvements and a communication book has been introduced that we use."
- Information was available for people, relatives and staff about adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- Information from risk assessments was transferred to people's care plans to ensure people were supported safely. One relative told us, "[Name] needs pureed food and thickened drinks because they are at risk of choking. It's done well here."
- Staff understood where people required support to reduce the risk of avoidable harm. One person told us, "We can help ourselves to a cup of coffee from the coffee machine in the entrance hall. If staff see us carrying a cup of coffee, they carry it for us, so we don't burn ourselves."
- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge.
- The building was well-maintained. Regular checks took place to ensure people were kept safe. A person commented, "If I had anything wrong in my room it would be repaired straight away."

Using medicines safely

- People received their medicines safely.
- Staff responsible for administering medicines were trained. One person told us, "I get my medicines morning and night, usually at the right time. Staff always watch me take it."
- Care plans provided details of how people received their medicines including "when required" medicines were administered.

Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- De-briefings took place with staff and reflective practice at staff meetings to analyse any incidents. For example, to discuss any trends in medicines errors. There had been some reported issues since the last inspection where not all people received their prescribed medicines in a safe and timely way. This had been addressed by the registered manager and the community pharmacist had been changed and a blister pack system was being introduced.

Preventing and controlling infection

- There was a very good standard of hygiene. One person told us, "The place is lovely and clean" and "Rooms are cleaned daily and then given a good clean on Friday."
- Staff had received training in infection control practices and used personal protective equipment such as gloves and aprons which was provided for them.

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.

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

- People's nutritional health was assessed and supported to ensure they were eating and drinking enough. There was a range of food available. People's comments included, "The food is very good, especially the Sunday lunch. Meals are all very tasty" and "There's a good choice of food. We can choose cooked breakfast as well."
- Where anyone was at risk of weight loss their weight was monitored more frequently as well as their food and fluid intake.
- Timely and proactive referrals to dieticians were made for those at risk of malnutrition.
- Some improvements were required to people's dining experience. A number of staff were initially available in the dining rooms but there was no staff member overseeing the mealtime in both dining rooms to ensure all people were supervised or supported to eat their meal whilst it was hot. On the top floor, staff left the dining room and only one staff member was left to assist people and supervise the meal when people were still eating. It was observed some staff members talked to each other as they supported people to eat. Meal time was noisy and inappropriate music was playing in the top floor dining room as people waited for their meal, this did not provide a calming atmosphere to encourage people to relax to eat their meal. We discussed this with the registered manager who told us meal times were protected but this would be addressed immediately. We were informed after the inspection of improvements that had been made.

We recommend that arrangements are reviewed to ensure people receive an organised and pleasant dining experience.

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

- People's needs were assessed prior to using the service and reviewed on an ongoing basis. These assessments had regard to good practice.
- Assessments included information about people's medical conditions, oral health, dietary requirements and other aspects of their daily lives.

Staff support: induction, training, skills and experience

- Staff received training including any specialist training to ensure people were supported safely and their needs were met. A staff member told us, "We do lots of training." A person told us, "I think staff are well-trained" and "Staff really know how to look after us."
- Staff completed an induction programme at the start of their employment, that included the Care Certificate. New staff shadowed experienced staff until they, and the registered manager were satisfied they were competent to work alone.

- Staff received supervision and appraisal. They told us they were well-supported by the registered manager and other senior staff. A staff member commented, "I get regular supervision every three months and an annual appraisal from the registered manager."

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.

- People's care and treatment was provided in line with law and guidance.
- People, or those appointed, were involved in decisions about people's care. DoLS had been appropriately applied for, and care plans contained evidence of MCA assessments and best interests' decisions where needed.
- Where people did not communicate verbally, staff had a good understanding of people's body language and gestures and only supported people when they were sure they were happy. One relative told us, "[Name] does not speak or communicate very well but staff always talk through what they are doing before they do it."

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

- There were care plans in place to promote and support people's health and well-being.
- Where people required support from healthcare professionals this was arranged and staff followed guidance provided. A visiting professional commented, "Staff refer people in a timely way and follow our advice." Information was shared with other agencies if people needed to access other services such as hospitals
- Access to regular primary health services, such as GPs, chiropody and opticians was well-documented. A person commented, "If we are poorly, staff will call a GP for us. We also have a chiropodist who visits."

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

- The building was well-decorated, light, spacious and airy. A person commented, "It's so comfortable here. I love watching people outside as they pass on their way to work or school."
- Bedrooms were personalised and homely. One person told us, "We've all had new carpets in our bedrooms. I love the smell" and "There are enough wardrobes and cupboards in my bedroom." The registered manager had introduced changes to ensure a more dementia friendly environment. Communal areas and hallways were interesting and stimulating with themed areas, to keep people stimulated and engaged.
- There was appropriate signage around the building to help maintain people's orientation.

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 improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection the provider had failed to ensure systems were in place for people to receive person-centred care. This was a breach of regulation 9 (person-centred care) and 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made after the inspection and the provider was no longer in breach of regulations 9 and 18.

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

- Improvements had been made to ensure people received more person-centred care. Staffing levels had increased and records contained information to ensure people received support they needed in the way they wanted. One person told us, "Staff are really good at listening, they will cheer you up if you feel down" and "The staff are absolutely great, they put me at ease with personal care."
- Staff interactions with people were attentive, kindly, encouraging and appropriate. A person said, "Staff really care, they always ask if I want anything" and "Staff treat me well. They will stand and chat with people in the corridor." We observed if people became distressed, staff responded immediately and knew how to support them to reduce their anxiety.
- Staff demonstrated a good knowledge of people's preferences and interests. Records were personalised and contained information to ensure people received personalised care that met their needs. One visiting professional told us, "Support staff are fantastic."
- Staff had received equality and diversity training. They showed respect for people's individuality, preferences and beliefs. People were asked about their preferences during the pre-admission assessment. The activities person told us they were setting up a library and using the skills of a person living at the home who used to be a librarian. They commented, "Being involved has really helped [Name]'s confidence."

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

- Staff supported people to make decisions about the care and support they received. People could make choices about aspects of daily living. One person said, "I have a choice of food" and "We don't have to do anything we don't want to."
- Staff responded to people's individual needs and requests. One person commented, "If there's anything I need I just have to ask, staff are very good." One relative told us, "Staff asks [Name] if they need support."
- People were directed to sources of advice and support or advocacy.
- Detailed guidance was available in people's care plans which documented how people communicated and about their level of understanding to help them be involved.

- People's families said they felt involved in their family member's care.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of people maintaining their independence and the benefits it had for their well-being. A relative said, "Staff are very considerate, they encourage people to do things for themselves." Care plans provided guidance for staff to ensure consistent care was provided.
- People's dignity and privacy were respected. Staff respected people's personal space and were observed knocking on people's bedroom door before entering. A relative commented, "Staff always close the bedroom door before they do any personal care."

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.

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 had access to a range of activities along with entertainment and external trips. An enthusiastic activities person and community project, Equal Arts, provided activities in the home. People's comments included, "We have outings, we went to the beach last week and we have music activities in the lounge," "I do painting, sometimes there is a film afternoon and we have pamper days" and "The new activities co-ordinator is excellent, they make me feel like I am the only one, even when they are entertaining lots of other people."
- There was a lively atmosphere in the home. We observed however, when the activities person and staff were unavailable or busy people were left unoccupied. Games, magazines, jigsaws, rummage boxes or other items of interest were not available for people to use if they wanted. We discussed this with the registered manager who told us it would be addressed.
- Links with the community were developed and people had the opportunity to go out on bus trips and to the shops. One person said, "We go out sometimes on the bus, [Name], a member of staff takes us shopping." School children also visited and spent time with people as part of an intergenerational project."

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

- Care was delivered by a team of staff who knew people well. People, relatives and other appropriate professionals were fully involved in planning how staff would provide care. One relative told us, "We have meetings and I've been involved in care plans" and "Staff are very good with [Name] and they get all they need. They bath them and [Name] loves it."
- People had assessments, which covered all aspects of their physical, emotional, psychological and social needs.

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 registered manager was aware of the accessible information standard. We observed that advertised information was not always in an accessible form to people who lived with dementia, who may no longer recognise the written word. For example, in a pictorial format. We discussed this the registered manager who said it would be addressed.
- Staff understood how people communicated. They knew how people expressed themselves, so

recognised if people were in pain or how they indicated their choices.

- Information was available in people's care records about how they communicated.

End-of-life care and support

- Relevant people were involved in decisions about a person's end-of-life care choices. Health care information was available about the end-of-life wishes of people.
- Information was available about people's cultural or spiritual preferences and how they wished to be supported at this important time. "One relative told us, "[Name] has had very good care here, they are comfortable."
- Staff worked closely with other healthcare professionals, so people could stay in the home rather than being admitted to a hospital if that was their wish. A visiting professional commented, "The end-of-life care provided by staff is very appropriate. I've just been in to [Name]'s room, staff are with the person, they are not left on their own."

Improving care quality in response to complaints or concerns

- A complaints procedure was available.
- People and relatives told us they would feel confident to speak with staff about any concerns if they needed to. One person told us, "I would speak to the manager, I've needed to on a couple of occasions and it was sorted straight away" and "I would go to the manager, but I've never needed to."

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.

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

- A new registered manager was in place since the last inspection. A person told us, "[Name] is in charge here, they're a very nice person." The registered manager was effectively managing the home ensuring its day-to-day running. A relative told us, "The manager is making improvements here."
- Improvements were being made to the running of the home with stronger and more responsive leadership. The recruitment of permanent staff, including a deputy manager and senior support workers was taking place. The management and staff structure provided clear lines of accountability and responsibility, which helped ensure staff at the right level made decisions about the running of the service.
- At this inspection improvements had been made to aspects of the running of the service to ensure people's safety and person-centred care. Further improvements were needed to people's dining experience and staff deployment to ensure more person-centred care.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. Where any incidents occurred, they were analysed individually and then checked for trends to reduce the likelihood of reoccurrence. For instance, increased auditing took place to check that required improvements were made where there had been medicines errors. The quality of service provision was monitored through information collected from comments, compliments and complaints.
- People, relatives and staff told us communication was effective to ensure people received care that met their needs. A relative commented, "Communication is good especially with the white board in [Name]'s room, any messages we write on that."

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 registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities, including CQC, if required
- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

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

- Changes had been made. The service was no longer in breach of its legal requirements. Stronger arrangements were being introduced to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. A staff member commented, "There have been lots of

changes for the better."

- Relatives and people were involved in decisions about care and advocates were also involved where required.
- People, relatives and staff all spoke very highly of the registered manager. They were positive about their management team and all said the management team were approachable and they were listened to. One relative said, "The manager is very approachable, she introduces herself and talks with people" and "The manager can be asked anything and they'll sort it out."
- There was a positive culture where staff and management took pride in the care and support that they provided. Staff members said morale had improved and the registered manager was approachable. A staff member told us, "I enjoy coming to work, it's much better."

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

- The service was committed to protecting people's rights with regard to equality and diversity
- People received a range of information and were kept informed about events in the service.
- People's views were regularly sought. People and staff were empowered to voice their opinions, and the management team always responded to comments put forward.
 - The registered manager had an open-door policy and people came with any concerns and other matters.
 - Meetings were held regularly. Meetings provided opportunities for staff, people and relatives to feedback their views and suggestions. One relative told us, "Monthly relative meetings take place, but I can't always attend."
 - The registered manager and staff team were outward looking and had formed links with other organisations such as local charities and an intergenerational project to bring schoolchildren into the home. They were members of agencies such as McMillan Nurses and had recently carried out fundraising activities, they were members of the Alzheimer's Society and had introduced some initiatives to work collaboratively with the local Urgent Care Teams and they promoted World Mental Health day.

Continuous learning and improving care; Working in partnership with others

- There was an ethos of continual improvement and keeping up to date with best-practice in the service. Staff were appointed as champions to research and promote best practice in areas of care.
- Records confirmed staff communicated effectively with a range of health and social care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.