

Bearwood Healthcare Ltd

# Bearwood House Residential Care Home

## 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

Bearwood House Residential Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bearwood House Residential Home is registered to provide support for up to 27 people. At the time of our inspection visit, 22 people were living there. Bearwood House Residential Home is not a purpose built care home. This unannounced inspection visit took place on 12 February 2018. It was the first inspection since the provider registered with us on 8 May 2017.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe living at the home, and staff understood their responsibilities to protect people from harm and abuse. Risks to individuals were assessed, managed and reviewed. There were enough staff to keep people safe, and the provider followed processes to ensure that suitable staff were employed. Medicines were managed so people were protected from any dangers associated with them, and people were protected by the prevention and control of infection. Lessons were learnt and improvements made when incidents occurred.

People's needs were assessed and support was given in line with evidence-based guidance. Staff had the knowledge and skills needed to provide effective care for people. People's nutritional needs were met, and they were supported to access healthcare services. People's needs were taken into account in relation to the environment. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice...

Staff were caring and compassionate in the way they supported people who used the service. Staff knew people well and understood how to communicate with them. People's privacy was respected, and their dignity promoted. Visitors were encouraged to visit and people were able to maintain relationships that were important to them.

People received care that was individual to them and responsive to their needs. They were involved in the planning and reviewing of their care, and the records supported staff to offer personalised support to people. Staff supported people to reduce the risk of social isolation. People and their relatives were confident in raising issues or concerns, and the provider responded to these in a timely manner.

There was an open culture within the service and the management team were approachable and available for people and staff. People who used the service, their relatives and staff were encouraged to give feedback about the service. Staff were supported and motivated in their roles. There were effective systems in place to

monitor the quality of the service, and these were used to drive improvements. The registered manager understood their responsibilities as a registered person and was committed to providing good quality care for people.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were safe receiving support from a staff team that understood how to protect them from harm. Staff were knowledgeable about safeguarding people from abuse, and were confident to report concerns. Staff knew how to manage risks for people, and followed guidance to ensure they worked in a safe way. There were enough staff available to meet people's needs and keep them safe, and the provider followed safe recruitment processes. People's medicines were managed safely, and they were protected against infection. Staff reflected on incidents that occurred, and took action to prevent them from re-occurring.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who had the knowledge and skills to meet their needs. The provider considered best practice guidance to ensure effective care for people. People were supported to maintain a balanced diet and access healthcare services. Their needs were considered with regards to the environment and adaptations that were made. People were supported to make decisions about their care, and when not able to, the necessary guidance was followed.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and compassionate in their approach. Staff listened to and respected the day-to-day choices people made. Staff knew how to communicate with people and supported them to maintain their independence. People's privacy was respected and their dignity promoted. Visitors were made to feel welcome, and people were able to maintain relationships that were important to them.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and reviewing of their care. Their needs and choices were taken into account, and they received support that was individual to them and responsive to their needs. People were enabled to participate in activities they enjoyed at home and in the community. There was a complaints policy in place, and people were happy to raise any issues, which were responded to in a timely manner.

**Is the service well-led?**

The service was well led.

The management team engaged with staff and people who used the service; they were approachable and promoted an open culture. People, their relatives and staff were encouraged to give their feedback about the quality of the care at the home. Staff were supported in their roles. There were effective systems in place to monitor quality, and these audits were used to drive improvements.

**Good** ●

# Bearwood House Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This unannounced inspection visit was undertaken by two inspectors on 12 February 2018.

We used information we held about the service and the provider to assist us to plan the inspection. This included notifications the provider had sent to us about significant events at the service. As part of our planning, we also requested feedback from the local authority, and reviewed information from the food standards agency. We also used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit, we used a range of methods to help us understand people's experience of living at the home. We spoke with seven people who used the service and three people's visitors. Some people who lived there were not able to have a conversation with us due to their limited verbal communication skills. We therefore spent time observing how staff interacted with people who used the service and watched how staff supported and cared for them.

We spoke with three care staff, the housekeeper, cook, and the activities co-ordinator. We also spoke with the deputy manager and the registered manager. We looked at three care plans to see if they were up to date and accurate and reviewed medicine administration records, daily logs and information in relation to infection control and fire safety. We reviewed two staff files to see how staff were recruited and the records relating to the management of the service. This included audits the registered manager had in place to ensure the quality of the service was continuously monitored and reviewed.

# Is the service safe?

## Our findings

People were safe living at Bearwood House Residential Care Home. One person told us, "Oh yes, I'm in safe hands with the staff here; if anything worried me I would tell the staff." One relative commented, "Things are far better now that my relation lives here; the worry that I had when they were at home has gone." People were protected from harm by staff who knew understood how to recognise potential abuse. One staff member said, "There are the obvious things like unexplained bruising; but then the less apparent concerns. If people's behaviour changes or they are unusually quiet, that could mean that something is wrong." Staff told us they would be confident to report any issues to the deputy or registered manager. One staff member told us, "We all know that if we see or hear anything, we have to record it and tell someone. We should never keep that kind of concern to ourselves." Staff were aware of the safeguarding policy that was in place, and understood their responsibilities within this. We saw the registered manager had taken action when concerns were raised.

Risks were assessed, monitored and reviewed, and staff were aware how to minimise possible risks to people. For example, some people were at risk of developing sore skin. We saw that the necessary equipment was in place to help manage this risk, such as specialist mattresses or cushions. Staff were fully aware of the support they needed to give to keep people's skin healthy. One staff member explained, "We do have to reposition some people as they spend a lot of time in bed. It's important that we do this according to the guidance we have."

Some people needed to use equipment to help them walk safely around the home. One person told us, "The staff always make sure I have my frame with me when I walk, and it's always close by to me so there when I need it." One relative commented, "My relation had a number of falls at home, but since being here have not had any. That's down to the staff; they are a lot safer now." Other people needed to use a hoist to transfer from their bed to wheelchair. One staff member told us, "All the information we need to move people safely is in their care plans. We are shown how to use the equipment properly and the seniors will check that we do this right. We always have to have two staff to do this." The records we looked at confirmed that staff were given the guidance they needed. We saw that the equipment was maintained according to the service schedule to ensure it was safe to use.

There were enough staff available to keep people safe and meet their needs. One person told us, "The staff are always here when I need them. I like to spend time in my room, and they will always check on me to make sure I'm okay." One staff member commented, "There are enough of us on each shift; we don't have to rush people when we support them." We observed staff spend time with people and responded to any requests in a timely manner. The staffing levels were determined by individual's needs, rather than by the numbers of people at the home. People's needs were reviewed and the staffing levels amended when necessary. We saw the registered manager had introduced additional support at certain times of the day to ensure that people's needs were met.

We checked to see how staff were recruited. One staff member told us, "I had to make sure I gave them my full employment history when I applied for the job. And before I started, I had to get two references and a

DBS check." The Disclosure and Barring Service (DBS) is a national agency that assists employers make safer recruitment decisions and prevents unsuitable people from working in services. The records we reviewed confirmed that the necessary pre-employment checks were carried out and demonstrated the provider had safe recruitment processes in place.

People received their medicines as prescribed. One person told us, "I get my tablets every day; the staff make sure of that. They will write it down to show I've had them." Staff confirmed that they could only administer people's medicines if they had been trained to do this. We observed people having their medicines, and staff would wait with them to ensure they had swallowed their medicine. People were offered a drink, and staff would check how people preferred to be given their medicine. For example from the pot, or placed in their hand. We saw that if a medicines error occurred, the registered manager took action following this. For example, checking with the doctor or pharmacy if there would be any impact for the person; and then ensuring additional staff training was given. When people's medicines were reviewed, we saw that staff followed directions when the dosage changed. When people had medicines 'as required' rather than every day, guidance was available for staff that enabled them to understand when people needed this. Medicines were kept securely and according to the manufacturer's recommendations, and the stock levels we checked were correct. This demonstrated the provider ensured the proper and safe use of medicines.

People were protected by the prevention and control of infection. Staff understood their responsibilities to maintain good standards of cleanliness and hygiene within the home. We observed staff use personal protective equipment when needed, and we saw they had easy access to this. One staff member was employed as a housekeeper, and they told us, "I always get the supplies that I need, and never run short. I have a schedule to follow to make sure all the home is kept clean." On the day of our inspection visit, a contractor was deep cleaning the carpets. The kitchen had recently been awarded a four star (good) rating by the food standards agency. The cook explained, "There was just one issue with the extractor fan; otherwise we would have got all five stars." They told us how the provider had invested in new flooring and equipment, and added, "I think it's a lot cleaner now and the schedules are tighter." This demonstrated that effective systems were in place to manage the risk of infection.

The staff team were encouraged to reflect on their practice and make improvements when incidents had occurred. For example, we saw the registered manager had analysed when people had fallen. As a result of this, the staff rotas had been amended, and safety checks had increased in frequency for people when needed. The registered manager was monitoring the effectiveness of this and would review these arrangements after a set period of time. We also saw the registered manager had followed up an incident that had happened outside the home. They had taken action to ensure this would not occur again.



# Is the service effective?

## Our findings

People's support was delivered in line with good practice guidelines. The National Institute for Health and Care Excellence (NICE) provides evidence based guidance and advice to ensure people receive safe and effective care. We saw the provider had followed this guidance in relation to various aspects of people's care. For example, the care planning processes, the home's environment, and preventing social isolation. The provider had also followed the NICE guidance in relation to specific medicines that were prescribed, and for people who were diagnosed with certain health conditions such as diabetes.

Staff had the knowledge and skills they needed to provide effective support to people. One person told us, "The staff are very good; they are confident in how they do things, and know what they are doing." One relative commented, "I have learnt things from the staff which has been helpful to me." One staff member said, "When I returned to work, everything was done as if I had never worked here before. I had the induction, which included shadowing the staff to get to know the new residents and their routines. None of this was rushed, and I was given the time I needed." Staff told us about the various training they received to develop their skills. This included practical sessions to learn about moving and handling, as well as on line courses. One staff member said, "The training we had about dementia was particularly good; it helped us to understand people; really get to know where they were coming from." They explained how they had put this learning into practice, and information had been shared with people who used the service. This had enabled people to understand the experiences of others they shared the home with. Staff confirmed that their competencies were checked and they completed annual appraisals with senior staff.

People enjoyed the food, and one person told us, "It's marvellous; you get all the food you want here. I love the roasts; they are really good." We saw that people were offered choices for their meals, and staff would ask people what they would prefer to eat. The cook told us how they were supported by another staff member to plan the menus with input from people who used the service. They explained, "We ask people what they would like, and then include these choices." Staff were able to demonstrate clearly which people required specialist diets, and we saw people's food was prepared according to guidance available. When people were at nutritional risk, staff kept records to detail what they had eaten and drunk. When needed, people's weight was monitored, and if any concerns were noted, we saw that action was taken and referrals made to external professionals. People were offered drinks at regular times throughout the day. One staff member told us, "The provider has purchased additional side tables, so people can always have their drinks close by to them." This demonstrated that people were supported to maintain a balanced diet.

People were supported to access healthcare services. One person told us, "They always get the doctor if I need them; I have my eyes tested here, and the person who does my feet was only here last week." Some people required regular support from the local nursing team, and we saw this happened as needed. The registered manager explained how they had amended their way of working when people were unwell. They told us, "It used to be a case of 'see how they are during the day' before we called the doctor. But I questioned this. And now it's a case of, if someone is a bit off colour we will call the doctor in straight away. It works far better." We saw that referrals were made to healthcare professionals in a timely manner, and any recommendations were followed by staff. This demonstrated that people received ongoing healthcare

support to keep them healthy.

People's needs were met by the adaption and decoration of the premises. In the past year, the provider had completed different works within the home. For example, people's bedroom doors had been painted in various bright colours, to resemble front doors of houses. There was signage using pictures to help people know what rooms were used for. This assisted people to recognise different areas of the home and promote their independence. We saw the bathrooms and toilets had been refitted, and this had taken people's physical and cognitive needs into account. Bearwood House Residential Home is not a purpose built care home, but people told us they liked the fact it was more like an ordinary house. There were two separate lounges for people to use, one of which tended to be quieter for people who preferred this. There was also a separate dining area for people to use at mealtimes. One person commented, "It is like home from home, it doesn't feel like an institution."

The Mental Capacity Act 2005 (MCA) provides the legal framework for making particular decisions on behalf of people who may lack the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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. The application for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People were supported to make decisions about their care. Staff understood how to communicate with people in the best way to ensure their views were respected. One staff member told us, "It is important that we spend time with people and understand how to speak with them. We may have to give them information in different ways to assist their understanding." We observed staff gaining people's agreement before they assisted them. One person told us, "The staff will always check with me before they do anything." We saw that when people were not able to make specific decisions about their care, staff ensured that the care they received was in their best interests. We saw the provider had assessed people's capacity to make certain decisions and evidenced why their support was in their best interests. These discussions had involved people that were important to the person. Another staff member commented, "We have to get the balance between keeping people safe, meeting their needs, and giving them as much freedom as possible." When people were being restricted, we saw that applications to do this legally had been made. When these had been authorised, the provider ensured that any conditions were met, and had informed us as required to do.

## Is the service caring?

### Our findings

People were treated in a kind and compassionate way. One person told us, "The carers are all lovely; I couldn't ask for any more." One relative commented, "It's homely here. The staff talk to my relation like we do; they treat them so well." We observed staff support people in a patient manner, and all the interactions we saw were caring towards people. Staff communicated with people in ways they understood. For example, a small white board had been purchased for one person to enable staff to write things down. This assisted the person to make decisions. One staff member explained, "It's much better for them, now they don't need bits of paper as we can wipe it clean each time." We saw staff offer reassurance to people, and this gave them the emotional support they required. For example, sitting by people and gently holding their hand. One staff member said, "It's not just about the physical care we offer, but also having the time to spend with the people we care for."

Staff supported people to make decisions about their day-to-day care. One person told us, "I choose when to get up and go to bed; where to sit, and if I want to be with others or on my own. The staff will respect this." One relative explained how their relation had been offered an alternative room. They said, "We all thought it would be better; they would have had more room and a better view. All the arrangements were made, but in the end they were unhappy, so moved back to their original room. It wasn't a problem, and the important thing is that they are happy where they are." We observed staff offer visual options for people, which assisted them to make choices. One staff member told us, "We will put out clothes that are suitable for the weather, and then get people to make a choice. That way, they are in control of what to wear, but we also know they won't put on a summer top when it's cold."

People's independence was promoted, and one person told us, "They will help me; but I can still shave, chose my clothes and get myself dressed." People were able to walk freely around the home, and one staff member said, "We can't tell people to sit down if they don't want to. It's important that people are as mobile as possible; we encourage people to do the exercise classes so they benefit from being as active as they can." Staff understood how to respect people's privacy. We saw that they would knock on bedroom doors before entering, and keep doors closed when supporting people with their personal care. One person commented, "The staff are good, they don't just walk in without being invited." Some people chose to keep their bedroom doors locked during the day, and other people had equipment in place to prevent people from walking into their rooms by mistake. People were dressed in styles that were individual to them, reflecting their preferences. One relative told us, "My relation always has clean clothes on and looks well when I visit." This demonstrated that people were treated in a dignified way.

Visitors were made welcome at the home, and one relative told us, "I visit here regularly, it's never a problem." We saw that families and friends arrived throughout the day, and the signing in book confirmed that people visited in the evenings and at weekends. Some people were taken out by their relatives, and others chose to spend time together in their rooms. One relative told us how they would be invited to attend various events and parties throughout the year. This demonstrated that people were able to maintain relationships that were important to them.

## Is the service responsive?

### Our findings

People received care that was individual to them. One relative commented, "Everything is focused on my relation's needs." People and those that were important to them were able to contribute to the assessment and planning of their care. One relative told us, "The registered manager came out to see us; they asked us so many questions and did the assessment. We've been so pleased with the support my relation is getting." We saw that people's care plans were individual to each person, and reflected them as a whole person. For example, they identified key information such as their personal histories, individual preferences, interests and goals. The records we looked at showed how the provider had considered people's protected characteristics. For example, their sexuality, race and religion. One staff member said, "People's care plans give us a lot of information about the person; that helps us to interact with people, appreciate them as an individual, and meet their needs." We saw that people's needs were reviewed, and one relative told us, "Only a few months ago, they put a new care plan in place as my relations needs had changed." This demonstrated people's changing needs were reviewed and responded to.

The registered manager was committed to working alongside people and staff to promote their rights as far as equality and diversity issues were concerned. They had displayed information entitled, 'Excellence in Care; all different, all equal.' This emphasised how the values of inclusion would be demonstrated within the home. For example, stating they would, 'Create a home that is friendly and welcoming to lesbian, bisexual, trans people and everyone.' It also outlined their approach, stating, 'Let's be welcoming about everyone's diversity, and respect the fact that everyone is different.' The registered manager told us, "It is still early days, but we don't want anyone to feel excluded or discriminated against; and by having these values clear for all to see, makes everyone realise that this is a vital part of providing care for people, as well as making it an inclusive place for people to work in."

People were supported to follow their interests and take part in activities they enjoyed. One person told us, "They do an excellent job; we're lucky to have them. They arrange coach trips out and we go to the local church." Some people had been involved with a reminiscing group, and told us how they had been part of a choir. They said, "They made a recording of the songs we did; it was lovely." We observed the singing activity that took place. People chose the songs and hymns they preferred, and were encouraged to lead the activity; we saw that people joined in with great enthusiasm. One person commented, "I didn't want to do the signing as I don't really like it; but I don't get bored. I'm alright here watching the television." We saw people had various items of interest close by to them, such as newspapers and magazines. The activities co-ordinator also arranged for cooking sessions to take place. One relative told us, "My relation wouldn't go into the lounge at all for quite some time, but the staff have encouraged them, and now they will go and sit with the others. It's better for them to be with other people." When people chose to be in their bedrooms, we saw that staff would call in on them regularly. This demonstrated staff supported social inclusion for people.

People knew how to raise concerns and were confident to report issues to the provider. One person told us, "I'm quite happy, but would speak with the staff if there was anything not right." One relative commented, "I know I only have to mention something to the manager and it gets sorted out straight away." We saw the registered manager had responded to complaints in a timely manner according to their policy, and had

undertaken investigations when needed. They had also taken action to prevent similar issues happening again. This included sharing information with the staff team about how practice would change, as well as including expected ways of working within the induction programme for new staff.

At the time of our inspection, the provider was not supporting people with end of life care. However, we saw that people's wishes had been considered as part of the care planning process.

## Is the service well-led?

### Our findings

There was a registered manager at the service. They had been employed just prior to the new providers taking over. One staff member told us, "I have noticed the difference since they and the new owners have come in. Things are really on the up. The provider comes over at least once a month; they know the staff team and the people who live here. They listen to what is needed and bring about changes." One relative commented, "I have found all the staff, manager and deputies to all be very approachable and available. They spend time with us, explain what is happening, and are very open and honest about everything. Nothing is too much trouble; I can't fault them." One person said, "Oh yes, I know the manager; always here and asking how things are going. It's a good group of staff."

People who used the service and their relatives were encouraged to give their feedback about the care they received. We saw that surveys were sent to people, and when needed they received support to share their experiences. People and their relatives had the opportunity to attend meetings at the service. We saw they discussed the various activities people wanted to attend, and they were given the opportunity to raise any ideas to improve the service. We saw that people were kept up to date about any changes and proposed improvements by means of a newsletter.

Staff were clear about their responsibilities, and were encouraged to share their ideas to develop the service further. One staff member told us, "We have regular staff meetings, and are asked for our input. These are useful meetings. We know what is expected of us and the standards we should achieve." We observed the daily handover, where information was shared about the people who used the service and any issues they needed to be aware of. Staff knew about the whistle blowing policy that was in place. This policy enables staff to report poor practice, anonymously if they prefer; it also protects staff if they do this. One staff member told us, "We are encouraged to report anything straight away, and know our concerns would be acted on." This demonstrated there was an open culture within the service.

Staff were supported in their jobs, and received regular supervisions and annual appraisals. Their competencies were assessed, and they were given the opportunity to improve their skills through re-training when needed. One staff member commented, "We want to provide the best care for people, and I know the manager expects this of us." Staff were encouraged to participate in surveys, to enable the provider to identify any areas of improvement that were needed. Staff told us they enjoyed working at Bearwood House Residential Home and were motivated in their roles.

The registered manager had effective systems in place to monitor the quality of the service. These included audits undertaken in relation to the environment, health and safety, and care planning. We saw they used these to drive continuous improvements. The registered manager had developed close relationships with other agencies, and told us about the partnership working they were promoting. This not only included the local authority and healthcare agencies, but also community organisations in the local area. The registered manager was aware of their responsibilities of registration with us. They had also notified us of significant events that had occurred, which they are required to do. They also felt supported by the provider, and told us, "We have made a lot of improvements in the past year; there is still more to do, but we are all committed

to achieve this."