

Tamaris (England) Limited

# Bebington Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Bebington Care Home is a purpose-built care home with four units providing residential and nursing care for up to 87 people with varying needs. These include specialist nursing support, respite care, end of life care and general assistance with everyday living for people with dementia. At the time of inspection there were 32 people living at the home.

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

Medicines were not always managed safely. There were inconsistencies in the recording of stock balances and no guidance in place for the use of prescribed creams and for the safe disposal of medication. Health conditions of people were not always recognised in their care records.

Feedback we received from staff, people and relatives was mainly positive. The recruitment of staff was safe and there were enough staff on duty to meet people's needs. Equipment had been serviced and maintained. Accidents and incidents were recorded and reviewed in order to minimise the risk of reoccurrence.

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

There were a range of provider and manager audits in place, however, medication audits were not always effective in identifying concerns and bringing about improvements.

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

Rating at last inspection - The last rating for this service was requires improvement (published 15 November 2019) and there was a breach 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 enough improvement had not been made/ sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has failed to achieve a rating of at least good for the last four consecutive inspections.

### Why we inspected

We received concerns in relation to the management of medicines, staffing and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Our report is only based on the findings in those areas reviewed at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from the previous comprehensive inspection for those key questions were used in calculating the overall rating at this

inspection.

The overall rating for the service remains requires improvement. 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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe management of medication, management of risk and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bebington Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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, one inspection manager, one medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Bebington Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service and nine of their relatives about their experience of the care provided. We spoke with eight members of staff including the managing director, deputy manager and nursing staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

Due to the impact of the COVID-19 pandemic we limited the time we spent on site, and were unable to speak with family members, due to visiting restrictions. Therefore, we requested records and documentation to be sent to us and reviewed these following the inspection visit. We contacted nine family members by telephone about their experiences of the care provided.

We continued to seek clarification from the provider to validate evidence found. We looked at 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 has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

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

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Medicines were not managed safely.
- Records about the stock levels were not always accurate. Some medicines held in stock had not been accounted for or recorded on the persons medication administration records (MARs).
- The audits about medicines were also not effective because they did not include all the medicines people were prescribed.
- MARs should be signed by the person who administers the medicine, however MARs for the application of prescribed creams were signed by nurses despite the cream being applied by staff without nurses being present. Additionally, in some instances, there was no information to guide staff on where to apply creams.
- Medicines were not always safely stored in line with NICE guidance. For example, waste medicines were not fully secured as they were stored in an open topped crate on the floor of the medicines room.
- Fridge temperatures were recorded, however the temperatures were recorded as being out of range a number of consecutive days, but there was no records made to indicate this had been reported or acted on.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Each person had a Personal Emergency Evacuation Plan (PEEP) in place. This document is aimed to inform staff of the safest way to evacuate a person from the building in an emergency. However, these were generic and did not include key information about some people's needs.
- People's needs and risks had not been properly assessed and planned for. For example, there was no information or guidance for staff on how to safely support a person with a specific health condition for which they were prescribed medication.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was an

additional breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular health and safety checks of the environment had been completed. Service agreements and safety certificates were all in date.
- Referrals had been made to other health professionals when required.
- Accident and incidents were being properly recorded, reviewed or acted upon to reduce risk. Accidents were recorded and audits had been undertaken to look for trends to help reduce the risk of future incidents.

Systems and processes to safeguard people from the risk of abuse

- Relatives said they felt their loved ones were safe and we observed people were very comfortable in the presence of the staff.
- Any potential safeguarding concerns were recognised and reported to the local authority and notified to CQC if applicable. There were monthly reviews to look for themes and trends.

Staffing and recruitment

- Staff files held the appropriate information needed to ensure fit and proper persons were employed.
- During the inspection there appeared to be an appropriate number of staff on duty.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- 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.
- We were assured that the provider's infection prevention and control policy was up to date.



# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service has been rated either requires improvement or on one occasion inadequate, for the last four consecutive inspections.
- The provider had recently changed their auditing system. The newer one was more comprehensive with action plans that are easy to identify and follow. However, medicines audits failed to identify concerns found at this inspection.
- During the inspection we discussed the auditing of the care plans and we were assured that this was continuing. However, we also discussed the importance of reassessing the needs of people to ensure each health need was identified, risk assessed and planned for.
- The management of the service has been inconsistent. The service had had several managers over a four-year period and there was no manager in place at the time of this inspection. Management inconsistencies resulted in Improvements made not being embedded and sustained. A new manager had been appointed and were due to commence work shortly.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider and deputy manager shared information with the CQC as required.
- The provider and the staff were clear with regards of what was expected of them within the home. The provider was open and transparent about what improvements had been made and what further improvements were needed

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

- No official survey had been completed to gain people, relatives or staff views about the quality of care being provided. The deputy manager and provider representatives explained this had been delayed due to the pandemic. They said however, they regularly asked people and staff for their views to gauge how they

were feeling at that time.

- Staff told us that the service had improved recently and they felt listened to.
- The majority of the feedback from relatives was positive. Comments included "Anything I have asked of the home they have actively tried to sort."
- The deputy manager and provider representatives had worked closely with the local authority and infection prevention and control teams during the pandemic. They shared appropriate information with these organisations as required.
- The deputy manager and provider representatives were responsive to feedback given throughout the inspection and immediately acted upon the findings. They were also able to discuss how they used feedback from other agencies such as local authority to improve their processes and practices.
- Support from other health and social care professionals continued to be sought when required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Medicines were not always managed safely and the health needs of people were not always recognised and risk assessed.
Treatment of disease, disorder or injury	

  

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Systems were either not in place or robust enough to demonstrate safety was effectively managed.
Treatment of disease, disorder or injury	