

Four Seasons 2000 Limited

Bishopsmead Lodge

Inspection report

Vicarage Road
Bishopsworth
Bristol
Avon
BS13 8ES

Tel: 01179359414






Date of inspection visit:
09 May 2019

Date of publication:
20 June 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

Bishopsmead Lodge is a care home that provides personal and nursing care for up to 51 older people. The service is provided in purpose built accommodation over two floors. At the time of the inspection, 36 people were living at the home.

What life is like for people using this service:

People who used the service and relatives spoke positively and told us they felt safe in the home.

Improvements had been made to the management of medicines. Further improvements were needed to make sure actions were promptly taken when shortfalls were identified.

Staff had received sufficient training to carry out their roles. Staff demonstrated a good understanding of safeguarding and whistle-blowing and knew how to report concerns.

People were supported to access health care services and regular visits were undertaken by the GP. Healthcare professionals recognised that improvements had been made and the quality of care people received had improved. Their feedback also confirmed that further improvements were needed.

People's dietary needs were assessed, and people were offered choices at mealtimes. Improvements were needed to make dining in communal areas a consistently positive experience.

Where people's foods, fluids and change of position needed monitoring, records had improved and those we saw were complete and up to date.

People and relatives were asked for feedback and knew how to complain. No-one was receiving end of life care at the time of our inspection visit.

People received care that was kind and respectful. Care plans were detailed and reviewed each month. Further improvements were needed to make sure changes were fully incorporated and clearly recorded.

The service worked in partnership with other organisations to make continuous improvements to the provision of activities.

The service met the characteristics of Requires Improvement in the key questions Safe and Well-led, and Good in the key questions Effective, Caring and Responsive. Therefore, our overall rating for the service after this inspection remains Requires Improvement.

More information is in detailed findings below.

Rating at last inspection:
Requires Improvement (report published in May 2018).

Why we inspected:

Services rated "requires improvement" are re-inspected within one year of our prior inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people receive.

Follow up:

We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was 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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Bishopsmead 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

A safeguarding investigation was ongoing at the time of our inspection that related to concerns about a particular aspect of medicines administration for people with a specific illness. An action plan had been developed that was being monitored by the local authority.

Inspection team:

The inspection team consisted of one inspector, one assistant 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 service.

Service and service type:

Bishopsmead Lodge is a care home with nursing that provides personal and nursing care to older people. There was a registered manager in post. The registered manager had changed since our last inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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:

The inspection was unannounced, so the provider, registered manager and staff team did not know we would be visiting.

What we did:

Before the inspection we reviewed information we held about the service and the service provider. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke in depth with 10 people who lived in the home, and briefly with many others, and two relatives. We observed how people were being cared for. We spoke with the regional manager, registered manager and 10 staff that included a registered nurse, catering, activities, maintenance, housekeeping and care staff.

We reviewed a range of records that included five care plans, daily monitoring charts and medicines records. We checked staff recruitment, supervision and training records. We also looked at a range of records relating to the management and monitoring of the service. These included audits, quality assurance surveys, minutes of meetings and maintenance checks. We received feedback from five health care professionals and obtained their views about the service. Their views have been incorporated into the report.

Is the service safe?

Our findings

Safe-This means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection in April 2018, this key question was rated Requires Improvement. This was because medicines were not always safely managed. There were gaps in recording, so it was not always clear if people had received their medicines as prescribed, protocols had not been followed for hand written entries of prescribed medicines, medicine incidents were not always reported, and accurate records were not always kept for creams applied to people's skin. This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found significant improvements had been made and the legal requirements were met.

Further improvements were needed to make sure changes were consistent and fully embedded. The rating for this key question remains Requires Improvement.

Using medicines safely

- Significant improvements had been made and overall, people were supported to take their medicines safely and as prescribed. There were no gaps in the medicines records we checked.
- A checking system identified shortfalls and, in most instances, confirmed that actions had been taken when needed. We found one hand written entry of a prescribed medicine that was not made in accordance with the provider's policy. The entry was not signed by two members of staff. This had been identified in the audit and monitoring checks, but actions had not been taken to address the shortfall.
- A 'ten-point checklist' was completed as part of the medicines checking system. It was noted on several days that the daily count of medicines introduced by the registered manager had not been completed. The checks were not specific and did not note details of the shortfalls. The registered nurse was not able to tell us if actions had been taken.
- Medicines were safely obtained, stored, administered and disposed of. Sufficient storage was provided, and systems were in place for medicines that required cool storage and medicines that required additional security.
- Where people were prescribed medicines to be taken 'as required,' for example, for pain relief, the records provided details of the circumstances in which the medicines may be needed. One person told us, "They control my pain well. I just ring my buzzer and they come and give me some pain relief."
- Some people were prescribed topical cream that were to be applied to their skin. The records were fully completed to confirm they had been applied as prescribed.

Systems and processes to safeguard people from the risk of abuse.

- People told us they felt safe with comments including, "I definitely feel safe here. I have people around me if I should fall- at home I was always falling," and from a relative, "She is safe here. We have peace of mind."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for reporting concerns. Written guidance about safeguarding and whistleblowing, with external contact details was readily available and displayed in staff areas.

Assessing risk, safety monitoring and management

- Risk assessments and risk management plans were in place. These included risks associated with falls, skin condition, choking, moving and handling, mobility, malnutrition and dehydration.
- Risk management plans set out the actions needed to mitigate the risks identified. These included completion of monitoring charts for food and fluid intake and for change of position. At our last inspection, these records were not fully completed. At this inspection, the records we checked were fully completed and up to date. The records also included details of safety monitoring checks for equipment such as pressure relieving equipment.
- People who needed support to move with hoisting equipment told us they felt safe when they were being moved. As one person said, "I can't stand at all. They are good when they are hoisting me. Always use two people (staff)."
- The premises were safely maintained, and regular checks were completed that included electrical, gas, legionella control and fire safety. 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. Equipment, such as hoists were regularly checked by external contractors.

Staffing and recruitment

- There were mixed views from people about staffing levels. Comments ranged from, "There are enough staff. They are incredibly busy," "They are getting the balance right," to, "It is very variable when they get me dressed. Sometimes it's been 11.30am. They go by and say see you in a minute and then they don't come back for ages."
- During our inspection, there were sufficient staff on duty to provide the care and support people needed. The staffing levels on the day of our inspection were in accordance with the levels assessed as needed, according to the provider's dependency tool. We checked the staffing rotas and saw improvements were needed to ensure consistency in the numbers of staff on duty each day.
- Staff acknowledged that the staffing situation had improved recently, and the home was significantly less reliant on the use of agency staff. Feedback from staff included, "We struggle like any home to get the right staff levels for the right people- at the moment it's not too bad," and, "My manager does her best. Sometimes we can have a good day or a good week and then we get one day when we're short."
- Staff recruitment procedures were safe. Employment histories were checked and reasons for gaps in employment were explored. Checks were completed with the Disclosure and Barring Service (DBS) so that staff unsuitable to work with vulnerable people, such as those living in care homes, were identified.

Preventing and controlling infection

- Suitable measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed.
- The laundry facilities were spacious and clearly enabled a 'dirty to clean' workflow. People spoke positively about the laundry service, and we saw clothing well presented on hangers and ironed before it was returned to people.

Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents.
- Systems were in place to analyse accidents and incidents and to identify trends to help prevent them from happening again.
- The registered manager discussed lessons learnt and where improvements had been made since our last inspection. In addition to the enhanced monitoring and checking to improve the safety of medicines management, they showed us actions taken that had resulted in a reduction in falls.

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 available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in April 2018, this key question was rated Requires Improvement. This was because people did not receive the support they needed with food and fluids. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the legal requirements were met. At our last inspection we found shortfalls in the provision of support and supervision for staff. At this inspection, improvements had been made. The rating for this key question has improved to Good.

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

- Assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met.
- Regular checks were made using assessments and screening tools. For example, where it was identified people were at risk of developing skin pressure damage, actions taken included provision of a pressure relieving mattress and support to change position.
- People and their relatives were confident they received the care they needed. Comments from relatives included "Medically she is well looked after. The staff try very hard," and, "I have always liked it here, but it has improved greatly recently. They are very positive with Mum. She was living on her own before and couldn't manage- it was her decision to come here"
- People's needs were reviewed on a regular basis and when their condition changed. People told us they were confident staff recognised when they weren't well and that appropriate actions would be taken.

Staff support: induction, training, skills and experience

- People who used the service and relatives all told us they thought staff were trained and competent to deliver care either to them or their family member.
- When new staff started in post they completed an induction. Refresher and update training was planned, and records were maintained. A member of staff told us, "We've recently had continence training, catheter training. Manual handling is being refreshed. We've had loads lately."
- Specific illness training, including Parkinsons training had been provided, with further sessions planned. Role specific training for registered nurses was provided and included catheterisation training that had been recently completed.
- Improvements had been made and staff received supervision on a more regular basis. Staff said they felt more supported since the current registered manager had started in post. The registered manager reiterated the importance of staff supervision and staff responsibilities for making sure they attended, at staff meetings.

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

- Overall, people received a healthy and nutritious diet. People who used the service had been consulted when recent changes had been made. The 'main' meal of the day had changed from 12.30pm to 5pm. There was mixed feedback about the food with comments including, "not too bad," "marvellous," and, "alright."
- When people lost weight, actions were taken. One relative told us, "They reacted when she lost weight (due to her illness). She enjoys her food and enjoys the new regime (main meal in the evening). She eats in the dining room".
- People told us they were offered enough to eat and drink throughout the day. We saw that people were offered drinks and had drinks by their side when they were in communal areas. For people who stayed in their rooms jugs of water were provided.
- The chef told us how they were made aware of people's likes, dislikes, needs and preferences. They were provided with dietary information sheets for each person and updated when there were changes.
- We observed meals being served to people in the dining room. Music was playing very loudly. People had made their food choices prior to service and staff placed food in front of people without checking if this was still what they wanted. Choices of drinks were not offered, and people were given the squash that had already been prepared and chilled. We brought this to the attention of the regional manager and the registered manager. They told us they would take action, undertake further observations and make changes where needed.
- At our last inspection, people were not always provided with the support they needed with meals in their bedrooms. At this inspection, the people we observed did receive the support needed. However, a health professional who had recently visited, told us they had observed a person who they described as 'very frail' who had a meal left on their bed. They had not received the support they needed. The health professional brought their concerns to the attention of care staff at the time, who then provided the support the person needed.

Supporting people to live healthier lives, access healthcare services and support

- The service made sure everyone living in the home had access to the healthcare they needed. This included opticians, chiropodists, social workers and the dementia wellbeing teams. They also received regular visits from their GP.

Staff working with other agencies to provide consistent, effective, timely care

- We received mixed feedback from health professionals with comments including, "I feel the home has got a lot better and the records are much improved," "In particular they really understand how the residents are day to day and therefore can articulate what changes they have noticed in their function, mobility, mood and general wellbeing," and, "I have however witnessed that the task orientation of staff can lead to them not meeting emotional needs of residents at times."

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

- At the time of our inspection, works were being undertaken to enhance the environment. Communal areas were being decorated. There were plans to refurbish a bathroom that had not been in use since our last inspection. Bedroom flooring was being replaced.
- People's bedrooms had been personalised with small pieces of furniture, photos and other personal items.

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.

- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making. Throughout the inspection, with the exception of mealtimes, as noted above, we heard staff asking people before they provided the supported needed.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.
- Where there were restrictions on people's liberty, these had been authorised or applications were being processed, by the local authority. One person currently had an authorised DoLS in place and for a further two people applications had been submitted to the local authority for processing.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People looked comfortable with staff and told us staff were attentive to their needs. Comments included, "I can find no fault with this place. This is my home now. I spend my time in my room- I'm very happy. They are good people here," and, "They are good with my personal care. I ask for a shower and it goes in the diary. They are quite quick."
- Relatives told us the staff treated people well with one relative commenting, "Staff are good fun, caring and compassionate. She gets on well with two in particular."
- It was clear that staff enjoyed their work, and a member of staff told us, "The care level is brilliant, can't fault staff. Everyone goes above and beyond. I know my nan would be cared for."
- During our inspection we saw staff demonstrating acts of kindness and thoughtfulness. For example, they took time to introduce one person to another when they were seated together in a communal area. They noticed another person looked really tired and offered to take them to their room for a rest.
- We read cards that were complimentary about care provided for a loved one. One relative wrote, "I would like to thank you very much from the bottom of my heart for all the wonderful care that my mum received when she came here."

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

- Most people were able, some with support, to make decisions about their personal care and where they spent the day. For example, one care plan noted the person liked to, 'Be up, washed, dressed and in the lounge by 8am.' The records stated the person was able to choose their own clothes and usually wore skirts and tops during the day.
- For one person, the records showed how they had been involved in discussions about their care at night. It was noted the person preferred to sleep with their bedroom door closed. Due to their high risk of falling, they had a discussion with staff and agreed to have their door left open, so staff could monitor them for safety during the night.
- Relatives told us they were involved with their loved one's care planning. One relative told us, "They tell me about any changes and will involve me in any changes that happen such as bringing in a sensor motion device into her bedroom."

Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us people were treated with respect and dignity, and their privacy was maintained. Staff had received training in maintaining dignity and privacy and organisational policies and procedures were in place.
- Comments from people who used the service and their relatives included, "I have my ups and downs- I get impatient- but I can't fault them," and, "Staff are lovely. They are all lovely girls- they try to make me feel

happy in my own way."

- We saw staff knocking on people's doors before they entered. In addition, staff told us how they made sure people's privacy and dignity was maintained with one member of staff commenting, "Always make sure curtains are shut, if we wash someone we put a towel over them, common courtesy."

Is the service responsive?

Our findings

Responsive-this means we looked for evidence that the service met people's needs.

At our last inspection in April 2018, this key question was rated Requires Improvement. This was because improvements were needed to the recording of support people needed, for example for communication and responding to challenging or distressed behaviour. At this inspection, improvements had been made. The rating for this key question has improved to Good.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported to communicate in ways that were meaningful to them. For one person their care records noted they, 'Get frustrated at times and will cry out if not understood. Staff need to give time for [name of person] to make decisions and express their needs and wishes.' The registered manager told us although they had tried word and picture books with the person, they preferred to use gestures and their limited vocabulary.

- Overall, care records were up to date and regularly reviewed to make sure they still reflected current needs. However, we did note for some people, their 'my choices' booklets, kept in their bedrooms, were not always updated or reflective of current needs and abilities.

- A registered nurse told us how improvements in care delivery had been made during recent months. They told us there was a greater level of 'attention to detail' to make sure people received the care they needed.

- Staff attended handovers when shifts changed and they were provided with updated information about people and their needs. This gave staff the opportunity to update and share information relevant to that day and to discuss how people's needs had been met.

- People's views about the range of activities offered varied with comments including, "They try to entertain us as much as they can. We can join in if we want to," "They put things on the activity rota but it doesn't seem to happen. I like to read a book or watch TV" and, "They take us out all the time- our last trip was to a flower show."

- A health professional commented, "There does appear to be more of a buzz downstairs, whereas upstairs people seem to spend a lot of time sitting on their own in their room."

- A weekly activity programme was distributed to each person. The programme for the week of our inspection included individual (one to one) activities, quiz, bingo, visiting playgroup, an entertainer and the regular visit from the hairdresser and the mobile shop.

- The registered manager told us they recognised improvements were needed and had focused on connecting with the community. They had developed links with the bowls club next door to the home. A gate from the garden had been created that provided access for people. They were also working with the royal horticultural society after securing a grant from them. There were plans in place for local youth groups to work with the people living in the home to enhance the garden and make it more appealing and usable.

- The activity staff told us how they were developing the activity programme and spoke positively about the support received from a nationally recognised charity 'Alive' that aims to enrich the lives of older people in care by providing meaningful engagement.

End of life care and support

- No one was receiving end of life care at the time of our inspection. We checked the records for one person whose care needs were palliative. We spoke with the registered nurse who knew what the person's current needs were. They did not know if the person had any specific preferences for their end of life care or if this had been discussed with them or the person's relatives. The end of life/palliative care plan section had not been completed. The registered nurse told us they would make sure the plan was completed to ensure the person's needs and wishes were accurately recorded.

Improving care quality in response to complaints or concerns

- The registered manager told us they had received no complaints in the last 12 months. They told us they regularly spoke with people who used the service and their relatives and regularly checked and actively welcomed feedback about the service provided.

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.

The service was not yet consistently managed and well-led. Further improvements were needed to make sure changes and improvements were consistent and fully embedded in the service.

At our last inspection in April 2018, this key question was rated Requires Improvement. This was because the provider's quality assurance systems had not always identified shortfalls and areas for improvement we had found. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found sufficient improvements had been made and the legal requirements were met. The improvements still needed to be sustained and fully embedded within the service. Therefore, the rating for this key question remains Requires Improvement.

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

- Systems were in place to monitor and evaluate the quality of the service provided. Regular audits were undertaken, completed on a daily, weekly and monthly basis. These included care records, medicines management, health and safety, the environment and observations of staff interactions with people who used the service. Improvement plans were developed where areas for improvement were identified.
- It was clear improvements had been made since our last inspection and the legal requirements had been met. We found minor shortfalls such as those relating to medicines management, staffing, dining experience and care records, as noted in the safe, effective and responsive sections of this report. The service still needed to be able to demonstrate that changes and improvements were consistent, embedded and sustained.
- The registered manager told us they were hoping to strengthen the management team and were currently recruiting for a deputy manager. This was a new post to replace the previous 'clinical lead' role.
- Staff understood their roles and responsibilities. Guidance was provided by the registered manager and supported by regularly updated policies and procedures.
- The registered manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.

Planning and promoting person-centred, high quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager had a strong focus on making continuous improvements to the service people received.
- Everyone we spoke with told us they knew who the registered manager was and felt they could approach them with any problems they might have. A relative said, "[Registered manager] is very visible and is doing a good job" and a health professional told us, "I would say that the home has improved considerably over the last couple of years."
- Staff felt well supported. It was clear they had a good relationship with the registered manager. Comments

included, "I'm not frightened to raise any issues. I think [registered manager] knows that. I don't have any issues with her. She's approachable to me," and, "My manager is lovely. I think she is wonderful and so approachable."

- Staff understood the need for the additional checks that had been introduced by the registered manager. For example, to make improvements to the completion and recording of monitoring checks, a 'red pen' system had been introduced. A senior member of staff told us, "At the beginning of the shift we decide who it will be- and they (member of staff) go round and check all the charts are completed three times a day and they check daily notes and care plans and food and fluid charts, positioning and bed rails". They told us the registered manager then checked on a weekly basis.

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

- The service encouraged open communication amongst everyone who used, worked in, and visited the service.

- Surveys were completed on a daily basis for people using the service. People were asked for their views on the day of the month they were the nominated, 'Resident of the Day.' In addition, 'resident and relative' meetings were held regularly. We saw a 'You said' 'We did' notice displayed. This showed that feedback from a recent meeting had been acted on, with the introduction of a newsletter.

- Staff meetings were held on a regular basis and staff felt confident their views and feedback would be listened to and acted upon. In addition, they were asked to complete, 'colleague feedback' on a regular basis.

Continuous learning and improving care and working in partnership with others

- The registered manager was striving to develop good working relationships with external health professionals. Feedback was still mixed, as noted in the earlier sections of the report.

- The registered manager told us how they kept up to date. This included recently completing a Parkinsons course, and attending provider and local authority forums. They regularly completed clinical update training and continued to provide 'hands on' care on a regular basis.