Bearwood Nursing Home Limited

Bearwood Nursing Home

Inspection report

86 Bearwood Road
Smethwick
West Midlands
B66 4HN

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07 August 2017

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13 September 2017

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

This inspection was unannounced and took place on 7 August 2017; at the time of our inspection 63 people were living at the home. The provider is registered to accommodate and deliver nursing and personal care to up to 63 people. People who lived there may have needs associated with old age and/or dementia.

At our last comprehensive inspection in April 2015 the provider whilst meeting the law in relation to the regulations, they did need to make improvements in the key question of Safe. This related to some concerns and issues found regarding the provider's medicines management and staffing levels. During this inspection we found that the necessary improvements had been made.

There were two registered managers 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.

Staff demonstrated a good awareness of their role and responsibilities regarding protecting people and were confident a member of the management team would deal with any concerns reported. Sufficient staff were on duty to meet people's needs. Staff were employed through safe recruitment practices. Medicines were safely administered and stored.

Staff were well supported though supervision, the availability and variety of training and the quality of the induction provided to them. Systems in place ensured people were not deprived of their liberty unlawfully. People were supported to provide consent for the care they received. People were supported to maintain healthy nutrition and their food preferences were known and catered for. People were supported to access a range of healthcare services.

People were supported by staff that were caring and respected their right to privacy. Staff treated people with dignity and respect. People wherever possible were involved in planning and making decisions about their care. Information was available for people about how to access and receive support from an independent advocate.

People's individual preferences, were reflected in the personalised care and support they received. People were actively encouraged to take part in activities. The provider ensured people's diverse needs, including identifying their needs relating to their sexuality, were known, understood and wherever possible supported. Staff had a good understanding of people's identified care and support needs. A complaints procedure was in place and people and their relatives felt confident any concerns or issues raised would be addressed.

People were positive about their experiences of living at the home. People were actively encouraged to provide suggestions and opinions about the service in regular meetings that were held and surveys supplied to them for their completion. Staff could make suggestions and give their opinions openly to the registered

manager or provider. The registered managers understood their responsibilities for reporting certain incidents and events to us and to other external agencies. Quality monitoring systems were in place and the appropriate action was taken when areas requiring improvement were identified.

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 protected from the risk of harm and staff understood their responsibility for safeguarding people.

There were enough staff to provide care and support to people when they needed it.

Medicines were administered, stored, managed and disposed of effectively.

Is the service effective?

Good

The service was effective.

Staff received an appropriate induction, on-going training and support.

People were supported to maintain healthy nutrition and their food preferences were known, catered for and understood.

Staff monitored and responded to people's health conditions.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring and respected their right to privacy.

People wherever possible were involved in planning and making decisions about their care.

Information was available for people about how to access and receive support from an independent advocate.

Is the service responsive?

Good

The service was responsive.

People's individual preferences, were reflected in the

personalised care and support they received.

People were actively encouraged to take part in activities.

People and their relatives were confident that any concerns, complaints or issues they raised would be addressed.

Is the service well-led?

Good

The service was well-led.

People and staff were actively encouraged to provide suggestions and opinions about the service.

Quality monitoring systems were in place and the appropriate action was taken when areas for improvement were identified.

The registered managers understood their responsibilities for reporting certain incidents and events to us and to other external agencies.

Bearwood Nursing 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 was completed by two inspectors and an expert by experience on 07 August 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider 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. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority commissioning services from the provider.

We spoke with three people who used the service, six relatives, six members of staff, two registered managers and the director. Not all the people using the service were able to communicate with us so 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 looked at five people's care records, six medicine administration records and three staff recruitment files. We also looked at records relating to the management of the service including quality checks, audits and complaints.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe. One person told us they trusted the members of staff that supported them. A relative told us, "I think it's safe here and they [staff] look after [person name] well". Staff told us they had received safeguarding training and demonstrated a good awareness of their role and responsibilities regarding protecting people from harm. They knew the different categories of harm and told us they would report any concerns to a member of the management team, local authority or to us at the Care Quality Commission where appropriate. Staff were confident a member of the management team would deal with any concerns reported. A member of staff described ways they may identify a person who may be at risk, saying, "The person may go off their food, seem scared when approached by us, or be withdrawn or just not themselves; I would report any changes or worries I had to management".

The provider had a safeguarding and whistle blowing procedure available for staff to access and refer to. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organization. Staff we spoke with were aware of this and how they could 'whistle blow'.

Records confirmed risk management plans were in place that informed staff of the action required to manage known risks; these were regularly reviewed. For example, some people were at risk of choking and required additives to drinks to thicken them to minimise this risk. We saw when drinks and food were provided by staff were aware of who was at risk of choking. Where people had been assessed as requiring equipment to keep them safe this was found to be in place and available. During our inspection we observed staff supported people to move safely, using the hoist when necessary. We saw where required two staff used the hoist and we heard them speak sensitively to the person, as they explained what was going to happen and gently reassured them.

The provider further supported people to receive safe care through their recruitment and selection processes, by ensuring all the required checks were completed before new staff began work. This included checks on criminal records, references, employment history and proof of identity. This process was to make sure, as far as possible, new staff were safe to work with people.

Personal evacuation plans were also in place that informed staff of people's needs in the event they needed to be evacuated safely from the building. The health and safety of the premises and equipment were regularly checked and action was taken promptly when issues were identified. We saw there were monthly safety checks in place for bedrails, hoists and mattresses to ensure people's equipment was being well maintained. A staff member said, "Weekly fire tests on the alarm are done and drills; we make sure fire doors are closed and not propped open".

At our last comprehensive inspection in April 2015 our observations and feedback from people and their relatives gave us mixed views about whether staffing levels were sufficient. The provider told us that they would do another review of staffing levels to determine if more staff were needed. On this our most recent inspection we saw staffing levels were adequate and people's feedback was positive regarding staff

response times. One person told us, "At the moment things are all right with staff". Another said, "It's a bit sparse at the weekend but okay in the week". We explored the less positive comment with the person about the weekends but they could not identify how they had been directly affected by any lack of staff. Relatives told us, "The staff are always around and we can call them up at any time", "They [staff] come straight away if you call them" and "Staff are always busy, and they have other people to look after as well so it's understandable if we have to wait sometimes".

We looked at a sample of staff rota's which showed there were appropriate levels of staff required to support people. The registered manager utilised a 'staffing level calculator' to give them an estimate of numbers of staff required to safely support people, based on people's complexity of need and dependency; we saw that this was revisited monthly or as required. We observed there were sufficient staff to give people support in a timely way. We saw staff respond very quickly and without fuss to support a person who unexpectedly required personal care. Staff told us, "It's alright [staffing levels] most of the time but can be awkward when someone rings in sick at the last minute", "We all help each other and the work gets done if we are short for whatever reason" and "If people call in sick we get cover but can take couple of hours for them to arrive". The registered manager confirmed that where agency staff were used they tried to secure the same staff each time to ensure consistency. This was confirmed by staff who said that consistency was important for people.

At our last comprehensive inspection in April 2015 we found that records did not consistently evidence that people had received their medicines appropriately and as prescribed. These issues related to the unsafe disposal of medicines, lack of record keeping regarding the safe application of medicinal patches and a lack of necessary safeguards in place for medicine put into food or drinks or through a tube directly into the stomach. On this our most recent inspection we found that all the necessary improvements had been made and medicines management at the home was of a high standard.

People received their medicine safely. We observed a medicine round being undertaken by a member of the nursing staff. They clearly understood how best to support people to take their medicines as prescribed and were gentle, but encouraging with people. Information was given about what medicines were for and extra drinks were offered to people. A relative said, "They [staff] let me know if anything changes with [person's name] medication". We found medicines were administered, managed, disposed of and stored appropriately. Medicines administration Records [MAR] were well completed and evidenced that peoples medicines were administered in accordance with prescriber's instructions. Where a person required a medicine 'as required', a protocol was available for staff to advise and guide them about how and when this medicine should be administered. Body maps were used to inform staff about the area for application of topical creams. We completed a number of boxed medicines stock checks and found this to be correct. Nursing staff administered medicines and records confirmed they had received appropriate training including competency assessments. Audits and checks were in place to ensure medicines were managed safely.

Good

Is the service effective?

Our findings

People and their relatives told us they felt staff had the right skills to be able to support them. One person told us, "They [staff] are very good at what they do, every one of them". A relative said, "You can tell they have had training". Staff were supported by the registered managers to have the appropriate training and resources to carry out their role effectively. This included an induction and on-going training and support. Staff were positive that they were supported appropriately. They told us, "We have training all the time" and "I have had lots of training, some you do online but it's all good".

Records confirmed staff had received an appropriate, detailed and structured induction when they commenced their employment. This told us staff were supported to understand their role and responsibilities". We saw the induction provided staff with an opportunity to shadow more established staff and to familiarise themselves with how to effectively support people in line with their specific needs. On the day of our inspection there were two new staff members on their induction; we observed the staff member they were shadowing, guiding them and advising them how people needed and preferred to be supported.

Staff were positive about the support they received from the management team. They said they had opportunities to meet with their line manager formally to review their work, training and development needs. In addition staff told us they could access the support they needed at any time from the management team. A staff member said, "I can go to the managers at any time and they will speak with you and deal with any issues you have".

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People and their relatives told us and we observed that people were not unlawfully restricted and that their consent was actively sought by staff before assisting or supporting them. The registered managers and staff had an understanding of the MCA and DoLS and applications had been completed appropriately for people and under the Deprivation of Liberty Safeguards; 38 authorisations were in place at the time of our inspection. Staff demonstrated an understanding of their role and responsibilities in relation to MCA and DoLS and confirmed they had attended training on this legislation. Records we reviewed confirmed this. Staff told us how they included people as fully as possible in decisions and how they gained consent from people before providing care. A care staff member said, "You have to always ask people first and get their consent, however you can. If not I would leave them and try later or ask another member of staff to try". We saw examples of how staff gave people choices and involved them in making decisions about the activities they did.

People told us that they received sufficient amounts to eat and drink and were supported by staff as required. People's comments included, "The foods not too bad", "Can't complain. It's [food] always nicely done and always warm. There's always a choice. It's just like home" and "The food is good and plentiful. I was at a very low weight when I came here and in two years they have got me to my normal weight". We observed one person tell staff, "The food is very good you know". A relative said, "The food is lovely. There are always at least two or three different choices and there's a cook in the kitchen that makes proper Indian type foods. It's better than food at home".

Staff working in the kitchen had detailed information about people's allergies, dietary needs and preferences to help them ensure everyone's individual requirements were met. We observed the lunch time meal. A menu was available on the wall and people had a choice of main meals and desserts. People received their meals promptly and were offered a choice of meals, menus and drinks during lunch and throughout the day. Those people who needed assistance to eat, for example with cutting up their food, were supported discreetly to maintain their dignity. Staff demonstrated to us that they knew those people needing additional support and nutritionally at risk. People's needs in terms of nutrition and hydration were assessed and staff were seen catering for these identified risks, for example through the provision of a pureed diet due to an identified risk of choking.

All of the people we spoke with told us they had their health care needs met and saw external professionals such as chiropody and GP's. One person told us, "Nothing is too much trouble for them [staff]. Even if I have a cough they will attend to me". Records confirmed that health professionals visited regularly and staff monitored and responded to people's health conditions. We saw staff worked effectively with external health and social care professionals. Care staff told us effective systems were in place, such as communication books and handovers where information about any changes in people's condition were provided to alert them and keep them updated. This meant that staff were enabled to monitor people's health effectively.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the kindness and compassion of the staff and registered managers, who they described as, "Kind" and "Really nice". One person told us, "They [staff] are wonderful to everyone; they are very patient and good". A relative said, "The staff are lovely". Another relative spoke about the friendly relationship the staff had with their family member and how they responded when staff appeared. They told us, "[Person's name] likes them [staff] and always has a smile for them". Relatives all spoke very positively about the kindness and caring attitude of the staff.

Everyone spoke highly of staff and said that they were very caring and respectful. We could see warmth in the interactions we observed between the staff and people; we were repeatedly told how 'nice' the staff were. One relative told us their family member was treated with dignity and compassion, saying, "They are so attentive, they don't rush and nothing is too much trouble for them". During the day we observed many examples of kind, considerate and respectful care towards people at the home. Staff demonstrated empathy and compassion as they attended to people and ensured they were appropriately covered and their clothing readjusted when being moved by use of hoist equipment, to help protect their dignity. We observed staff moved people, using the hoist, sensitively and safely. We also saw how staff demonstrated patience and consideration, as they took time to reassure people and explain what they were doing, why and how. For example when people were disorientated and becoming frustrated when staff tried to care for them, staff were gentle, spoke kindly to them and tried to comfort them. This meant people were given time and the support needed to understand what was happening and to ensure they were comfortable. We saw people were relaxed with staff and responded positively to them, clearly enjoying friendly and good natured banter. This meant people were supported with kindness and compassion and their day-to-day care was provided with dignity and respect. In their Provider Information Return [PIR] it was stated? that management? carried out observational supervision on staff practice to ensure privacy, dignity and respect is maintained at all times. Staff and records we reviewed confirmed that this happened periodically. One staff member said, "If they [management] observed any concerns about our approach to people, the managers would pick it up and raise it with us".

Staff demonstrated they were knowledgeable about people's individual needs and preferences. People had a range of diverse needs and staff showed a good understanding of what these were and what was important to people. This included supporting people appropriately with their cultural, religious and language needs. For example, a number of people were supported with their dietary needs in line with their culture and preferences. The chef ensured that each mealtime two menus were on offer; one which met the needs of those people preferring English dishes and another for those wishing to have Indian dishes. A staff member told us, "People have bibles available in their rooms if they want them and we pray with people or support them to seek or have religious support, as is their wish". People also had a sexuality care plan, which outlined people's preferences around clothing, gender of carers and relationships that were important to them. This meant that records were detailed and informative regarding peoples diverse needs; this helped to ensure staff were able to develop meaningful, informed and caring relationships with people who used the service.

Information was displayed and staff were aware of how people could access and receive support from an independent advocate to make decisions where needed. Advocacy services act to speak up on behalf of a person, who may need support to make their views and wishes known.

Staff told us there were no restrictions about people receiving visitors and relatives confirmed they could visit their family member at any time. We found people's personal information was respected as it was managed and stored securely and appropriately.

Good

Is the service responsive?

Our findings

We spoke with people and relatives about the level of their involvement in individual care planning. One person said they were involved in their care plan; they described how they had spent some time talking to the nursing staff about their needs. They told us, "I was asked about my needs and what I want". A staff member said, "It is important that people feel included in planning their care".

An assessment was conducted prior to people coming to the home to ensure that staff with the right skills and training were available to meet their needs effectively. Care plans were reviewed regularly and showed meetings had taken place with people, family members and the staff to discuss their care plans. One family member told us they attended reviews with the home and external health and social care professionals, stating, "Every year someone from Social Services comes over to discuss how things are with us [relatives and person living at the home] and the staff". Staff told us they were kept up to date about people's current health and well being. For example, a meeting took place between each shift change during which staff shared information about people's changing needs. This helped to ensure people's needs were consistently met and staff could be aware of and/or respond appropriately to any changes in people's condition.

In their Provider Information Return [PIR] the provider stated the home provided various activities to support people and encourage them to participate in activities to reduce their social isolation and help their day pass productively. We saw that the home had dedicated activities workers who supported people to take part in a variety of activities such as crafts, live music, and singing that took place. During the mornings they supported people in groups but during the afternoon spent more time where possible doing individualised activities, such as reading or looking at books to support reminiscing with people about their lives.

An activities coordinator supported people with activities and their enthusiasm was clearly evident from our observations. We observed people using a balloon to participate in a group activity which encouraged movement and improve dexterity; people were laughing and were clearly enjoying the upbeat approach of the coordinator and staff who were joining in too. Kind words, kisses and hugs were shared with people who staff knew responded well to this; people smiled and returned hugs enthusiastically. People's care records were written in a person-centred way and developed with the person or their relatives/representative as appropriate. Information was recorded that included people's likes, dislikes and personal preferences to enable staff to support people in a way they preferred.

Information about the provider's policy and procedure for raising a concern or complaint, which included information as to how any complaints made would be handled was available in the home. People told us if they wanted to raise complaints or concerns they knew who to speak with. A relative said, "[Registered managers name] comes and talks to you and asks things like how staff are treating you". We reviewed the complaints received by the provider and found they acknowledged, investigated and responded to complaints in line with their own policy. Care staff were clear about how they should direct and/or support people to make a complaint.

Good

Is the service well-led?

Our findings

People gave us positive feedback about their experiences of living at Bearwood Nursing Home. Their comments included, "It's nice here" and "It's first class". Relative said, "[Person's name] is happy living here". Staff were observed to be happy and content in their work and demonstrated to us a clear passion for the people living at the home. A staff member said, "I like working here, there's a good atmosphere".

The service had two registered managers in place. One of the registered managers spent less time at the home as they had another role with the provider overseeing some aspects of their other services. Both understood their responsibilities for reporting certain incidents and events to us and to other external agencies that had occurred at the home or affected people who used the service.

People were positive about how the service was led. Relatives were also satisfied with how accessible the management team was, their comments included, "Management is always around and if you have any queries you can talk to them" and "The management team is small but you see them on a daily basis. You can just go up to them and they will deal with whatever it is". Staff spoke of the open and inclusive culture within the service that was encouraged by the registered managers and the provider. They told us, "I can approach and discuss issues with the managers at any time", "They [management] have an open door all the time if you need anything" and "The managers are always around and I can speak with them straight away". In their Provider Information Return [PIR] the provider told us that through 'supervision we are confident that staff understand their role, appreciate what is expected of them, are happy in their work, are motivated and have confidence in the way the service is managed'. From our observations and staff feedback we were able to confirm the effectiveness of the provider's on-going support provided to staff in their role.

We found that regular checks and audits to monitor the safety and effectiveness of all aspects of the service were undertaken both by senior staff, the registered managers and the provider. Systems in place were effective in checking the safety, effectiveness and quality of the service provided. Records we reviewed confirmed effective action was taken as required when issues were identified. Information about learning and/or changes to practice following incidents were cascaded to staff in a timely manner and reporting of incidents of serious injury to external bodies were appropriately actioned. The provider visited the service regularly and undertook additional monitoring checks. Regular checks of the environment were conducted with people's on-going safety in mind, including observations in relation to how staff supported people.

People were actively encouraged to provide their thoughts and opinions about the service. The provider held regular meeting for people and their relatives to attend where minutes were taken and later displayed for those unable to attend to refer to. One person told us, "We have regular group meetings. I always go along; there's always something you can learn". The provider sent out surveys periodically throughout the year, of those returned, the comments were overwhelmingly positive. The findings had been analysed and displayed in the form of graphs in relation to levels of satisfaction in a variety of areas, such a food quality and approach of staff when providing people with care. This meant that the provider was keen to actively involve people to express their views about the service provided.

The provider completed and returned a Provider Information Return we requested within the timescales given. We used the information provided in the PIR to form part of our planning and where the provider had informed us of their plans for improving the delivery of the service, we found evidence of this. The provider had displayed the rating that was given to them by the Care Quality Commission as is required by law.