

Tamaris (England) Limited

Bebington Care Home

Inspection report

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Bebington
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Tel: 0151 609 1100

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of Bebington Care Home on 28 and 30 September 2015.

Bebington Care Home is a purpose built care home providing residential and nursing care for up to 87 people with varying needs. These include specialist nursing support, respite care, end of life and general assistance with everyday living for people with dementia. At the time of our visit 77 people were living at the home.

The home comprised of 4 units. One general nursing unit, two dementia nursing units and one dementia residential unit. Each unit has communal bathrooms, communal

areas and dining areas. The home is currently undergoing some redecoration. Bebington Care Home is within walking distance of the local shops and has good transport links.

The home required a registered manager. 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in post, registration date with Care Quality Commission November 2014.

We spoke with the regional manager and the registered manager and they were very transparent and told us that they recognised that the home needed to improve and that they were committed to the work required.

People we spoke with told us they felt safe at the home. They had no worries or concerns. People's relatives and friends also told us they felt people were safe. During our visit, however we identified concerns with the service.

We found breaches in relation to Regulations 9,12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Care plans were not up to date and we had concerns that risks relating to people's safe care and treatment were not managed safely. We also found concerns with how the quality of the service was managed.

The staff in the home knew the people they were supporting and the care they needed. We

observed staff to be kind and respectful and the home provided a range of activities to occupy and interest people. This promoted their well-being.

People had access to sufficient quantities of nutritious food and drink throughout the day and were given suitable menu choices at each mealtime. All medication records were completely legibly

and properly signed for. All staff giving out medication had been medication trained.

We reviewed people's care plans, not all of these provided sufficient information on people's needs and risks and guidance to staff on how to meet them.

People's dependency needs had been considered in the way that staffing levels were determined although the rota we saw didn't reflect the actual number of staff deployed.

Staff were recruited safely and there was sufficient evidence that staff had received a proper induction or suitable training to do their job role effectively. The majority of staff had been supervised and appraised. The registered nurses had appropriate PIN checks and were able to work safely.

Infection control standards at the home were good and standards were monitored and managed. Maintenance records were up to date and legible, this meant the home was a safe environment.

We observed a medication round and saw that the way medication was administered was safe. Records relating to people's medicines matched what had been administered. Medicines were stored safely and there was evidence that staff administering medication were trained and competent to do so.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. The provider told us the majority of people at the home lacked capacity and that a number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care.

We saw that the management team used a computerised system to access feedback from families and we saw evidence of the manager acting on feedback from these.

Summary of findings

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.

Staff had been recruited safely. Appropriate recruitment, disciplinary and other employment policies were in place.

Medication storage and administration was correctly carried out.

In some care files the risk assessments were poor, incomplete and out of date.

Some people at the home could not access emergency call bells in their bedrooms

Requires improvement



Is the service effective?

The service was not always effective.

Staff did not have a full understanding of Mental Capacity and how this applied to people.

Staff had attended some training and additional training is planned

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs

Requires improvement



Is the service caring?

The service was not always caring.

We observed staff to be caring, respectful and approachable. People were able to laugh and joke with staff and they appeared at ease.

Staff made every effort to ensure people's privacy and dignity were respected when care was delivered.

Confidentiality of peoples care files was not always evident

Requires improvement



Is the service responsive?

The service was not always responsive.

The complaints procedure was openly displayed on each units notice board and records showed that complaints were dealt with appropriately and promptly.

All people who lived in the home did not have a plan of care that was appropriate, reflected their choices and met their needs.

A range of social activities was provided and the activities co-ordinator took time to build positive relationships with people

Requires improvement



Summary of findings

Is the service well-led?

The service was not always well-led.

The regional manager and the registered manager were very transparent

Quality assurance systems were not always in place to ensure the service provided safe and good care.

Documentation was not always good, readable and current.

Requires improvement



Bebington 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 was planned to check 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 inspection took place on 28th and 30th September 2015 and was unannounced. The inspection was carried out by four Adult Social Care inspectors, a specialist advisor who was a healthcare professional with experience in the nursing care of older people, 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.

Prior to the inspection we asked for information from the local authority quality assurance team and we checked the

website of Healthwatch Wirral for any additional information about the home. We reviewed the information we already held about the service and any feedback we had received.

During the inspection we spoke to people living at Bebington Care Home. We talked with eight staff on duty over the two days including activities co-ordinator and care staff. We also talked with the registered manager and the regional manager. We looked at the communal areas that people shared in the home and with their permission visited people's bedrooms.

We observed care and support for the majority of people who lived at the home. We reviewed a range of documentation including care plans, medication records, records for six staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

After our inspection we asked the manager to send us additional information in relation to staff training and supervision. The manager responded promptly.

Is the service safe?

Our findings

We spoke with one person who had lived at the home for four years we asked if she felt safe and was told “definitely yes”. We also spoke to a relative of another person and we were told “Yes, I go home with a quiet mind”

We saw that policies and procedures were in place for safeguarding. The home reported safeguarding incidents to the Local Authority and Care Quality Commission appropriately and timely. Internal records had a summary showing what lessons had been learnt, any action plans and when the plan has been carried out. We saw evidence of reactions to whistleblowing, and subsequent disciplinary procedures. We saw that staff had attended safeguarding training.

We looked at risk assessments care files of people who lived in the home. We saw that they varied considerably. We saw some risk assessments clearly highly concerns relating to people’s health and wellbeing. For example we saw someone was at high risk from depression due to their physical health. The risks were explained and the signs that staff should monitor were clearly recorded. However, in some care files the risk assessments were poor, incomplete and out of date. For example we saw a choking assessment from one person that had been completed two years previously in August 2013. It identified a high risk of choking but did not say what actions staff should follow. The risk had not been revisited until August 2015. This meant that we could not be sure that all risks in the home were being assessed appropriately and timely in accordance with people’s needs.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that some people at the home could not access emergency call bells in their bedrooms for various reasons, examples being either there were too far out of reach for the person or that the call bells were not in the room at all. We asked a staff member why there was no call bell in a specific room and we were told that they were agency staff and didn’t know as it was their first time on the unit. We brought this to the manager’s attention and they informed us that they had been in that previous weekend and all call bells had been in evidence when they had done their checks. A person in the lounge asked an inspector to find a

staff member for them as they couldn’t alert staff themselves. The inspector could not locate a call bell and the music was at a volume which would prevent the person from making themselves heard to staff if they needed their attention.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at maintenance records which showed that regular checks of services and equipment were carried out by the home’s maintenance person. A fire risk assessment was in place dated July 2015. The gas safety certificate was issued in September 2015 and the five yearly electrical installations certificate was issued May 2012. Portable appliances were tested in July 2015. Portable hoists were checked and serviced 24 August 2015. A communication book was used to report any health and safety or maintenance issues, and we were told that this was checked daily by the maintenance person. We also saw the manager’s evidence of daily walkabout checks of the home. This showed what issues had been found and what actions had been taken to rectify them, examples of this being a bathroom with pillows in the bath, the shower room having cushions on the shower chair. We saw actions taken to rectify issues and the management rechecking.

Staff wore appropriate personal protective clothing when assisting with personal care and appropriate antibacterial soap was available throughout the home to assist with infection control. We saw evidence of cleaning rotas and observed on-going infection control systems within the home.

We identified that the first aid boxes were not fit for purpose on the first day of inspection, the management team acted on this immediately and it was rectified for the second day of inspection.

We looked at the external grounds of the care home. There was a small outside storage cupboard with a smoke alarm installed where tools and cans of petrol are stored for the lawn mower. We noted the concrete slabbed path around the circumference of the building was uneven and some slabs need replacing, this potentially could be a trip hazard for people who use the service, relatives and staff.

Is the service safe?

We saw there were two locked gates at the side/rear of the building, one of which could not be opened as the numbered key pad had seized and would not open, also only the maintenance person had the code, this demonstrated a potential risk regarding fire evacuation.

We also observed an area of the path was obstructed with a wooden chair and pieces of wood to prevent people living in the home walking to an area of the garden where there was a large over grown prickled bush with nettles posing a risk to people.

Medication was supplied in blister packs by a specific pharmacy and was subject to their auditing every six months. There was a clinical room on both floors, each clinic room was shared by two units. The rooms were locked and temperatures were monitored and recorded daily to ensure medication was stored at the correct temperature. Both clinic rooms had designated medication fridges which were lockable, however neither were locked. This was brought to the management's attention and we were told they had very recently been broken. New fridges were sourced as we were in attendance. The temperatures of the fridges were recorded daily however the fridge in the ground floor clinic room was reading only 2°, and had been for several days. Whilst we were in the room the temperature recorded 1° momentarily, there was no indication that this had been addressed by altering the thermostat. There was evidence of disposal kits for CD medication, and a green bin disposal system for general medication disposal including a record book. In both clinic rooms storage cupboards had both internal and external medication stored together. This was reported to the management team.

There were spill kits available in each clinical area. Medicine trolleys were stored appropriately locked within a locked room. On the ground floor, there was no controlled drugs in use, however there was some staff confusion around this. There were three Controlled Drug books, some

not indicating that medication was no longer in use or that it had been transferred to another book. We immediately made the deputy manager aware of this and it was rectified while we were in attendance.

We observed two staff members dispense medication during the lunchtime drug round. Both were knowledgeable and dispensed, administered and recorded the medication appropriately. There were care plans in place for some covert medication. The Medication Administration Record charts displayed photographs of the people the medication was prescribed for. We observed a member of staff applying topical cream to a person's face. They washed their hands appropriately, put on gloves, explained the procedure to the person and appeared gentle and caring in their administration of the topical medication.

We looked at six staff files including two health care assistants, two registered nurses and two senior care assistants. We saw appropriate recruitment procedures were in place. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment.

The management of the home used a dependency tool to gauge what staffing levels were needed and we saw evidence that this was reviewed monthly. The manager told us the home had been using agency and bank staff to ensure appropriate numbers of staff were on duty as there had been high levels of staff sickness recently. We saw that the rotas didn't reflect actual staff numbers. A family member informed us that they thought the home was short of staff, mainly at weekends. The majority of the staff had the opinion that there was not enough staff for the home's needs and the use of agency staff at weekends was problematic.

We saw that there is a new system in place since August 2015 regarding the reporting of accidents and incidents, when these were discussed with the manager we were informed that they were to be audited monthly. This had not occurred at the time of the inspection.

Is the service effective?

Our findings

We asked one person what they thought the staff did well and were told “getting to know the residents and doing their job with humour”. We spoke with a relative who said “I’m not sure that they consider what he wants. They (the staff) do what they want instead.”

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

It was clear that the manager and deputy manager had a full and detailed understanding of the MCA and its application. We looked at care files and saw that the majority had an audit trail of capacity assessments, best interest meetings and DoLS applications where required. We looked at training information and saw that staff had been trained. We spoke with three staff members with different job roles in the home. All three had received training in the MCA, two had completed e-learning and one staff member had completed face to face training. None of them could explain the safe application of the MCA or how they needed to consider issues of consent and how to translate this into supporting people. We were concerned that staff did not understand the rights of people to consent to their care. We discussed this with the manager and we were told that this had already been identified and training had been planned.

We reviewed six staff files in relation to staff employed and saw evidence staff had received an

induction when they first started working at the home. We saw evidence of supervision being carried out, this had become more regular since July 2015, and there were a mixture of group and individual supervision. We saw evidence that the majority of the staff had had an appraisal in 2015.

We saw staff attended training that consisted of both e-learning and face to face training. We saw the

percentages of the staff who attended training, examples being 64% Basic Life Support, Fire Safety 85%, Infection Control 92% and Safeguarding Vulnerable Adults 88%. We saw that less than half of the staff group had Mental Capacity Training. We were told by one person that training was undertaken when on shift and staff were struggling with the e-learning system. We were also told that staff would come in for face to face training on their days off. The home had a plan in place for additional training.

We spoke with various people, one said “You get nice food here and nice porridge for breakfast. The staff are alright. They help you.” Another person told us “I eat what I like” and another person told us the food was “very good, with adequate choices”. We also spoke to a person’s relative who told us that their family member “has enjoyed the food here” Every person had a food profile that the cooks and staff were aware of, this had been reviewed in August 2015. Each unit had a diet notification form, these included dietary requirements such as Halal diet, fortified diets, high protein diets and no alcohol.

Dietician advice given to the management team on the second day of inspection about newly arranged menus, the dietician advised that although the menus are nutritious they needed to be reviewed for appropriate calorific content for the homes client group for example those who have dementia. We saw that a person had a BMI of 18 and was receiving a fortified diet to try to maintain their weight.

The expert by experience had lunch with people where it was observed that there were no problems with the food. There were two main choices which were well presented and served hot..

The home was currently undergoing a large influx of new equipment and furniture as well new decoration. There were door sensors which activate closure of the people’s bedroom’s and corridor doors at around 8pm. We observed there were no signs on the doors to forewarn people of this. When we asked about this we were told signs had been requested for the doors but people pulled them off. The maintenance person had asked the manufacturer of the door sensors but they declined to provide them.

We did not observe any signs directing people to the lounge or rails on corridors for people if they feel unsteady when walking. Cedar Unit had stimulating pictures on the corridor walls but there were large white walled areas on all

Is the service effective?

other units providing nothing of interest for people. The dementia units had some dementia friendly attributes like photos and names on bedroom doors, and small contributions to the individual journals in people's rooms.

Is the service caring?

Our findings

One person said “I have been here for years now. I like it. It’s nice.” We asked another person if they felt cared for and they said ‘yes, the care is good’.

We observed the staff supporting people with day to day activities. We saw that staff had warm, positive relationships with people and seemed to know them well. We saw staff joking and laughing with people and involving them in conversations.

We saw one person was engaged in an art activity. They were obviously enjoying what they were doing. We saw the staff member compliment them on the work they had done and talk to them about what they were doing.

We saw one person walking who was being supported by two staff members. The person was nervous and anxious about falling. We saw that the staff were quietly reassuring the person both physically and verbally and were not rushing them. They walked at the person’s pace.

We spoke to three relatives and we asked them their opinions on the care being delivered. One person told us that they were “very happy that his relative has settled so well, everything is calm”. Another person told us that the staff spoke to their relative with respect and used their preferred name. We observed staff taking time to engage with people on a one-to-one basis.

It was clear that staff had warm, positive relationships with people and that the staff were trusted by the people who

lived in the home. We saw one person who was confused and starting to get upset in a lounge. We saw a staff member sit next to them so they were on the same level as them and so could see them, talk to them, hold their hand, provide reassurance and comfort and we saw that the person relaxed. Staff were treating people in a dignified way.

We also saw a staff member chatting with a person, the staff member demonstrated a good background knowledge of the person and they were discussing where they used to live.

We observed that the nurse’s office on Cedar EMI unit was unlocked/unattended and confidential information easily accessible for people and visitors to access information. We also found the doors to the nurse’s office on Beechwood wide open with confidential files all over the floor unattended. This meant that people’s right to confidentiality was not protected and staff were not working in accordance with the Data Protection Act.

We observed appropriate interactions between a staff member and a person when a relative wished to speak to the person over the phone, this was explained to the person well and with patience.

We asked a family member about the care being received by their relative and they were very happy. They told us that their relative was non communicative and that they were happy that “end of life arrangements that were in hand”.

Is the service responsive?

Our findings

We spoke with the manager and the regional manager about the care plans for people who lived in the home. They told us that new care plans had been introduced and staff were transferring the old ones to the new system. We saw that this process was on-going. We looked at a mix of care files both old and new. We did see that the new system was improved and easier to understand but we still found concerns with some of the new files.

Some of files we looked at contained clear and comprehensive plans describing how the person needed to be cared for. We noted that most of the files did not contain a photograph of the person which is important for unfamiliar staff to know that they are checking the correct records.

In one person's care plan we saw a significant weight loss and we could not see that any actions had been taken to support the person. We immediately raised concerns and the manager produced evidence to show that the person had not lost weight and had been monitored on a number of occasions but this had not been recorded in the care file. This person also had a health concern for which they received medication and regular checks on their condition were required. There was no evidence that these checks were being carried out.

We looked at another person's care file and this was a 'new style' file. We saw that this person's needs had changed considerably in the previous two months but the care plans had not been updated to show what their current needs were or how to support them. This person's needs had changed in relation to their mobility, dietary needs, person care needs and pain management yet this was not reflected in their records. This meant that this person was at risk of receiving inappropriate care as staff did not have a clear plan to follow and this person could not say how they wished to be cared for.

We also noted a number of concerns with the eating and drinking records that were kept for some people. We saw considerable inconsistencies. In one file we saw that this person's records indicated that they were left for long periods without eating or drinking. We were very concerned about one person for whom this was the case.

However when we looked in detail this person had not lost any weight and was not in a poor physical condition so they were receiving appropriate support but their records did not demonstrate this.

These examples demonstrate that we could not be confident that all people who lived in the home had a plan of care that was appropriate, reflected their choices and met their needs.

These examples are a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people who used the service what they would do if they had a complaint, one person told us "I am willing to speak to the manager who I know well", another told us that they would have no problems speaking to the manager.

We saw that on each of the units there were notice boards that had the home's feedback policy, complaints policy and safeguarding information freely available for people to access. We saw that there was a new system in place since August 2015 regarding the reporting of complaints. When these were discussed with the manager we were informed that they were to be audited monthly. This had not occurred at the time of the inspection. Records showed that complaints had been dealt with appropriately and promptly.

We spoke to the activities co-ordinator who told us said he had equipment to enable him to do his job and if he asked for a specific piece of equipment it was purchased for him. He told us he had a range of activity based equipment such as memorabilia, games, music, knitting and memory boxes. The activities coordinator also informed us that he coordinated with others for the spiritual needs of people to be met, examples being providing the opportunity to attend mass, enabling a relative to take a family member to the Eid festival, and having access to Methodist and Anglican churches. It was demonstrated that people's needs were considered and activities were coordinated with staff and others. One person told us that they were supported to do things that interested them like knitting and bingo, and that the priest will call from time to time.

We saw that people had prompt access to medical and other healthcare support as and when needed. We

Is the service responsive?

observed visits from a district nurse, a dietician and a G.P. over the course of the inspection. This indicated that the service responded appropriately to people's medical and physical health related needs.

Is the service well-led?

Our findings

We asked people who used the service if they could access the manager, one person told us “I am willing to speak to the manager who I know”. We also spoke to staff one person spoke highly of the manager and felt able to approach her if support was needed. We were also told that the culture was that everyone helps one another. Another person told us that they seek support from the nurses as they rarely see the managers.

We spoke with the regional manager and the registered manager and they were very transparent and told us that they recognised that the home needed to improve and that they were committed to the work required.

They told us that the provider had taken on board issues that had been found in another of their homes and were committed to improving the quality of care that was being offered in their homes.

We could see that significant improvements were apparent and the records demonstrated that lots of work had recently taken place but we raised our concerns about sustainability of these improvements.

We raised concerns about records in the home and the inconsistent recording of issues relating to care records and staff rotas. We also noted that some entries in care records were illegible and that this could impact on the care being given.

We had a number of concerns about the care files so we asked the regional manager and the registered manager how these were audited. We were shown the new computerised auditing system. We saw that if used properly that this could significantly improve the care plan. However we raised concerns that in the three months that the new system had been introduced only eight care files had been audited and there were still some problems with these files. As there were currently over eighty people living in the home we were concerned about the time it would take to carry out this task. The regional manager informed us that the process was slow because it was new and in the provider’s other homes, the system was working well.

We were told by the management team that a schedule was in place to update all of the care records before the

end of the year and that staff were identified for this responsibility. We saw that a copy of this schedule was in all units in the home and the accountable people were aware of the requirements.

The manager informed us that there had been a change to the handover processes to improve the quality of the on-going service.

We saw that there are new system in place since August 2015 regarding the reporting of accidents and incidents, and complaints. These hadn’t been audited although in discussion with the manager we were told that they were to be audited monthly. This had not occurred at the time of the inspection.

We observed that on various units confidential information was easily accessible for people who use the service and visitors due to lack of security.

Systems and processes did not operate effectively to enable the registered person to assess, monitor and improve the quality and safety of the services provided.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw that monthly relatives meetings weren’t well attended so the home organised surgeries for relatives to drop in to if needed. We saw that the management team used a computerised system to access feedback from families and we saw evidence of the manager acting on feedback from these.

We looked at the policies the home including health and safety and we saw that the majority of them were under review and due to be completed December 2015. This was confirmed in discussion with the management team.

We saw evidence that the registered manager had received three supervisions from the provider since November 2014 and we had sight of these. We also saw that the manager had received an appraisal in September of this year. This showed that the manager was supported in her role and that these meetings gave the manager the opportunity to suggest improvements and highlight any issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care
Not all people who lived in the home had a plan of care that was appropriate, reflected their choices and met their needs.
Regulation 9(1)(a)(b)(c)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
People who use services and others were not protected against the risks when receiving care or treatment
Regulation 12(2)(a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The provider did not have effective systems in place to assess and monitor their service against Health and Social Care Act Regulations or to assess, monitor and mitigate the risks to the health, safety and welfare of people who used the service.
Regulation 17(1),(2)(a)(b)(c)