

Our Family Care Home Ltd

Bescot Lodge Care Home

Inspection report

76-78
Bescot Road
Walsall
WS2 9AE

Tel: 01922648917

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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

Bescot Lodge is a residential care home providing accommodation and personal care for up to 26 people in one adapted building. At the time of the inspection the service was supporting 23 older people some who were living with dementia.

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

Medicines were not consistently stored safely; medicine records were not always accurate and guidance was not in place for some medicines to be administered.

Risks were assessed and care plans were in place, however some lacked detail on meeting people's specific needs.

The quality checks on the service were not consistently identifying concerns and driving improvements.

People were safe and protected from abuse. Staff understood how to protect people from harm and report any concerns.

If accidents or incidents occurred, action was taken to reduce the risk of similar incidents happening again. Staff followed procedures to protect people from the risk of cross infection.

There were enough safely recruited staff on each shift to meet people's needs and keep them safe.

People had their needs assessed and plans were put in place to meet them. Staff were knowledgeable about people's needs and had received an induction and training.

The home was adapted to meet individual needs and people had personalised their bedrooms. People were supported by consistent staff who knew them and their needs well. People had their health needs met and sought support from health professionals as required.

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

People had their communication needs assessed and met. Staff encouraged people to make choices about their care and respected their decisions. People were supported by staff who treated people with respect and maintained their dignity.

People received person-centred care and had opportunities to take part in activities and follow their interests. There was a complaint process in place which people understood how to use.

The registered manager was open and accessible to people, relatives and staff. The provider sought ways to learn and make changes and improvements and worked in partnership with other agencies.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 12 May 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating and date of registration.

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 ●

Bescot Lodge Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

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

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care

provided. We spoke with five members of staff, a visiting health professional, the registered manager and the nominated individual. 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 reviewed a range of records. This included four people's care records, medication records and two staff files. We looked a variety of records relating to the management of the service, including audits and action plans.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People were supported to have their medicines as prescribed. One person told us, "I am given a drink with my medicines, the staff check I've taken them and if need painkillers for a headache I can ask and the staff give me them to me."
- Staff told us they received training in how to administer medicines safely and records confirmed this.
- However, we found there were no protocols in place to guide staff on where medicines had been prescribed on an as required basis should be administered. However, staff were able to describe how they administered these medicines and the registered manager told us they would speak with the pharmacist and put guidance in place for staff.
- Medicines were not consistently stored safely. We found topical medicines were stored in unlocked areas in people's bedrooms. The registered manager told us these would be placed in a locked area on the day of the inspection.
- We checked the medicines stock levels and found records did not match the stock levels in the cupboard. The registered manager said they would complete a full stock check and introduce a system to check this regularly.
- Medicine Administration Records (MARS) had signatures missed. Despite this, the registered manager was able to confirm people had received their medicines during the inspection.

Assessing risk, safety monitoring and management

- People's risk assessments and plans were not consistently documented. However, people and relatives confirmed they had no concerns. One relative told us, "I feel [person's name] is perfectly safe here, never any fears the staff keep an eye on [person's name] as they are unsteady on their feet."
- Staff understood how to manage risks to people's safety and staff could describe in detail how they supported people at risk. For example, when people were at risk of displaying behaviours of concern staff could give us detail about how to avoid things which could trigger the behaviour and how to help the person stay calm. However, we found this was not recorded in a defined way in the persons care plan. The registered manager confirmed after the inspection they would introduce a behaviour care plan.
- One person was at risk of their skin breaking down. There was a plan in place to prevent this which indicated what equipment should be used and how staff should support the person and monitor their skin for any issues. Staff told us how the person was supported and records confirmed staff were following the care plan.
- There were individual personal evacuation plans in place to guide staff on how to safely support people

from the building in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were happy living at the service. One person told us, "I feel safe with all the people around me." A relative told us, "I visit nearly every day and I have never seen any problems".
- People were protected from the risk of abuse. Staff could describe how they would recognise abuse and how this would be reported. One staff member told us, "I am aware of what to look for, you have to always be mindful. I would report to the registered manager and I know I can go outside if I needed to."
- The registered manager shared examples of how concerns had been reported to the local authority and we had received notifications about incidents.

Staffing and recruitment

- There were enough safely recruited staff to support people when they needed it. One person told us, "The staff are always about, I use buzzer at night for the toilet and I only wait a couple of minutes." A relative told us, "I visit at various times and always staff about"
- Staff felt there were enough staff. One staff member said, "There is always enough staff, the registered manager will help out and we don't use agency staff, we cover for each other if needed."
- The registered manager told us staff were recruited following an application form, interview process, successful provision of references and checks on the staff suitability to work with people. The records we saw supported this.

Preventing and controlling infection

- People were protected from the risk of cross infection. One person told us, "The staff clean my room every day and they wear gloves all the while for personal care."
- Staff could describe the procedures in place to reduce the risk of cross infection. One staff member said, "We have had training in infection control and always have gloves and aprons available."
- We saw the home was clean and staff used gloves and aprons during the inspection.

Learning lessons when things go wrong

- The registered manager had a system in place to learn when things went wrong. The registered manager reviewed all incidents to look for areas of learning. For example, accidents were monitored and reviewed to look for themes. Changes were made to individual care plans when needed.

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 best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- MCA assessments were not consistently in place for all decisions and there was not always a record of the conversations taking place with other parties to demonstrate how the decision had been made in people's best interests.
- For example, where people had received an immunisation there was no specific MCA assessment to determine if the person could make the decision despite conversations being held with relatives and the person's doctor.
- Despite this, people had their capacity assessed and where needed applications had been made for a DoLS.
- Staff understood the MCA and were applying the principles when supporting people. Where people were able to consent to their care, we saw staff observed this and sought consent. Staff could describe how decisions were taken in people's best interests.
- The registered manager confirmed they will ensure all decisions have a specific MCA in place and best interest discussions will be documented. We will check this at our next inspection.

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

- People had their needs assessed and care plans put in place to meet them. One relative told us, "I told staff about [person's name] before admission and there has been an assessment by psychiatrist for a dementia review."
- Care plans were reviewed on a regular basis and where needed guidance had been sought from other

professionals and was included in people's plans.

- Staff understood people's needs and could describe how people received their care to meet them.

Staff support: induction, training, skills and experience

- Staff received training and had the skills and experience to meet people's needs. Staff told us they had an induction into their role and had regular updates to their training. Records confirmed this.
- We saw staff had the skills to support people for example with infection control and moving and handling. One staff member said, "We have training in loads of different areas such as how to safeguard people from abuse and first aid. The training is done face to face and they are always ready to answer any questions we may have."
- There was a system in place to monitor when training needed to be refreshed and we saw staff training was up to date.

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

- People were supported to choose their meals and had effective support to eat and drink safely. One person told us, "The meals are lovely, we get a choice and if we don't like either option we get to choose something else."
- Risks were assessed and care plans included information for staff on how to keep people safe with their meals and drinks. For example, one person was at risk of choking. Guidance had been sought from the Speech and Language Therapy Team (SALT) and this was included in the persons care plan.
- Staff understood people's needs and preferences. Staff could describe where people followed a low sugar diet due to diabetes and told us about people that preferred a vegetarian diet. We saw this was clearly documented in care plans and staff followed the guidance available.

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

- People received consistent care from staff and other agencies. The registered manager told us the staff group was consistent, there were no agency staff used in the service and staff had been in post for some time and knew people well.
- Other agencies were involved in people's care. We saw there were other agencies visiting people during the inspection and staff were working with them to ensure advice was followed.

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

- The home was adapted to meet people's needs and people had personalised their bedrooms.
- The provider told us they were continually looking to improve the availability of adaptations. They gave the example of providing adapted beds when people needed them.
- Adaptations had been put in place where needed. For example, there were hand rails in the corridors, adapted toilets and bathrooms and there was a stair lift for people to access the first floor.

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

- People were supported to maintain their health and seek support from health professionals. One person told us, "Chiropodist visits regularly and I have an eye test every twelve months." A relative told us, "[Person's name] had poorly leg earlier in the year and they called doctor in straight away."
- Staff worked with health professionals to ensure people's health needs were met. One staff member said, "[Person's name] has to see the district nurse twice a day to have an injection and we monitor them and report concerns to the nurse."
- Peoples care records detailed advice given by a health professionals and staff were observed following this advice.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by caring staff. They told us they had good relationships with staff and were treated well. One person told us, "The staff are excellent always there to help you." Another person said, "The staff are friendly you can always have a joke with them." A relative told us, "People are well looked after, all the staff are friendly and helpful, you can go to any of them."
- Staff understood how people should be supported based on their individual needs and preferences. One staff member said, "We really get to know people, there is time to sit and talk to them."
- Assessments and care plans took account of people's protected characteristics and staff could describe how they used this information to support people to meet their needs. For example, people's cultural needs and religious needs were documented and being met by staff.
- People were comfortable with staff. People's facial expressions showed they were at ease with staff and staff laughed and joked with people throughout the day.

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

- People were able to make decisions for themselves about their care. One person told us, "I can choose what I wear and you can choose if you don't want support from a male member of staff." Another person told us, "For meals I usually go to the dining room but sometimes I sit here and it's my choice."
- Staff confirmed people were involved in all aspects of their care and could share examples of how they supported people to make choices.
- We saw people could choose for themselves and were involved in decisions about their care. For example, people chose their meals, where to spend their time and what they wanted to do.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy protected and their independence was promoted. One person told us, "Staff definitely treat me with respect, can't fault the staff here." Another person told us, "The staff knock when they come into the room, close door for personal care." Another person told us, "Staff let me do what I can for myself."
- Staff told us people were supported as individuals to do as much for themselves as possible and were supporting people in a way that protected their dignity.
- We saw staff encouraged people to be independent. For example, people were encouraged to walk around the home and support themselves with meals and drinks.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care and support to meet their needs. One person told us, "Staff definitely know me." Relatives confirmed they were welcome in the home and were involved in people's care. One relative said, "I am made very welcome, offered a drink, never restricted, come in whenever I want."
- Assessments and care plans were personalised and gave staff guidance about people's needs and preferences. Reviews were completed on a regular basis and people and relatives were involved in this. This included information about people's protected characteristics.
- Staff used the information about people in their care plans to provide responsive care and could demonstrate their knowledge of people's preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the Accessible Information Standards. Communication assessments had been completed and there was guidance for staff on how to communicate with people effectively.
- Staff could describe in detail how they supported people. One staff member was able to describe how single word use helped them to know what people wanted and how they observed people's facial expressions and body language to understand what people wanted.
- We saw staff followed people's communication plans when they were supporting people, staff adopted the right communication style and adjusted their approach based on their knowledge of people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their families and friends. One person told us, "When my daughter and my friend visit they can have anything we are having."
- People told us there were activities to participate in. One person said, "I listen to the news and quiz shows, we play a game of bingo, someone marks the card for me and there is a brilliant singer who comes in."
- People were supported to follow individual interests. One person told us, "I crochet to pass my time always have or make flowers, the staff are in and out, I can always fill my time, there is always something to do."
- We saw people were engaged in various activities during the inspection including games and individual hobbies.

Improving care quality in response to complaints or concerns

- The provider had a policy in place to explain how people and relatives could make a complaint about the service.
- People and relatives understood how to complain and felt able to raise concerns. One person told us, "I have never had any concerns, I would speak to the registered manager if I did." A relative told us, "I have no worries about anything but I would let them know if I had any concerns."
- The registered manager told us how they would respond and investigate complaints and confirmed there had not been any complaints since the service had been registered.

End of life care and support

- There was nobody in receipt of end of life care at the time of the inspection.
- The registered manager told us they were supporting someone who required palliative care. There was not a specific plan in place but the person's wishes had been considered and documented in the care plan. The registered manager told us they would speak with a local palliative care service for assistance on developing a specific plan for this person.
- Staff were able to describe how the person was supported in detail. Records showed consideration had been given to how the person was supported to make choices and preferences about how they were supported.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had systems in place to check the quality of the service people received. However, we found these were not consistently identifying concerns and driving improvements.
- For example, medicines audits had not identified issues with medicines stock counts, missed signatures and storage. The registered manager told us they would review the audit process and implement checks to monitor these issues. We will check this at our next inspection.
- The provider's quality checks had not identified where we found people's care plans would have benefited from additional information and guidance for staff and the recording of best interest decisions was not in line with current guidance.
- Policies and procedures had not been updated since the new provider had come into place. The provider confirmed they had adopted all previous policies but had not updated the wording to reflect the new providers name. The registered manager began updating these during the inspection and confirmed this was an oversight.
- The provider had sent us notifications in relation to significant events that had occurred in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture in the home. People, relatives and staff were complimentary about the home and the management team. One relative said, "It is exceptionally good here, [person's name] was very ill when they came here, but they have done very well to get them better. I see the registered manager about all the time, lovely lady, does her best for all the residents" and "Very happy here, very comfortable, can go away and not worry about him"
- Staff told us the registered manager was approachable and involved them in running the home. We saw staff had been trained in person centred care and had received equality and diversity training.
- The registered manager told us there was systems in place to ensure the home operated a person-centred culture. Our observations and conversations with people supported this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and acted on the duty of candour. We saw there was a culture which supported this. Relatives confirmed they were kept fully informed. One relative told us, "I feel secure that they will let me know if anything happens."

- Records showed where incidents had happened information had been shared with the appropriate people in an open and transparent way.

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

- People were engaged in assessing the quality of the service they received and involved in making decisions.
- We saw people and relatives had been asked for their feedback on the service and this had led to changes. For example, the provider had a refurbishment plan in place and changes had been discussed in these meetings. The external area now had gates to provide a secure garden area for people to access.
- Staff told us they had opportunities to meet and discuss how to continually develop the service. One staff member said, "We have individual supervisions and team meetings, the registered manager has an open-door policy and things have improved since the new provider was in place."

Continuous learning and improving care

- The registered manager told us they looked for ways to continually improve the service people received. For example, we saw the systems in place to learn from incidents and accidents were effective in driving change.
- The provider also shared their plans with us about introducing electronic records for care plans and medicines and how they had researched the best approach to implementing this innovative way of record keeping.

Working in partnership with others

- The service worked in partnership with other agencies. For example, the registered manager told us they worked with health professionals to provide people's care.
- We saw feedback from health professionals which showed they were happy with the way the home worked with them. One health professional had commented. "This is a lovely home; the atmosphere is great and its very well led."