

Barchester Healthcare Homes Limited

Bedewell Grange

Inspection report

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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?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Bedewell Grange is registered to provide accommodation and personal care for up to 52 people, including some people who were living with dementia. At the time of our inspection there were 45 people living at Bedewell Grange.

This inspection took place on 4 July 2017 and was unannounced. This meant the provider did not know we would be visiting. A second day of the inspection took place on 6 July 2017 and was announced.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At the last inspection on 10 and 11 March 2015, the service was rated Good. At this inspection we have made recommendations about the deployment of staff and the review of the Mental Capacity Act 2005 Code of Practice regarding the role of Lasting Power of attorney (LPA). During this inspection we identified two breaches of regulation. Care records did not always reflect the appropriate treatment and care needs of people who used the service and the provider did not have effective quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support.

Staff had completed training to ensure they were able to recognise the types of abuse and take appropriate action. The registered manager had dealt with safeguarding concerns immediately.

Where risks were identified they were assessed and managed to minimise the risk to people who used the service and others.

Medicines records we viewed were complete and up to date. This included records for the receipt, return and administration of medicines.

Staff had completed mandatory training required to perform their role. We noted all training was up to date as were supervisions and appraisals.

The provider carried out monthly health and safety checks including fire safety to ensure people lived in a safe environment. A business continuity plan was in place to ensure people would continue to receive care following an emergency.

A robust recruitment process was in place ensuring staff had the appropriate skills, experience and knowledge to care and support people.

People were not always supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and the policies and systems in the service support this practice.

Kitchen staff had an understanding of people's dietary needs. People were promoted and supported in maintaining a healthy diet.

We observed staff were kind, caring and compassionate towards the people they supported. Relatives we spoke with told us staff were always respectful.

People and relatives knew how to make a complaint. Relatives told us both the registered manager and deputy manager were approachable.

Whilst care plans were comprehensive and contained detailed information this was not consistent and people's needs were not always accurately reflected through relevant care plans.

The service had developed good working relationships with external health care professionals visiting the service. We saw evidence in care plans of cooperation between care staff and healthcare professionals including, occupational therapists, nurses and GPs.

The service was proactive in seeking feedback from people, relatives and staff in order to monitor and improve standards.

The registered manager ensured statutory notifications had been completed and sent to the CQC in accordance with legal requirements.

The service had a range of activities. People were supported to maintain links to their local community.

The provider had recognised some of the areas for improvement we had identified during our inspection however they had not acted upon them.

You can see what action we told the provider to take at the back of the full version of the report.

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 were not always deployed in an appropriate way to ensure people's needs were met.

The provider had an effective recruitment system.

Medicines were managed in the right way.

Requires Improvement ●

Is the service effective?

The service was not always effective.

The service did not always act within the framework of the Mental Capacity Act 2005.

Staff were not fully aware of people's individual nutritional preferences and support needs.

Training and development was up to date.

Requires Improvement ●

Is the service caring?

The service was caring.

Relatives we spoke with told us staff were respectful.

People were treated with dignity and their choices and decisions were respected.

The service had information about advocacy.

Good ●

Is the service responsive?

The service was not always responsive.

Care plans we viewed did not give a clear picture of how to support the person.

The service had developed links with the local community.

Requires Improvement ●

The provider had a complaints policy and procedures in place.

Is the service well-led?

The service was not always well-led

The provider had recognised some of the areas for improvement we had identified during our inspection however they had not acted upon them.

Relatives and staff felt the registered manager and deputy manager were approachable.

People and relatives had been asked about their views and experiences of Bedewell Grange.

Requires Improvement 

Bedewell Grange

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 over two days. The first visit on 4 July 2017 was unannounced which meant the provider and staff did not know we were coming. Another visit was made on 6 July 2017.

On the 4 July 2017 the inspection was carried out by an adult social care inspector, an expert by experience and a specialist advisor in nursing care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the 6 July 2017 the inspection was completed by an adult social care inspector manager and an adult social care inspector.

Prior to the inspection we reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the local authority safeguarding team, the local Healthwatch and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During this inspection we spoke to nine people who lived at Bedewell Grange, five relatives, the registered manager, deputy manager, senior regional director, administrator, three senior care workers and seven care workers, three ancillary staff and two kitchen staff.

We looked at eight people's care records and five staff files including recruitment information. We reviewed medicine records and supervision and training logs as well as records relating to the management of the service.

We carried out an observation using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We also undertook general observations of how staff interacted with people as they went about their work.

We looked around the home, visited people's bedrooms with their permission and spent time with people in the communal areas.

Is the service safe?

Our findings

People who lived at Bedewell Grange told us they felt safe. One person said, "We are very safe here." Another person said, "Absolutely, safe as houses, I'm very happy here." A relative told us, "Mam is safe here and her possessions are safe."

The registered manager told us there were two senior care staff and five carers to cover a day shift. This staffing team was divided between two floors. We noted that the calculation for staffing levels was done for each floor, using the providers tool 'DICE'. The registered manager advised that she then split the staff evenly across the two floors.

The registered manager and senior regional director talked us through how the staffing levels were calculated using DICE. For each person living at the home a dependency form was completed, which considered all factors of the persons care and support requirements, such as communication, continence, mobility, breathing and nutritional needs. The figures were put into the provider's electronic tool and staffing figures were calculated. At the time of the inspection the home was operating over the minimum staffing levels indicated, however feedback on the inspection from both people and staff felt there was not always sufficient staff available.

During our first day we observed three incidents that required inspectors to seek staff to support people. We discussed this with the registered manager and the senior regional director and they agreed to review the deployment of staff across the home to see if this was a contributing factor to staff not being readily available to respond to unplanned incidents or events. One person told us, "Staff are always busy so sometimes you have to wait, they've all got jobs to do you know." Another person said, "The staff respond as soon as possible." A third person commented, "You might have to wait but they do come." A staff member told us, "We are very busy especially when someone needs support at an appointment, people have to wait."

We recommended that the provider reviewed their deployment of staff to make sure that they can meet people's care and treatment needs.

Staff were knowledgeable on how to safeguard people. Staff we spoke to were able to describe the types of abuse and what action to take. We saw the registered manager dealt with safeguarding concerns immediately and logged all incidents and this was further analysed to see if any trends were present. Accidents and incidents continued to be recorded, monitored and analysed to ensure people remained safe.

Risk assessments were completed individually for people who used the service based upon their needs, for example moving and handling, mobility, falls, nutrition and hydration, choking and skin integrity. These described potential hazards, who might be harmed and the control measures in place to reduce the risk.

The service had a robust recruitment and selection process in place. This included obtaining references

from previous employers and a Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

People were given the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken. Medicines were given from the container they were supplied in and we observed staff explain to people what medicine they were taking and why.

Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed.

The registered manager conducted a 'Weekly Checks by Managers' form which covered the following areas: clinical room locked, MAR sheets completed (sample), stock check, trolley locked, CD records checked, medication received and dispensed, and disposal operative signed drugs removed.

We looked at the guidance information kept about medicines to be administered 'when required'. We found this to be 'generic', and, for two people we saw that there was no guidance information kept about paracetamol to be administered 'when required'. However we noted this issue had been identified on the clinical audit and was being addressed.

The service had a business continuity plan to ensure people received care in the event of an emergency. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated in an emergency.

The service carried out monthly health and safety checks to ensure people lived in a safe environment. All records relating to the maintenance and safety of the building were up to date and monitored.

Is the service effective?

Our findings

People and relatives we spoke with told us staff had the appropriate skills and training to care and support the people living at Bedewell Grange. One relative told us, "Staff seem to be well trained." One person said, "The staff have lots of training, they do a good job."

We saw training and development was up to date and monitored by the registered manager. Staff completed a range of training such as moving and handling, safeguarding, fire safety, infection control and food safety. One staff member said, "The training is the best I have had." Another staff member told us how training was delivered across the region with staff coming together from the provider's other homes.

Staff we spoke with told us they received regular supervisions and appraisals. The registered manager advised staff conducting the supervisions had received appropriate training and were competent.

We observed mealtimes during our inspection. Written menus were on display on the wall of the dining rooms and on tables. Whilst no pictorial menu was available for people living with dementia, we noted on our second day of inspection people were shown plated meals to assist them in making a choice.

When we asked staff who required support at mealtimes a number of them were unsure. Care plans described different support if a person decided to take their meal in their room or away from the main dining room. This information was lost in the main text of the care plan and supporting risk assessments were not available. We discussed our concerns with the registered manager who agreed they would address the matter.

People we spoke with told us they enjoyed the meals. One person said, "Food is good, never go hungry." Another person told us, "The food is good and you get plenty to eat, there's always a good choice."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 are being met. Staff and the registered manager had a comprehensive knowledge of the MCA and spoke confidently about the processes they followed, for example when applying for a DoLS or if they were required to support someone under best interests decisions. We noted a number of people lacked capacity and had a lasting power of attorney (LPA) in place,

either for health and welfare and/or for property and affairs. A LPA is a legal document that lets you appoint one or more people to make decisions on your behalf if you can't make your own decisions (as you lack mental capacity).

The registered manager had a system in place to document when an individual lacked mental capacity, if they had any power of attorneys in place, and who was responsible for decision making. However, we noted the paperwork was not always received in a timely manner, for example one person had moved into the home three months previously but the legal paperwork had still not been seen. In addition the care documentation recognised the LPA and detailed the family members who were legally responsible for decision making, however during this period the person had been assessed as having capacity. A LPA for health and welfare can only be used when a person is unable to make their own decisions, and lacks capacity. This meant the service did not act within the framework of the Mental Capacity Act 2005.

We recommended that the service consults the Mental Capacity Act 2005 Code of Practice to ensure they are acting lawfully.

We saw that all DoLS applications were clearly documented and stored and that where people were being restricted or controlled then this was done so in their best interests and the least restrictive option was always considered.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and understood about supporting people to make choices and decisions. People we spoke to told us the staff involved them in day to day decisions and they were asked for their permission. One person said, "They help decide things, they are lovely."

We saw evidence in people's care records that the provider ensured people had accessed external health professionals when required such as the falls team, optician, dietitian, tissue viability nurse and chiropodist. One person told us, "Staff organise transport for medical appointments and we are always accompanied."

Is the service caring?

Our findings

The service continued to provide a caring service to people. People told us staff were kind and caring. One person told us, "The care is good here, the staff are kind and caring and will do anything to help." Another person said, "I'm happy with the care I receive here. The staff are lovely, never had any problems" and "They are all respectful."

We observed interactions between staff and people using the service. We also overheard interactions when staff were not aware of our presence. All staff including domestic support and kitchen staff engaged with people as they went about their tasks. We witnessed kindness and patience with staff being tactile, for example using a touch to the arm and holding hands to offer comfort and reassurance. We saw staff adjusting their height to speak to people at eye level. People were clearly happy and comfortable with staff.

Staff we spoke with had a sound knowledge of people. They were able to describe people's likes and dislikes and family structure. Staff were open and chatted with people about their own families, we saw people were smiling and were happy engaging in conversation with staff.

People told us staff treated them with dignity and respect. One person said, "They always knock before entering the room and they're always polite". Another person told us, "Oh I get well looked after here, they respect my privacy and dignity," and "The staff always listen to you and they do things my way."

Staff members understood the importance of promoting people's independence. Staff detailed how they supported people to remain independent. One staff member told us, "We are here to support, I ask if a person needs help, it might just be a little prompt." We saw staff asking permission before supporting people and explaining what was happening during the task. Information was displayed promoting the local advocacy service outlining the support available. The registered manager told us if anyone required an advocate they would be fully supported to obtain help.

Staff we spoke to were very passionate about ensuring the care people received whilst living at Bedewell Grange was high quality. One staff member talked to us about one person who could display behaviour that could be seen as challenging. They were very clear when discussing the person that they were keen to ensure they enjoyed a quality of life and that the staff team were open to any suggestions made by professionals to help support the person and allow them to settle and feel more relaxed. For example one person was constantly active and would hide belongings, staff identified the person had a fondness for hats, with this in mind a staff member collected an array of different hats which the person could try on and off. This made the person at ease.

Is the service responsive?

Our findings

People and relatives told us they were involved with the development and reviews of care records. Care records contained care plans covering areas such as moving and handling, nutrition and hydration.

We found that care plans could be detailed and comprehensive however this was not always applied consistently or in some instances changes had not been reflected throughout the variety of documents. For example, one person had previously had a sensor mat in front of their chair until someone from the community falls team had advised this was not recommended. We noted there was a record of the advice given; however saw that not all areas of the care plan that referred to the sensor mat had been updated to reflect this change.

In one instance we saw that on admission the home had been advised that the person had a particular condition, as advised by their family members. A doctor had recently confirmed that this condition had not been officially diagnosed, however we saw that the care plan still remained and therefore did not give an accurate reflection of the clinical needs for the person. The registered manager advised that this matter would be resolved.

Care records did not contain a social profile. This meant that there were no details about the person's preferences, interests, people who were significant to them, spirituality and previous lifestyle. It is important information and necessary for when a person can no longer tell staff themselves about their preferences and enables staff to better respond to the person's needs and enhance their enjoyment of life.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff made comprehensive daily notes which clearly detailed the action taken and support provided that day. We noted that involvement of external professionals and family members was particularly detailed and had clear action points. Care plans were reviewed monthly and on a more regular basis, in line with any changing needs, and were reflective of the care being given and reflective of change.

The activities co-ordinator was clearly passionate about ensuring people had the opportunity in taking part in a range of activities. They told us about the developed links with the local community and in particular the local school describing the importance of mixing generations. Activities included knitting and natter, sing-along, church service, gardening, exercise to music and art and crafts. A hairdresser was in on the day of our inspection. The registered manager told us, "They all come and get pampered." We saw people enjoyed the experience. People had mixed views in regard to activities. One person said, "I enjoy going getting my hair done and having some banter." Whilst another person told us, "Not very much in the way of activities though."

The registered manager described how one person's wellbeing improved when staff supported them in delivering a craft workshop to other people. They also told us about the pending delivery of chickens to take

part in the 'Hen Power' project. Hen Power is an initiative to encourage older people in arts activities and hen-keeping to promote health and wellbeing and reduce loneliness.

People and their relatives told us they knew how to make a complaint. The service had a complaints procedure in place and continued to address any concerns and complaints received in a timely manner. One person told us, "If I had to complain I'd go see the manager. I've never had any reason to complain though." Another person said, "In the case of a complaint, I would talk to the person in question and then go to the manager if needed, but I've had no need to complain because it's really nice here."

Is the service well-led?

Our findings

The provider and home had a number of governance systems in place which covered a variety of topics to monitor the quality and safety of the service. Whilst the service had recognised some of the areas for improvement we had identified during our inspection they had not acted upon them. For example an audit dated 25 May 2017 had identified the need for PRN protocols and this was to be completed by 10 June 2017. We found this had not been completed.

This meant that the provider did not have effective quality assurance processes to monitor the quality and safety of the service provided and to ensure that people received appropriate care and support.

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

We saw the managerial and other staff participated in a range of learning opportunities, for example linking in with the provider's other local homes. Regional support teams conducted quality reviews, continually striving to improve the service.

The deputy manager discussed with us the role of the Clinical Development Nurse, who visits the service once per month to review clinical records including MAR checks, fridge checks, food/fluid charts and MUST scores. We saw actions were formulated for examples follow-up PRN protocols.

People told us both the registered manager and deputy manager were approachable. One person said, "The management is approachable. Another person told us, "The manager is very helpful, I would say exceptional."

We saw the deputy manager had a strong presence in the service, with a 'lead by example' attitude encouraging and supporting staff whilst working alongside of them. Staff were complimentary of both the registered manager and deputy manager. One staff member said, "I can go to [the deputy manager] about anything and know it will get sorted."

We spoke to the deputy manager who told us the deputy managers from homes within the region got together for regular meetings. They said the meetings were used to share ideas, discuss new things that had been tried in the home as well as share best practice. The registered manager confirmed a similar meeting structure was set up on a registered manager level, and the meeting also included training and development within the role.

The provider had a clear vision, company literature reported, 'We strive to make life at Barchester care homes as stimulating and fulfilling as possible and are committed to ensuring independence, dignity and choice in every aspect of daily life.' Staff we spoke to told us they enjoyed working at Bedewell Grange. One staff member said, "Excellent training, good company to work for and I feel supported." Another told us, "We work together and ask each other if we need help."

People and relatives had been asked about their views and experiences of Bedewell Grange. The registered manager used a range of methods to collect feedback from people. We saw regular 'residents and relatives' meetings were held to keep people informed and capture their views. The provider also used the 'Your Care' survey which seeks the views of people using the service. We saw the survey conclusion gave positive feedback.

The provider used a number of media formats to communicate with staff. The registered manager showed us the provider's App for a mobile phone where staff could access policies; training, reward schemes and receive important messages.

The registered manager had notified the CQC of all significant events which have occurred in line with their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not protected from the risk of inappropriate care because care records were not always complete.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure their governance systems remained effective.