

Tamaris (England) Limited

Bebington Care Home

Inspection report

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13 December 2016

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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 ●

Summary of findings

Overall summary

This inspection was carried out on 12 and 13 December 2016, the first day of the inspection was unannounced. Bebington Care Home is a purpose built care home with four units providing residential and nursing care for up to 87 people with varying needs. These include specialist nursing support, respite care, end of life care and general assistance with every day living for people with dementia. At the time of inspection there were 79 people living at the home.

The home has 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 the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager, regional manager and deputy manager were in attendance at the time of the inspection. People we spoke with told us they felt safe at the home and people's relatives also told us they felt people were safe. During our visit, however we identified concerns with the service.

We found breaches of Regulation 12 and 16 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.

We saw that some people at the home could not access emergency call bells in their bedrooms for various reasons, documentation regarding nutrition, checks had not been fully completed, staff needed additional training regarding pressure area care and people's privacy was not always respected.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been followed. The provider told us that DoLS applications had been submitted to the Local Authority for some people.

All medication records were completed legibly and properly signed for. All staff giving out medication had been trained in medication administration and all medicines were stored safely.

We saw that infection control standards in the home were monitored and managed appropriately.

Staff were recruited safely and the majority of staff had been supervised and appraised. The registered nurses had the appropriate checks regarding their registration with the Nursing and Midwifery Council.

The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People at the home could not always access emergency call bells in their bedrooms.

Care and risk documentation had not always been fully completed.

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

Is the service effective?

Requires Improvement ●

The service was not always effective

People who were supposed to be receiving a fortified milkshake, as instructed by the dietician, throughout the day did not always have this recorded in their care plans.

The registered manager understood and applied the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and had made the appropriate referrals to the local authority.

Staff had received supervision and appraisal.

Staff had attended some training and additional training is planned.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Staff did not always respect peoples privacy.

Mealtimes on some of the units were very task led.

The confidentiality of people's records was maintained.

We observed staff to be caring, respectful and approachable.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

The complaints procedure did not give sufficient detail and some complaints had not been recognised.

We saw people had prompt access to other healthcare professionals when required.

All people who lived in the home had a plan of care that was appropriate and had been reviewed regularly.

Is the service well-led?

The service was not always well-led

Not everyone knew who the manager was.

It was unclear how the various audits and surveys were used to take the service forward.

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

The service had policies in place were current and regularly updated.

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 12 and 13 December 2016. The first day of the inspection was unannounced. The inspection was carried out by two adult social care (ASC) 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 with two people who lived at the home, five visitors, two nurses, five care staff, the cook and the registered manager. We looked at the communal areas that people shared in the home and a sample of individual bedrooms. We reviewed a range of documentation including 11 care records, medication records, seven staff files, policies and procedures, health and safety audits and records relating to the quality checks undertaken by the manager.

We looked around the premises and spent time observing the care and support provided to people throughout the day.

Is the service safe?

Our findings

We spoke with people who lived at the home and their relatives and asked if they felt safe. One relative told us "As far I'm concerned she is", another person told us "I would say so, the problem is she has no mobility, but generally the staff are very good".

We saw that some people at the home could not access emergency call bells in their bedrooms for various reasons, examples being either they were too far out of reach for the person or the call bells were not in the room at all. We pressed an emergency call bell for attention following a person telling us their bell worked intermittently, although this was flashing no one heard it or attended and we had to alert staff. We brought this to the manager's attention and they informed us that they going to get the maintenance person to check all bells. This had also been identified during our previous inspection and we saw that improvements had been made but further improvements were still required.

We noted that risks to people's safety and well-being had been identified, such as the risks associated with moving and handling, falls, pressure area care and nutrition and that plans had been put in place to minimise risk. However, during our inspection we noted that some documentation had not been fully completed, this included some repositioning charts and hourly safety checks relating to bedrails. We also identified a risk assessment surrounding a person's risk of choking was incorrect, on asking staff about this they were not aware of this specific risk. This was immediately brought to the managers attention who identified the risk assessment was from the hospital. This meant the home had not clarified what was a risk for the person or identified a previous health issue.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager maintained a clear audit trail of any safeguarding incidents, showing what action had been taken to support the person. The required notifications had been sent to CQC. We asked staff members if they knew safeguarding processes and asked if they felt confident to report any type of potential abuse. All the staff we spoke with were able to show an understanding of the different types of abuse and how to report abuse.

We looked at the personnel files of seven staff. All of the files included evidence of a formal, fully completed application process and checks in relation to criminal convictions and previous employment. This meant that the provider had ensured staff were safe and suitable to work with vulnerable people prior to employment in Bebington Care Home.

We saw that there were spacious medication rooms for each of the units and they were clean and tidy. We noted that room and fridge temperatures were recorded daily and within safe limits. We checked people's medication administration charts. We saw that medication that was prescribed to be used 'when required' (PRN) had protocols in place and the medications had been signed for. We checked a sample of the stock of medication in the medication trolley and compared it to people's medication administration records. The

balance of stock matched what had been administered. This indicated that medication had been given correctly. We were told by one staff member that the ordering system for repeat prescriptions had improved and was now electronic.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas and electric had been tested and were safe. There was a fire evacuation plan that had been reviewed and updated. Personal emergency evacuation plans (PEEPS) had been completed for all of the people who lived in the home and were readily available in a file in case they were required. We saw that each room had an en-suite toilet and sink and each of the four units within the home had showering and bathroom facilities.

The home had cleaning rotas in place for the domestic staff. This was up to date and we observed that the home was clean with no offensive odours. We asked people living at the home what they thought of the cleanliness of the home and were told "It's kept clean, they clean and wash every day". However, one visitor told us "By and large, I've had to keep on at them about broken equipment, the call bell, but it's working now. Also if I come between 11 o'clock and 12 midday during the week rubbish is just left in the car park and I have trouble parking".

We looked at staffing levels and saw that these had been consistent over the previous month. We spoke to some staff who thought there was enough people on duty and said that they had time to spend with people. However, on asking people who lived at the home if they thought sufficient staff were on duty we were told "Yes, but there are only two on duty this morning". Another person said "No, I think they're lacking staff, they're overworked. I do a lot of things the staff haven't got have time to do". We were also told "I don't think so, you go in the lounge and find no staff. Sometimes during breaks there's only one covering the floor. The staffing's the same at weekends" and "There are times when there are shortages, particularly at weekends, probably 60% of the time. Staffing is a problem, mostly at weekends". The management of the home continued to use a dependency tool to gauge what staffing levels are needed and we saw evidence that this was reviewed monthly.

Is the service effective?

Our findings

We asked people about their quality of life, they confirmed the staff were skilled and that there were enough staff on duty to ensure they had a good quality of life. One person told us "I think it's well done" a relative told us "I think so, she's looked after very well".

People's weights had been monitored frequently if required and medical advice sought if people's dietary intake significantly reduced. People at risk of malnutrition, had their dietary intake monitored by staff daily to ensure that their dietary intake was sufficient to maintain their physical well-being. However, we saw that some people who were supposed to be receiving a fortified milkshake, as instructed by the dietician, did not have this recorded in their care plans. In one instance a person seemed to be losing weight even though it was stated on their care plan that they should have been receiving the milkshakes four times a day, there was no evidence of this being carried out. This was immediately brought to both the registered managers and the unit leaders attention.

We asked people if they liked the food one person said "There's plenty it's very tasty, there's no choice. We get a cup of tea in the morning and sometimes we get another in the afternoon" another person told us "It's OK, we get enough, I don't know what's for lunch, they don't have a menu". One person didn't like the meals but the kitchen staff said they could only cook the food that 'got sent in' for them. We did not see menus in dining rooms although there was one next to the managers office near the entrance of the home.

In the afternoon a group of eight women were sitting in the smaller lounge/ dining room and were enjoying tea and biscuits. There was a nice, friendly, calm atmosphere. One staff member told us that people enjoyed their breakfast and usually ate their lunch, but often did not want to sit down at teatime. People were able to have sandwiches and biscuits whilst walking around. Food such as yoghurts and sandwiches were always available.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 were being met. It was clear that the manager had a full and detailed understanding of the MCA and its application.

We saw that staff had attended a variety of training that included, deprivation of liberty, first aid, fire safety, infection control, moving and handling and safeguarding. However we saw that although some care staff had attended a e-learning sessions regarding pressure area care others had not. We saw through staff

identification, recording and reporting of pressure area problems that this was insufficient. We found that the early identification and monitoring of pressure sores was not always being effectively carried out, this could lead to inappropriate or no treatment of a person. On looking at care records it was also noted that some staff were in need of training around report writing. These issues were brought to the manager's attention who immediately started sourcing additional training for staff.

We saw evidence that the registered manager had implemented a supervision and appraisal system for the staff. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs.

Each unit within the home had access to bathroom and shower facilities. We saw that two of these were out of commission at the time of inspection, however the registered manager was able to show how resources had immediately been sourced and the plans to repair the equipment. The registered manager also informed us that there was a re-decoration action plan in place that was aiming to make the units suitable for people with dementia as the current décor and fittings looked very tired and were not particularly dementia friendly.

Is the service caring?

Our findings

One of the people living at Bebington Care Home told us, "They treat me very nicely, they're very kind" another said "I think they're alright". We also asked relatives and visitors if they thought the staff were caring and we were told "They're very caring, very respectful" and "They give the impression (they're kind)". We asked if staff knew the likes and dislikes of the people living in the home. We were told by one person "They do now because I've been here for a bit". A relative told us "The staff who are here all the time do".

We observed staff entering people's bedrooms without first knocking and asking permission to enter. This meant that some staff were not respecting people's privacy. We also observed that mealtimes on some of the units were very task led with minimal interaction between staff and people living in the home. We observed that some staff interactions with people with dementia were not effective. An example of this was when staff was asking a people what they wanted for lunch, a choice of two items were given but as the person with dementia was unable to follow what was asked they repeated the last thing heard. As there were no visual aids or menus available it could not be certain that the person's choice was effectively sought.

We saw evidence that end of life discussions had taken place with people and their relatives with people's preferences and wishes recorded. This showed us that the home understood and respected the advance decisions made by people in respect of their end of life care. We saw an emergency health care plan (EHCP) in place to avoid hospital admission at end of life this was signed by the person living in the home and a family member.

We observed staff throughout the day supporting people who lived at the home. Interactions between staff and the people they cared for were positive. All the staff we observed were respectful of people's dignity and supported them at their own pace. One person told us "I do for myself what I can". We saw the staff seemed very busy and although we did not see any of them have time to sit down and chat to people living in the home, we saw that they were patient with people.

We observed that confidential information was kept secure either in the offices on each unit, the medication rooms and the main offices by the entrance of the building.

We looked in the entrance area for any information about the home. The manager showed us a welcome pack produced by the provider, this included a pamphlet about the service from Bebington Care Home that was available for people and their families. This held information that included emergencies, services and visiting. We asked people if they had received information from Bebington Care Home regarding terms and conditions, the majority of the relatives spoken to answered yes. We also asked people if they could have visitors at any time. All said yes.

Is the service responsive?

Our findings

We asked if people felt comfortable raising concerns or complaints. One person told us "I've no complaints" and a relative told us "I haven't had cause to. I would be concerned about doing that, so rocking the boat isn't an option for me, not if it's going to affect [person]". Relatives informed us that there was a problem with losing laundry and that this had been a long term problem. One relative said "[Person] hadn't made an official complaint and tended to talk to the staff, his clothes go missing".

We saw a copy of the complaints procedure on a noticeboard in the reception area. This did not give the name or any contact details for the manager. It did not encourage people to raise any complaints or concerns and it did not reference the local authority or the ombudsman. It also did not have any email addresses, which is the way that many people now raise complaints or concerns. We looked at the homes complaints folder which held records of three complaints in 2016. These records were incomplete and no follow ups of any of these complaints were recorded. However we saw in the homes safeguarding file that there were records of six other complaints or concerns that had been raised by relatives during 2016 but had not been included in the complaints records.

This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed 11 care files, and found all the information about the person and their care needs was documented in the file. The care files contained plans describing how the person should be supported. Assessment and care planning information identified people's needs and the care they required including mobility, nutrition, communication, personal care, and social needs. We saw how monthly reviews for all assessments and plans had been regularly completed. However we saw in one file photographs of a wound that had not been signed or dated.

We saw that people had prompt access to medical and other healthcare support as and when needed. There were documented visits from district nurses, dieticians and G.P's. Examples of this was when a person had started to lose weight and a dietician was accessed, another was accessing district nurses for various health needs. The referrals had been appropriate and timely. This indicated that the service responded appropriately to people's medical and physical health related needs and everyone we asked said they had prompt access to the GP when necessary.

We were told by a health professional they had observed how staff had dealt with challenging behaviour, they told us it had been "Handled really well".

The home employed an activities co-ordinator who provided a range of social activities, however there was little in the way of activities on the days of inspection apart from the television and radio as this person was off during the inspection. We asked people how they spent their days and we were told by one person "I read my paper and magazine, they always have something going on in the afternoons". We asked visitors how their relatives spent their day, one person said "[Person] goes to the lounge and I think he joins in". We

asked people and their relatives if people were supported to follow hobbies and if they went out. One person said "They take me out for a paper everyday and to the cemetery every 2 weeks" and a relative told us "I pay for someone to take him out. He used to love drawing".

Is the service well-led?

Our findings

The home had a registered manager who had been in post since 2014 and a deputy manager who were both present during both days of inspection as well as a regional manager. The provider and the registered manager understood their responsibilities in relation to the service and registration with CQC and regularly updated us with notifications and other information. We spent time talking to the registered manager and regional manager and they told us how committed they were to providing a quality service. The registered manager told us that they received supervision and support from the provider. This showed that the manager was supported in their role and that these meetings gave the manager the opportunity to suggest improvements and highlight any issues.

Everyone we spoke to said that they thought the service was well run one visitor said "It looks like it to me", but not everyone knew who the manager was. Those who did, said they usually spoke to her in the office and that she was approachable.

The registered manager explained about improvements that had been made to the environment and records especially the care plans and risk assessments. We were told that one care plan was audited each week. This meant that not all care plans would be audited during the course of a year.

The home's quality assurance system was difficult to understand. It was an electronic system, some of which was printed out but some wasn't. Stakeholders were encouraged to contribute their views using a tablet, but this appeared to be done piecemeal and it was unclear how reliable and/or useful the information collected was. We were unable to see clear evidence of how the various audits and surveys were used to take the service forward.

In the files we looked at there were records of some medication audits, but we could not see evidence of how these were used to form an action plan, or how they were followed up.

There were records of some one to one discussions with relatives which we considered would be more appropriately stored in the individuals' care files. This was immediately brought to the managers attention.

We looked at the minutes of the team meetings which were held for all members of the team. We saw that staff were able to express their views and any concerns they had. We saw that a health and safety meeting had been held in October 2016 and a clinical governance meeting had also been held October 2016.

We were told that a relatives' meeting had been held last week but was poorly attended (four people). We asked people if they were kept up to date with any changes at the home and received mixed opinions. Some people said either "No" or "Don't know" and relatives told us "They tell you, yes" and "They try to give it an atmosphere".

The policies in place were current and regularly updated. These included management of feedback, incident reporting, confidentiality, safeguarding, medication, disciplinary procedures and recruitment.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	People who use services and others were not protected against the risks when receiving care or treatment
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Diagnostic and screening procedures	Complaints had not been identified, investigated, recorded or responded to effectively.
Treatment of disease, disorder or injury	