

Barchester Hellens Limited

Begbrook House Care Home

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

Begbrook House Care Home provides personal and nursing care for up to 32 people. The service is provided in accommodation on one ground floor level. At the time of the inspection, 23 people were living at the home.

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

Although the staff we spoke with understood their responsibility to report and raise safeguarding concerns recent incidents at the service highlighted that policy and procedure were not always followed. The appropriate action had not been taken by some senior staff when they had been alerted to recent concerns. Equally staff who had raised the concerns had not escalated these to management or the local authority when their concerns had been ignored.

There were enough staff to meet people's needs. The manager used a dependency tool to calculate staffing levels. This was increased when people's needs changed and in line with the occupancy of the home. The home followed appropriate recruitment practices and ensured staff were properly checked before they began working at the home.

People and staff felt positive about the management of the home. Effective quality assurance systems were in place to monitor the quality and safety of people's care. Audits helped to identify any shortfalls. The manager was being supported by the regional support manager. They were temporarily based at the home. The regional director had good oversight of the home. They visited regularly and carried out checks of the home. Out of hours checks on the home took place unannounced and were carried out by senior management.

Rating at last inspection

The service was taken over by another provider and registered with us April 2020. We have not rated the service at this inspection.

Why we inspected

The inspection was prompted due to safeguarding concerns which had been reported to us by the service and the local authority safeguarding team. This was in relation to safeguarding people from abuse and the process which staff followed to report such concerns. At the time of this inspection the concerns were being investigated by the service and other agencies involved. We inspected to examine those areas of risk and to check that people were safe. This was a targeted inspection to look at key areas of the safe and well-led key question.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Details are in our safe findings below.

Inspected but not rated

Is the service well-led?

We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Details are in our well-Led findings below.

Inspected but not rated

Begbrook House 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.

Service and service type

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

Registered manager

The home did not have 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. A new manager started in post in February 2022 and they planned to register with the CQC. Throughout the report we refer to them as the manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the home. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to

tell us about.

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.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who lived at the home, the manager, regional director and the regional support manager. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home, safeguarding records, quality assurance and staff recruitment.

The manager contacted, 20 staff to inform them about our inspection and gave them the opportunity to share their experience of the home by email. We received six responses in total. These comments have been referred to throughout the report.

After the inspection

We requested a range of records, including meeting minutes, information relating to safeguarding process's and around managing good governance. We continued to seek clarification from the provider to validate evidence found.

At the end of the inspection activity we fed back to the manager, regional director and the regional support manager about our findings.

Is the service safe?

Our findings

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

This was the first inspection of the newly registered service. We have not looked at all of the safe key question at this inspection. We therefore have not rated this.

Systems and processes to safeguard people from the risk of abuse

- We asked people if they felt safe at the home and who they would speak to if they were concerned. Comments included, "I do feel safe here. I would tell the manager if I wasn't or the nurse" and "Yes I do feel safe. I mean if I didn't then I would sort things and speak up".
- We asked staff if they felt confident to raise any safeguarding concerns. Five staff felt confident in raising concerns. Their comments included, "Yes, I feel confident to report concern to people in charge, they are very friendly and very helpful, and we constantly make sure our residents are safe and happy. Reporting any changes in mood and bruising etc to a nurse". One staff member felt they would not be listened to if they raised concerns. We fed this back to the management team.
- Systems including policies and procedures were in place for staff to report any allegations of abuse and safeguarding adults training was also provided including face to face training and eLearning. However there was evidence that not all staff had followed policies and procedures and training required review so that staff reported concerns appropriately..
- Speak up Barchester posters relating to abuse were displayed around in home in areas such as the office, foyer and administration room. This contained information of the three stage process for staff to follow if they had any concerns of potential abuse. This included firstly reporting to the general manager, secondly escalating to the divisional director and thirdly for staff to call the whistleblowing helpline with the number displayed. We gave feedback to the management team about displaying the contact details for the local authority safeguarding team and the CQC.
- We asked staff if they knew if people had a preference when receiving personal care with regards to this being carried out by male or female staff. Their comments included, "I know one of our residents prefers personal care when washing below the waist to be a female" and "Yes some of the residents do have preference".
- The manager told us they got to know people's preference in relation to male or female staff supporting them. This information was asked on their pre admission to the home and this information was again asked when completing 'getting to know you booklets' with people. The manager told us they ensured rota's had a mix of male and female staff on duty.

Staffing and recruitment

- The home employed sufficient staff to keep people safe. A dependency tool was used to calculate staffing requirements. This was updated monthly and when people's needs changed. The manager told us they ensured staffing was kept at the required dependency level. Between the hours of 08:00hrs and 20:00hrs, one nurse and four care staff were on duty. Between the hours of 20:00hrs and 08:00hrs one nurse and two or three care staff were on duty. This was based on the occupancy of the home and people's needs.
- Staff helped to cover sickness, annual leave and gaps in the rota by working extra shifts. Agency staff

supported the home, which were block booked in advance where possible. This ensured that consistent staff supported people. At the time of the inspection the home was recruiting for care staff. Staff from other Barchester homes nearby also supported the home with staff vacancies.

- Staff were recruited safely, and pre employment checks were completed. We reviewed the recruitment records of five staff and found application forms were completed with no gaps in employment and references and proof of identity were checked. The right to work in the United Kingdom had been checked which included visas and any conditions imposed.
- Disclosure and Barring Service checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We asked staff to share with us their experience of the recruitment process which they went through before starting at Begbrook. Their comments included, "I filled an application form which I submitted. I was invited for an interview which was held at the Begbrook House. After being successful, I was offered an unconditional employment and all pre employment including DBS checks were done" and "Very, very good. They kept me informed every part of the way. I felt happy as it is very friendly. Training was very good".

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 was the first inspection of the newly registered service. We have not looked at all of the well-led key question at this inspection. We therefore we have not rated this.

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

- Staff felt that the working culture in the home was supportive. We asked the staff if they felt the day and night staff worked cohesively together. Comments we received included, "Yes, with those that I have worked with" and "Yes I really do". We asked night staff if they felt they had enough support and oversight from the managers. Comments included, "The reporting line are the nurses on duty who are always supportive".
- The manager told us that some night staff also rotated to work days. Staff that were recruited to work generally on nights were required to work two weeks on day shifts with a mentor. Their competency was assessed before they commenced night shifts.
- Staff supervision was carried out bi-monthly. This consisted of both practical and observational supervision. We were told they were held more frequently if any concerns were raised. Staff told us that supervision meetings were effective. One comment included, "The supervision is very effective, if you have some problems, or something to say, they will try to help you to resolve your problem".
- Staff handover meetings took place at the start of each shift. Handovers were completed by the nurse on duty who led the team. Handover sheets were completed during each shift by the nurse. This contained information about people's wellbeing. Staff were also allocated to care for people.
- The heads of each department within the home met each morning for a 'stand up meeting'. This was to discuss things going on at the home that day and to report changes in people's needs.
- Staff meetings were held regularly at the home with staff that worked from all departments attending. The minutes from meetings were shared with staff. One staff member told us, "It is great to have up to date information and it is very useful to be able to voice your opinion".
- The home had a nominated 'resident of the day'. This was a special day for the nominated 'resident'. The person met with a staff member and their care plan and needs were reviewed.
- People were empowered to speak up about any changes they wished to see in the home. The provider had introduced a 'you said, we did' questionnaire. Actions from suggestions made were put in place so people felt listened to and valued. For example, people spoke about how the whole home needing refurbishment and redecoration. As an action full redecoration was planned for June and July 2022.

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

- A new manager had started in post in February 2022. They were supported by the regional support manager who was temporarily based at the home on a full time basis to offer support. A new deputy had been recruited who was due to start in post. The regional director also supported the home and maintained good oversight. They visited regularly and took the time to walk around the building speaking to people,

relatives and staff.

- Spot checks were routinely carried out by the senior management team at different times of the day.
- There were quality assurance systems in place to monitor the home and the care provided to people. The provider had a rolling schedule of internal audits, which helped them to monitor the home. This included audits in relation to infection control, care records, medicines records, accidents and incidents and of the health and safety of the home. Governance reports helped the manager, regional support manager and regional director to monitor the quality of service provided to people.
- Given the safeguarding concerns being investigated at the time of the inspection, the provider planned to learn from any shortfalls to help prevent occurrences.