

Hampshire County Council

# Bickerley Green Care Home with Nursing

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Bickerley Green Care Home with Nursing is registered to accommodate up to 60 people. The home provides personal care and nursing care for older people some of whom may be living with dementia.

The inspection took place on the 30 of November and the 1 December 2016 and was unannounced.

The service had 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.

People told us they were safe and well cared for at the home. People knew how they could raise a concern about their safety or the quality of the service they received.

The service had carried out risk assessments to ensure that they protected people from harm.

There were enough staff deployed to provide the support people needed. People received care from staff that they knew and who knew how they wanted to be supported.

Medicines were ordered, stored, administered and disposed of safely.

Staff had developed caring relationships with people. People were included in decisions about their care.

Staff knew how to identify abuse and protect people from it.

People were provided with meals and drinks that they enjoyed. People who required support to eat or drink received this in a patient and kind way.

The registered manager was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Mental Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The manager understood their responsibility to ensure people's rights were protected.

People and relatives were asked for their views on the service and their comments were acted on. There was no restriction on when people could visit the home. People were able to see their friends and families when they wanted.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and risks to people were managed in a safe way. Staff knew how to recognise and report any potential abuse.

There were sufficient numbers of staff deployed to meet people's care and nursing needs safely.

Risks associated with people's care were managed to keep people safe. Medicines were administered safely.

### Is the service effective?

Good ●

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's dietary and hydration needs were met. People had access to other health and social care professionals as needed.

### Is the service caring?

Good ●

The service was caring.

People told us they found the staff caring and friendly. We saw staff treating people with kindness and compassion.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the planning and review of care.

Activities for people were planned and suitable for people's needs.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager promoted an open culture and they were visible and accessible to people, their relatives and the staff.

There were effective quality assurance systems in place designed to both monitor the quality of care provided and drive improvements within the service

# Bickerley Green Care Home with Nursing

## **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 checked 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 the 30 November and the 1 December 2016 and was unannounced.

One inspector carried out the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, six members of staff, four relatives and three people living in the home. After the inspection we obtained feedback from two relatives and three healthcare professionals.

We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, four staff recruitment files, feedback questionnaires from relatives and reviewed the providers quality assurance documents.

We last inspected the home on 28 May 2014 where no concerns were identified.

# Is the service safe?

## Our findings

Healthcare professionals and relatives told us people received a safe service. On relative said: "If I didn't think this was a safe place I wouldn't have him here". A healthcare professionals said: "I have no doubt in my mind the service is safe, each time I come here the staff seem to do the right things".

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff said they would feel confident raising any concerns with the registered manager. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included, "I wouldn't hesitate to report something if i felt concerned" and "No abuse happens here, I have never seen anything like that".

Risk assessments were in place for all people living at the home. Staff told us that, where risks were identified, measures were put in place to ensure the risk was safely managed. For example, we saw that people who were cared for in bed had easy and direct access to an alarm call bell. The level and frequency of observations of these people by staff were increased accordingly. We saw from the staff observation records that these welfare checks had been made frequently and were recorded accurately and in a timely manner. There were various health and safety checks carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems. Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions. Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staffing levels had been determined by assessing people's level of dependency and staffing hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. We observed staff providing care in a timely manner to people throughout our inspection.

There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's medicine was stored securely in medicine cabinets that were secured to the wall within a locked room. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Regular checks and audits had been carried out by the registered manager to make sure that medicines were given and recorded correctly. Medication administration records were appropriately completed and staff had signed to show that people had been given their medicines. Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD's). The CD's in the service were stored securely and records were accurately maintained.

During our inspection we found the home was clean and free from odours. The home had effective systems in place to ensure that the home maintained good hygienic levels and that the risk of infection was minimised. Equipment used to mobilise people safely for example, wheelchairs, hoists and hoist slings were well maintained and checked regularly to ensure they were safe to use and fit for purpose.

# Is the service effective?

## Our findings

Healthcare professionals and relatives felt the service was effective. One relative said: "I know they do good training because I have spoken to the trainer before and I trust her, she knows what she is doing" and "Anytime I have asked questions the staff have always given good answers so they must know what they are doing". A healthcare professional said: "The staff here are good at what they do, I come in here a lot and I can see they are doing a good job".

Staff were supported in their role and had been through the provider's induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. Specialist training had been provided to staff in other areas for example, dementia awareness, diabetes and wound care. This meant staff had the training and specialist skills and knowledge that they needed to support people effectively.

Support for staff was achieved through group and individual supervision sessions and an annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff consistently told us they felt supported in their role and had access to help from the registered manager or their deputy when they needed it. One staff member said, "I think I can honestly say I am really supported here". Staff told us supervisions and appraisals were valuable and useful in measuring their own development.

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. We asked staff what procedures they would follow if people were not able to make certain decisions for themselves. Staff explained about best interests meetings and the importance of including appropriate people in the decisions, for example family members, health and social care professionals and the person themselves. Staff demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection the home had submitted a number of applications which had yet to be authorised by the local authority. The registered manager knew when an application should be made and how to submit one. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).



People had food that was nutritious and freshly prepared to meet their individual dietary requirements. Lunchtime was a social time with smiles and laughter between the people that lived there and the staff supporting them. Some people needed specially modified diets or their food specially prepared to make sure their health needs were met. One person said: "This is so lovely, I really enjoy the food here, it's much better than what I can do". We saw the chef walk around the home and asked people how the food was to check everything was alright. One person said they changed their mind so the chef made them something else to eat.

People said that they had good access to other health professionals to make sure their health needs continued to be met. We found that due to the complexity of the health conditions of people living in the home their care and treatment involved other health care professionals. People told us that any concerns about their health were addressed straight away with the relevant professionals. Medication reviews took place frequently with the support of a GP who visited the home on a weekly basis. Records showed people had attended the GP to have their flu jab, they visited the opticians and some people had regular appointments with the chiropodist.

## Is the service caring?

### Our findings

The service had received many compliments from people and relatives. Comments included, "Staff are always so polite, helpful when I come in the building", "It feels so relaxing, homely. A wonderful place", "I don't worry about my Dad because I know he's being looked after so well" and "The home is excellent in all aspects. The staff from the cleaner to the manager are friendly, helpful and professional".

Staff cared for people in a relaxed, warm and friendly manner. Staff sat talking with people and engaged in lively conversations about their families, social events and sharing memories. There was a lot of laughter and we noted that staff took every opportunity to engage with as many people as possible. For example, by bending down to ask if a person would like more tea, by touching a person's hand to ask if they were ok, and by frequently popping in and out of bedrooms to check on people.

People were supported to express their views when they received care and staff gave people information and explanations they needed to make choices. One person told us, "They (Staff) don't do anything without asking me first, If I make the decision then that's it done". Staff provided care to people in a kind, attentive and compassionate way. For example, staff talked people through the care and support they were to offer them before and during the process, offering good explanations and reassurances to people. One relative said: "The staff explain thing well" and "Overall I'm very happy and relieved to have my grandmother in a kind, caring and safe environment".

Staff understood that some people may have difficulty expressing their wishes verbally and knew how they would make their wishes apparent. A member of staff explained one person often became loud and shouted. They said: "I know to give (Person) some space and then I go back again and talk about something fun with them. That generally works". Staff spoke to people in a calm and respectful manner. When staff supported people with moving from the lounge to the dining area they explained to people what was happening and asked them where they wanted to sit for lunch. Staff respected people choices.

People's privacy was promoted and respected. Some people told us they liked to spend time in their rooms but could choose to sit in the communal areas if they wished. People's bedroom doors were pulled shut unless the person expressed a preference to have the door open. Staff knocked bedroom doors and waited for permission before entering. People told us staff always did this and that they respected their privacy. Relatives were able to visit the home without restrictions. People were encouraged to form caring relationships by sitting together and talking in small groups. One person told us their family member was always welcome at the home. A relative told us they felt unrestricted and could visit at any time.

## Is the service responsive?

### Our findings

Healthcare professionals and relatives told us the service was responsive. One healthcare professional said: "I have seen staff respond to call bells quickly and I have seen staff speak to people in a nice way rather than just walking past them" and "The care and the nursing staff are very good, there are regular reviews and a lot of visits from professionals".

People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure continuity of their care and support. Updates had been made when people's medicines or health needs had changed. One relative told us, "After mum had a couple of falls we met with the staff and had a chart about things". Records consistently showed people's care was reviewed on a regular basis. A healthcare professional said: "If someone's needs change or there is a significant event then the staff update people's care plans".

We looked at how information was handed over from shift to shift within the service. We saw that 'handovers' were thorough and contained relevant information to ensure that people were cared for consistently throughout the day and night. Handover provided staff with the opportunity to share information about risk, appointments, medical concerns or changes in activities. A member of staff said: "We speak about each person, talk about any appointments, visitors or any changes in medication and incidents".

People told us that they received the care they needed at the time they needed it. People told us they were given the choice on how to spend their time within the home. They said staff knew their preferences about how they wanted to be supported. A relative said: "Anytime I have visited and I visit once or twice a week people get looked after well here. Staff know it's important to mum that her hair and makeup is done and they do it with her".

People took part in various activities which were arranged daily. A member of staff told us they planned activities in advance however as people's needs changed there was a need for flexibility and activities changed accordingly. Activities included crafts, flower arranging, board games and bingo. Pictures located throughout the home showed staff had organised a beach party, a pop up cinema, painting activities and musical performances in the home. They also showed staff and people living in the home had supported a local scout group to obtain their badges. The pictures showed people and staff interacting with children which highlighted the importance of community involvement and educating the public about older people and care homes. A member of staff said: "It was lovely because people got to have a chat with the children which made them feel special again".

The provider kept a complaints record. People and relatives told us they knew how and who to raise a concern or complaint. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated and by the registered manager.

One relative said: "I have had to bring up a few things in the past but to be honest they have been fixed straight away, it's only been little things so I have never been worried".

## Is the service well-led?

### Our findings

Relatives and healthcare professionals told us the service was well-led. A relative said: "If I ever have any problems the manager is always about and I can speak to her, she's great and she really cares". A member of staff said: "The manager is approachable and walks around the home, she doesn't just sit in the office like I have seen in other places I have worked". A healthcare professional said: "I have only good things to say about the management here, they are hardworking and they do what is right for people".

People told us that they were included in agreeing to the support they received and in all decisions about their care and their lives in the home. Some people and relatives told us that they attended meetings where the service was discussed and where they were asked for their views about the home and any changes they would like to see to the service. Records of the meetings showed that action had been taken in response to people's comments. For example, a request for different food options. Other people said they preferred not to attend the meetings but spoke directly to a member of staff if they wanted any changes to the support they received. They said the staff in the home asked for their views and took action in response to their comments.

The atmosphere in the home was friendly and inclusive. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home. The service carried out regular satisfaction surveys which included questions about the standard of care.

We looked at how the provider and the registered manager monitored the quality of the service provided at the home. The registered manager carried out regular audits and checks. These included training audits, cleanliness and hygiene checks, health and safety checks and audits of written records of care. This helped ensure that people were provided with a high quality service.

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager was an extremely visible leader who created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was excellent and that they were kept informed about matters that affected the service. The registered manager was supported by the organisation that carried out an extensive programme of quality assurance audits. Records showed that the provider's representative visited the service regularly to carry out quality assurance audits, including checking that care and personnel files were up to date and had been reviewed regularly.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved.

