

# United Care limited

# Bescot Lodge

## Inspection report

76-78 Bescot Road  
Walsall  
West Midlands  
WS2 9AE

Tel: 01922648917

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06 April 2017

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

This unannounced inspection took place on 6 April 2017. At our last inspection visit in March 2016 we rated the service as 'requires improvement'. Bescot Lodge is a care home which provides accommodation and personal care for up to 26 older people. At the time of our inspection 22 people lived at the home.

It is a requirement that the home has a registered manager in post. A manager has been appointed and has applied to become the registered manager of Bescot Lodge. 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 felt safe living at the home. Staff knew what action to take if they had any concerns about people's safety. People's risks had been assessed and were managed effectively. People received their medicines as prescribed.

There were sufficient numbers of staff to support people's needs. Staff received training and felt they had the competences to meet people's needs. The provider had safe processes in place to recruit new staff.

People were asked for their consent before staff provided care. Staff understood people's rights and choices when supporting them. People told us they had a choice of meals and had sufficient to eat and drink. People had access to healthcare professionals when needed. Staff were kind and caring. Staff knew people well and supported people to maintain their independence. People felt listened to and able to raise concerns they may have.

Staff understood their roles and responsibilities and felt supported by the manager. Processes were in place to listen to and respond to people's experiences of the service and audit systems were in place to monitor the quality of care being provided.

## 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 said they felt safe. Staff understood how to keep people safe and what to do if they suspected someone was at risk of abuse or harm. Risks to people were assessed and managed safely. There were sufficient staff to meet people's needs. People received their medicines as prescribed

### Is the service effective?

Good ●

The service was effective.

People received care from staff that were knowledgeable and had the skills to meet people's needs. People's rights and choices were protected. People were happy with the food and the choices available to them. People had access to healthcare professionals when they needed them.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and caring. People were involved in making choices about their care and their views were respected by staff. People felt their dignity and privacy were maintained.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that reflected their needs. People had access to a number of different leisure activities. People felt listened to and knew how to raise concerns.

### Is the service well-led?

Good ●

The service was well-led.

People and staff were complimentary about the manager and said they were approachable and friendly. People were

supported by staff who understood their roles and responsibilities. Systems were in place to monitor the quality of care people received.

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# Bescot Lodge

## **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 6 April 2017 and was unannounced. Before the inspection the provider completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service. This included any statutory notifications we had received, which are notifications the provider must send us to inform us of certain events, such as serious injuries. We spoke with other agencies such as the local authority to gain their views about the quality of the service provided. We used this information to help us plan our inspection of the home. The inspection team consisted of one inspector.

During the inspection we spoke with six people who lived at the home. We spoke with four members of staff and the manager. We reviewed a range of records about how people received their care and how the service was managed. These included three care records of people who used the service, two staff records, complaints and records relating to the management of the service such as audit and quality checks. We also carried out observations throughout the inspection to look at how staff interacted with people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "I feel safe here, it is a very nice place to live staff are always about and I trust them." Another person told us, "I feel safe because I have got to know all the staff and they look after me and that makes me feel safe." Staff were able to explain the different types of potential abuse and how they would respond to protect people from the risk of harm. One member of staff told us, "Abuse can be different things such as verbal, physical, neglect or financial. I would report it straight away to the manager." Staff were confident the manager would take the appropriate action if any concerns were raised. They said if they felt appropriate action was not being taken they would report concerns to the local safeguarding authority or the Care Quality Commission (CQC). The manager was aware of their responsibilities in raising and reporting any potential harm or abuse to the local safeguarding authority. We looked at records and saw where incidents had occurred concerning people's safety; these had been reported to the local safeguarding authority in order to keep people safe.

Staff we spoke with were able to tell us about the people who lived at the home and the support they needed with their care. One member of staff said, "Some people need to use [walking aids] to help them walk about. I make sure they are using them when they move about." We saw staff supported people to walk or stand up from a chair safely and ensured people had any walking aids within easy reach. Records we looked at reflected people's risks and contained information for staff to refer to on how to manage known risks to people. For example, we looked at a risk assessment for a person who was at risk of falls and saw it was reflective of the person's needs and of the care we saw given by staff. This showed staff understood people's individual risks and how to minimise them. Staff knew how to report accidents and incidents and we saw appropriate action was taken by the manager to ensure people remained safe. For example, referrals were made to healthcare professionals. This showed incidents were monitored and action taken to minimise risks to people.

People said there were enough staff to meet their care and support needs. One person told us, "Certainly enough staff they are always checking I am alright and if I use the [call bell] staff come quickly." Another person said, "I think there are enough staff I have not had to wait long for anything and they have time to chat with me if I want." Staff told us staffing levels were sufficient to meet people's needs. One member of staff said, "I feel there are enough staff we cover [absence] between ourselves and it works well." We discussed staffing levels with the manager. They said staffing levels were calculated based on people's individual levels of dependency. We saw staffing levels were sufficient to ensure people's needs were met. We saw there was adequate numbers of staff on duty to assist people with their care and support throughout the day.

Staff told us they had been interviewed and pre-employment checks had been completed before they started to work at the home. One member of staff said, "I had an interview and [pre-employment] checks were completed before I started to work here." Two staff records we looked at confirmed pre-employment checks had been obtained before employment commenced, such as references from previous employers and Disclosure and Barring Service checks. Disclosure and Barring checks help employers to make safer recruitment decisions and prevents unsuitable people being recruited. This showed the provider had a safe

recruitment process in place which meant people were cared for by staff that had been recruited safely.

People received their medicines as prescribed. One person told us, "I have two tablets four times a day. I know what they are for and the staff make sure I get them. I have no problems with when or how I get my medicines." Another person said, "I have [medicine] staff give it to me when I need it." A member of staff said, "I feel confident giving [people] their medicines." We looked at how people received their medicines by staff. We saw there were appropriate systems in place to ensure people had their medicines in a safe way and as prescribed. For example, we saw staff checking medicines to ensure they were being administered as recommended and staff stayed with people whilst they took their medicines. Where people had medicines they took as and when required, we saw there was guidance in place to support staff in the administration of these. We looked at systems used to store and dispose of people's medicines and found the provider was doing this safely.

# Is the service effective?

## Our findings

At our previous inspection in September 2015 we rated the provider as "requires improvement" under the key question of "Is the service effective?" We found staff knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was inconsistent. At this inspection the required improvements had been made.

People told us staff sought their consent before providing care and support. One person said, "[Staff] always ask me first and explain what they need to do. If I say no to something they don't do it." Staff explained people's different communication methods and how they sought people's consent. For example, observing people's body language or gestures. Staff said they allowed time for people to make choices and we saw staff listened to people and waited for them to respond before attending to their needs.

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 capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the home was working within the principles of the MCA and found that it was. We saw assessments of people's capacity had been carried out to assess whether or not people lacked capacity to make certain decisions. Staff we spoke with demonstrated an understanding of people's individual capacity and were able to share examples of decisions people were able to make for themselves. Care records reflected best interest meetings had taken place to ensure decisions made about people's care and support were in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest 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. The manager was aware of DoLS and said that where people did not have capacity they considered if restrictions were required to keep people safe. We saw one application had been submitted to the local authority and was waiting to be assessed to deprive a person of their liberty. Staff we spoke with had a clear understanding of DoLS and what it meant in practice for people whose had been deprived of their liberty in their best interests.

People said staff were knowledgeable and well trained. One person said, "Staff seem to know what they are doing I have no concerns. If I have any questions [staff] answer if they don't know they will find out for me." Another person commented, "Staff are very knowledgeable they explain things to me so I understand." Staff told us they had access to a variety of different training which included the Mental Capacity Act, safeguarding and moving and handling training. One member of staff said, "We have had lots of different training since the new manager started it has been really good. The training has provided me with confidence and made me more aware of people's needs." Another member of staff described their induction training which included shadowing experienced members of staff and the time to read through people's



care records. They continued to say the manager was always available should they or other staff need advice or support. Staff said they understood their roles and responsibilities and felt supported by the manager. They told us they received regular one to one meetings and attended staff meetings. These meetings provided an opportunity to discuss their own development along with sharing different information. This meant staff received sufficient support from the registered manager to undertake their roles and responsibilities.

People were supported to eat and drink enough and to maintain a balanced diet. One person said, "I really enjoyed my meal today the food is good and you get a choice. If you don't like what's on offer you can have something different." We observed meal times and saw interactions between staff and people were friendly. Staff were able to explain people's individual dietary requirements and how those needs were met. For example, some people preferred to have a vegetarian meal and this was provided. Staff told us no one currently living at the home required a special diet such as softened food. However, staff told us where required nutritional assessments had been completed and professional advice sought from speech and language teams (SALT) to support people to maintain their nutrition and hydration needs. Staff offered a choice of drinks frequently to people throughout the day and checked with people that they had enough to eat and drink. This showed that people were supported to eat and drink sufficient to maintain a healthy diet which met their nutritional needs.

People told us staff supported them to access health care professionals such as a doctor when required. One person said, "[Staff] will sort it for me if I need to see a doctor." We looked at people's health records and saw referrals were made where concerns had been identified. For example, we saw some people received treatment from the district nurse and one person was receiving dental treatment. Guidance provided by healthcare professionals was recorded in people's care files. Staff we spoke with were knowledgeable about people's health needs and were able to describe how they supported people with these. They said if they noticed a change in a person's health or support need they would speak with the senior member of staff or the manager who would contact the relevant healthcare professional. This showed people had access to appropriate healthcare professionals to support their needs.

# Is the service caring?

## Our findings

At our previous inspection in September 2015 we rated the provider as "requires improvement" under the key question of "Is the service caring?" We found people were not always involved in decisions about their care. At this inspection the required improvements had been made.

People we spoke with told us they were involved in choices about their care. One person said, "[Staff] offer me different choices, I choose what I want to do and what I want to eat." Another person told us, "[Staff] come and see me and tell me what's going on but I like to stay in my room and staff accept that it's my decision." Throughout the day we observed people being offered a variety of different choices such as where they would like to sit, what they would like to eat or drink and whether they wanted to take part in the activities available. We saw one person choose to get up later and this was respected by the staff. We also saw people's bedrooms were personalised and decorated to reflect their taste. This showed people felt involved in their day to day choices and staff respected their decisions.

People told us staff were kind and caring. One person said, "Staff are kind they spend time talking and sorting things out for me. They are excellent." Throughout the day we saw many positive interactions between people and staff. Such as, people laughing, smiling and reminiscing with staff. Staff supported people in a caring way; they spoke to people at eye level, listened to people and repeated back what people wanted to check their own understanding. We observed one occasion where a person became anxious we saw staff spent time with the person offering reassurance. The person responded positively and became less anxious. Where people required support such as personal care we saw staff responded promptly to their request. People told us about how much they valued their relationships with the staff they said they were supported by a consistent group of staff who knew their needs well and spent time with them. One person said, "Staff are lovely to me they explain everything to me and make me feel like I am still a person." This showed staff were attentive to people's individual needs and acted in a caring manner.

People told us they were supported to maintain their independence as much as possible. One person said, "I do some things on my own if I need help I will ask and staff we help me." Staff we spoke with explained how they supported people to maintain their independence such as, supporting people to dress themselves or encouraging people to undertake aspects of their personal care. This showed people's independence was promoted.

People told us staff respected their privacy and dignity. One person said, "[Staff] will always pop into my room to check I am okay they are very polite, they will explain things to me and why they might need to do something. They respect my privacy as well particularly when offering help with [personal care]." Another person told us, "[Staff] always speak to me in a polite manner."

We saw staff spoke to people respectfully, knocking on doors before entering people's rooms and talking to people at eye level using words or phrases people understood. This showed people were treated in a way that promoted their dignity.

## Is the service responsive?

### Our findings

At our previous inspection in September 2015 we rated the provider as "requires improvement" under the key question of "Is the service responsive?" We found people were not supported to take part in leisure activities and were not always involved in the planning of their care and were unsure who to speak to if they had any concerns or complaints. At this inspection the required improvements had been made

People told us they were involved in making decisions about their care and support. They said that they received the care they required when they needed it. One person told us, "I have not been here long but [staff] have explained things to me and I had discussed what I need. I have been involved in everything about my care." Staff we spoke with had a good understanding of people's needs, routines and preferences. They were able to explain how people preferred their care to be delivered. They continued to explain information was shared with staff at the start of each shift during handover. Staff said this provided an opportunity for them to discuss information about people's care so people received continuity with their support. We looked at care records and saw these were up to date and reflected the care we saw people received from staff. This meant staff had access to up to date information which ensured people received consistent care that was appropriate to their needs.

We asked people what interested them and what they enjoyed doing during the day. One person told us, "We have different things going on. You can choose what you want to do. I read the newspaper but I like to take part in some [activities] on offer." We saw a number of different leisure activities were available to people such as baking sessions, bingo, opportunities to go out for a walk with staff and various events such as clothes and garden parties. We also saw a number of external entertainers visited the home on a regular basis which people told us they enjoyed such as, singers, pantomime performers and the library service. One member of staff said, "We try to do as many different activities as we can. People chose what they want to do. I played chess with one person yesterday. [Person's name] regularly goes out with friends. We try to do what people want." This showed that people were able to spend their time in activities that were meaningful to them.

People told us if they had any concerns or complaints they would speak to the staff. One person said, "If I have any concerns I speak to the staff and they sort it out for me. I don't have to complain if I did I would speak with [manager]." Another person told us, "I don't have any problems with the care I get if I did I would speak to the staff or the manager." Staff we spoke with were able to explain how they would raise concerns or complaints on behalf of people who lived at the home. They said they would refer any concerns to the manager and said they were confident any issues would be addressed. We looked at the complaints log and saw there had not been any complaints since our last inspection. The registered manager said any concerns received would be treated seriously and investigated in line with the provider's complaints procedure. This showed people's complaints and concerns would be listened to and addressed by the provider.

# Is the service well-led?

## Our findings

At our previous inspection in September 2015 we rated the provider as "requires improvement" under the key question of "Is the service well led?" We found people did not feel involved in decisions about the home and there were no processes in place to assess and monitor the quality of the home. We found during this inspection improvements had been made.

Since our last inspection a new manager has been appointed. They told us they had commenced the process to become registered with CQC. We spoke with the manager about the changes they had made since they had been in post. They said since they had started to work at the home they had worked hard to improve the quality of care people received and make changes to how the home was run. They said they had worked hard to change the culture of the home. For example, providing stimulating activities for people. They also described other improvements they had made since they came into the post such as reviewing and updating people's care records, developing quality audit checks and arranging training for all staff. The manager encouraged everyone to make suggestions and provide feedback about any improvements they would like to see. For example, we saw the manager had implemented meetings with people and their relatives. People and staff told us they felt well-informed and said the culture of the home had improved since the manager had taken up the post. One person said, "[Manager] is about always has time to stop and chat." Another person said, "Manager is nice very approachable."

Staff were aware of their roles and responsibilities and received enough support and training to do their jobs. Staff said the morale of staff had improved since the manager had been appointed. They said they had one to one and team meetings and were able to discuss their individual performance, training and any matter which might affect people who lived at the home. Staff felt confident any concerns they might raise would be listened and responded to appropriately. They were aware of the provider's whistle blowing policy, including raising concerns to external agencies if required. Whistle-blowing means raising a concern about wrong doing within an organisation. This demonstrated staff felt supported by the manager.

We found arrangements were in place to assess and monitor the quality of service provided. We saw a range of audits were completed of the environment and other aspects of the service. For example, medicines and infection control checks. We also found appropriate systems had been developed by the manager to record complaints, incidents, accidents and falls. We saw changes to people's care and any risks were monitored for trends. Information was collected and analysed by the manager to improve the service people received. We found where the provider had been required to submit a notification about a significant event to CQC by law this had been completed. We also saw the provider had ensured information about the home's inspection rating was displayed as required by law. We found the manager had made improvements since our last inspection and had developed effective system to assess, monitor and improve the quality and safety of services provided.