

Bearwood Nursing Home Limited

Bearwood Nursing Home

Inspection report

86 Bearwood Road, Smethwick, West Midlands, B66
4HN.
Tel: 0121 558 8509

Date of inspection visit: 1 September 2015
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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Overall summary

The provider is registered to accommodate and deliver nursing and personal care to 63 people. People who lived there were elderly and some lived with needs associated with dementia. On the day of our inspection 62 people lived there.

In August 2015 we received information from an anonymous person. They alleged that incidents had been occurring in the home that could constitute abuse. They did not highlight any names of people who lived there who may have been affected, or give us any detail into their concerns. In response to this information we made the local authority safeguarding and contracts staff aware and carried out this focussed inspection.

The inspection was unannounced and took place on 1 September 2015. We did not identify evidence of abuse or abusive practice during our inspection.

At our last full inspection in April 2015 the provider was meeting all of the regulations that we assessed. However, some improvement was needed in the safe domain.

Staff knew what to do to ensure the risk of harm and abuse to people was prevented.

Staff had mixed views about staffing levels. They told us that there was a staff shortage when staff phoned in sick.

This report only covers our findings in relation to the information of concern that we received. The rating shown on this report is the one awarded following our April 2015 inspection. As we did not inspect in full we did not give the service a new rating. You can read the report from our last comprehensive inspection by selecting the all reports link for Bearwood Nursing Home on our website at www.cqc.org.uk.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

People felt that staff prevented them being at risk of abuse and harm.

Staffing level concerns were raised by staff particularly at times when staff phoned in sick.

The rating shown above is the one awarded following our April 2015 inspection. As we did not inspect in full we did not give the service a new rating

Requires improvement



Bearwood Nursing 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 responsive inspection was undertaken to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 which corresponds to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our inspection was unannounced and took place on 1 September 2015 and was carried out by one inspector.

We reviewed the information we held about the service. We looked at the notifications the provider had sent to us. We asked the local authority their views on the service

provided and informed them of the concerns that had been brought to our attention. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with eleven staff members which included; one cleaning staff, two day shift nursing, five care staff, one night nurse, the registered manager and the provider. We met, spoke, or engaged with 12 of the people who lived there and two relatives. Not all of the people were able to fully communicate verbally with us so we spent time in communal areas and observed their interactions with staff and body language to determine their ease or non-ease, happiness or unhappiness. We looked at two people's care records, safeguarding and whistle blowing policies, and the training matrix.

Is the service safe?

Our findings

People and their relatives all told us that in their view they or their family member was safe and that they had not experienced or witnessed any abuse or anything that they were concerned about. A person said, “Oh crikey no, nothing like that. All the staff are nice”. A second person said, “No, I have not been shouted at, hit, or anything else”. A third person confirmed, “No nothing bad here”. A relative said, “I have got no concerns and have not seen anything”.

Our observations showed that the people who lived there were at ease with the staff. The staff were caring, helpful and friendly towards them. We saw a number of people hold out their hands to staff for comfort. The staff responded positively and the people smiled. Throughout the day we saw that people approached staff or asked them if they wanted anything. This demonstrated that people were confident and happy to approach staff.

A staff member said, “I am not aware of anything. The people who live here are the most important. I would not let them be abused”. Another staff member said, “I have not witnessed or heard anything bad. I treat people here as I would want my own parents to be treated”.

All staff we spoke with, which included the registered manager and the provider, told us that they had not seen any type of abuse happening between staff and the people who lived there. They also told us that other staff or people who lived there had not shared any information with them regarding abuse or staff bad practice.

A staff member said, “If I had any concerns I would report them to the nurse or manager. If I was not happy I would go to social services, the police or the Care Quality Commission (CQC)”. Another staff member told us, “Anything that worried me I would report it straight away”. All staff were aware of the provider’s safeguarding procedures. All staff we spoke with knew that they must report any concerns to the registered manager, nurse in charge or the provider. Staff we spoke with confirmed they had received training on how to reduce the risk of people being harmed or abused. The training matrix we saw highlighted that although the majority of staff had received

safeguarding training, some staff had not. However, we saw an entry in the diary to confirm that some safeguarding training had been arranged for 10 September 2015. All staff were knowledgeable in the different types of abuse and told us how they could recognise any signs of potential abuse.

A staff member said, “Whistleblowing means telling seniors if we see any staff bad practice”. Another staff member told us, “Any staff bad practice or concern I would feel confident to report to the nurses or manager”. All staff told us that they were aware of the provider’s whistleblowing policy and gave us a good account of the policies intent, to protect people from harm and abuse.

A person said, “There are always staff when I need them. I like to get up early and the staff always take me to the lounge as soon as I am ready”. Another person told us, “I do not have any grumbles. The staff are busy but they are always here to help me”. A relative said, “There are always staff in the lounge with people”. A staff member said, “We are short of staff. This is when staff phone in sick”. Another staff member told us, “Staffing levels are mostly alright, it is just a problem when staff phone in sick”. Staff told us the impact of staff shortage was that people had to wait; staff were rushed and did not have the time they would like to sit and speak with people. Our observations showed that when call bells were activated they did not sound for long. This demonstrated that staff were responsive when people needed assistance. We also saw that staff were available at all times to support people with their meals and to supervise in lounge areas to keep them safe and meet their needs.

The provider told us that there had been staff sickness due to a variety of reasons and that this was being monitored and had/would be dealt with in line with their procedures. They also told us that two staff had left and that they were recruiting to fill their posts. They told us that they would monitor staffing to ensure that people were safe and that their needs could be met.

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