Barchester Healthcare Homes Limited

# Bedewell Grange

## 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 |

## Overall summary

This inspection took place on the 10 and 11 March 2015 and was an unannounced inspection. The last inspection took place on 23 April 2013. At that time the service was meeting the regulations we inspected.

Bedewell Grange is a 52 bed care home that is registered to provide accommodation for persons who require personal care. Nursing care is not provided. At the time of inspection there were 41 people resident. The home has a registered manager who was absent due to ill health at the time of this inspection. A covering manager from another Barchester home nearby was managing the home. 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 home was split over two floors, with the upstairs for people living with a more advanced dementia or higher support needs.

The home was warm and clean. There was re-decoration going on in the home in the bedrooms and communal

# Summary of findings

areas. There were sufficient staff to meet people's needs, five carers on duty, with two seniors, a chef and assistant, three domestics, the manager and two deputies (one being supernumerary) and an administrator.

The covering manager had taken the learning from recent safeguarding incidents and translated that into practice. For example, there was evidence of improved recording and care planning, as well as increased referral to, and support from external professionals. These all contributed towards better outcomes for people with complex physical and mental health needs.

Staff supervision and training plans were not up to date, but the covering manager had taken steps to source additional external training and re-started supervisions and this was being addressed.

Medicines were managed safely in the home. Where sedation was used it was used appropriately and staff knew how to identify and respond to any concerns about medication. Staff were trained and supported to manage medicines safely. Additional training on supporting people with Parkinson's disease had been sourced and the deputy manager was to roll this out across the staff team.

People told us the staff were effective and that they had their needs attended to promptly. People told us they or their families were involved in their care planning and that they felt staff knew them well. Where people's needs were complex external medical and social care professionals were referred to promptly and their advice integrated into care plans.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS are part of the Mental Capacity Act 2005. These safeguards aim to make sure people are looked after in a way that does not inappropriately restrict their freedom. There were a number of people subject to DoLS and these had been managed well by the service with new referrals being made appropriately. The service had a system in place to ensure that renewals are requested promptly.

During the inspection we noted positive interactions between people and staff, these were sympathetic and dignified. People's privacy and choices were respected, knocking on doors before entering. One person commented "They are all lovely to us in here" and another "I couldn't fault them. It's like a hotel".

There was evidence of planned activities, but some staff and people did say that they would like to have more time doing activities and leisure pursuits in the home. The covering manager advised the new activities co-ordinator was developing this area further.

One person who told us they had complained in the past about delays to be assisted to use the bathroom told us that things had improved, and it was observed that call bells were answered promptly.

The covering manager had taken action to identify areas for the home to improve, had recruited new staff and was taking steps to ensure that record keeping, supervision and training were updated. The covering manager had also taken time to get to meet many of the residents and their families and had responded to their concerns. The staff team said they felt supported and encouraged to improve by the covering manager.

# 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?**

Good

This service was safe. Staff knew how to act to keep people safe and prevent further harm from occurring. The staff were confident they could raise any concern about poor practice in the service and these would be addressed to ensure people were protected from harm. People in the service felt safe and able to raise any concerns.

The staffing was organised to ensure people received appropriate support to meet their needs safely. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work with vulnerable people.

**Is the service effective?**

Good

This service was effective. Staff received on-going support from senior staff to ensure they carried out their role effectively. Formal induction and supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs. Staff attended the providers training, as well as accessing local resources as required.

People could make choices about their food and drink and alternatives were offered if requested. People were given support to eat and drink where this was needed.

Arrangements were in place to request health and social care services to help keep people well. External professional's advice was sought when needed.

Staff demonstrated they had an awareness and knowledge of the Mental Capacity Act 2005, which meant they could support people to make choices and decisions where people did not have capacity.

**Is the service caring?**

Good

This service was caring. Care was provided with kindness and compassion. People were encouraged to be involved in how they wanted to be supported and staff listened to what they had to say.

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

The staff knew the care and support needs of people well and took an interest in people and their families to provide individual care.

**Is the service responsive?**

Good

This service was responsive. People's needs had been assessed and staff knew how to support people in a caring and sensitive manner. The care records showed that changes were made to respond to requests from people using the service and external professionals.

People who used the service and visitors were supported to take part in recreational activities in the home and the community. A new activities co-ordinator had been appointed to develop more appropriate activities for people in the service.

People could generally raise any concerns and felt confident these would be addressed promptly. Evidence was seen of changes made recently by the covering manager.

# Summary of findings

**Is the service well-led?**

Good

This service was well led. The services registered manager was absent and the provider had supplied a covering manager. There were systems in place to make sure the staff learnt from events such as accidents and incidents, whistleblowing and investigations. This helped to reduce the risks to the people who used the service and helped the service to continually improve and develop.

The provider had notified us of any incidents that occurred as required.

People were able to comment on the service provided to influence service delivery.

Those people, relatives and staff spoken with all felt the manager was approachable.

# Bedewell Grange

**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 10 and 11 March 2015 and was unannounced. This meant the provider and staff did not know we were coming. The visit was undertaken by two adult social care inspectors, a specialist advisor and an expert by experience. The specialist advisor is trained as a general and psychiatric nurse and former home manager specialising in older persons and dementia care. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection records relating to recent safeguarding alerts, as well as additional information received from the local authority and other commissioners of care, was reviewed. Following three recent safeguarding alerts the local authority had been involved in supporting the service to make changes. We reviewed information we held about the home, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the visit we spoke with 16 staff including the manager and area manager, 14 people who use the service and five relatives. Observations were carried out on two floors over a mealtime and during an activity, and a full medicines round was observed. 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.

Six care records were reviewed as were all medicines records and the staff training matrix. Other records reviewed included, safeguarding adult's records and deprivation of liberty safeguards applications. We also reviewed complaints records, four staff recruitment files, four staff induction files and staff meeting minutes. The covering manager's action planning process was discussed with the registered manager as was learning from accidents/ incidents records. Other records reviewed also included people's weight monitoring, staff supervision records and the maintenance records for the home.

The internal and external communal areas were viewed as were the kitchen/ dining areas, offices, storage and laundry areas, sluice rooms and, when invited, some people's bedrooms.

Good

# Is the service safe?

## Our findings

People we spoke with all said they felt safe living at Bedewell Grange. One person said "I feel completely safe, of course I do, I wouldn't stay here if I wasn't." Another person told us "You could travel the North East and not find a better staff team."

There had been recent safeguarding alerts which we discussed with the covering manager. These had been investigated and resolved. The covering manager was open about the shortcomings that had occurred within the staff team and had clearly identified what steps needed to be taken to ensure these problems did not arise again in the future. For example when someone regularly entered other people's rooms an incident record was completed to show what actions were taken to minimise the risk of this happening. Another example were the timely referrals to external professionals such as district nurses and behaviour support teams. Care records seen during the inspection showed care plans had been altered following their advice. An example was where observations were in place for two people following an incident between them.

Staff we spoke with also felt that safeguarding or other incidents would be dealt with if reported. One staff member told us "If I saw anything that concerned me I would certainly report it to the manager. I am satisfied it would be taken seriously." All the staff we spoke with were aware of safeguarding adults and whistle-blowing procedures and felt confident to use these. The Local Authority safeguarding adults team posters were also prominently displayed on both floors near the dining areas. These gave contact details for people to raise any concerns.

Risk assessments were in place for people that were appropriate to their needs, for example, bedrails and the use of hoists. Records were available to record significant incidents that had occurred for individuals. These were detailed and showed appropriate actions were taken and that other professionals were involved as necessary, for example, a speech and language therapist where swallowing had become an issue.

The covering manager showed us the tool used by the provider to assess the numbers of staff needed to meet people's needs safely. This showed that staffing levels were based on numbers of clients as well as complexity of needs. Some people and relatives told us they had cause to complain in the past about response times to calls for assistance; for example when needing to be hoisted to use the toilet. They added that this had been raised with the manager and "things aren't as bad now".

Staff recruitment files showed the provider followed a consistent process of application, interview, references and police checks when appointing new staff. We spoke with one recently appointed staff member and they told us that recruitment checks including two written references and a criminal record check had been completed before they started work.

We observed a medicines round and reviewed the medicines records for all people using the service. Each person's records had a front sheet identifying their date of birth, room number, any allergies and the person's photograph. This was to enable staff to identify individuals and make sure medicines were given to right person. The pharmacist had provided visual information on the tablets and capsules that were within each 'Pod' including information regarding administration and any special instructions. All medicine administration sheets had been completed correctly. Medicines delivered from the pharmacy had been checked in and countersigned, prescriptions photocopied and every administration or omission was recorded. Senior Carers audited the boxed medications regularly. Creams, ointments and eye drops were all stored correctly and in the original packaging.

The medicines were administered discreetly and time was taken to explain what the tablets were for. Drinks were given; and compliance was monitored in a very dignified way.

All staff who administered medicines (six in total), had training via the local college in Principles of Medications. The supplying pharmacist ensured competency and assessed this on site. Barchester also had their own annual medicines administration competency assessment which the six staff had completed.

Each person who used the service had an individual emergency evacuation plan and the covering manager showed us the contingency plan for the home.

Good

# Is the service effective?

## Our findings

People who used the service told us they felt the home was effective in meeting their needs. One person said "All the girls are marvellous; they've got hearts of gold, if you're giving up your home it's the next best thing to home". A relative told us "As far as I am concerned it's clean, staff can't do enough, the food is as good as a restaurant and my relative likes it". People told us they got access to doctors and hospital appointments, one person told us her GP and Practice Nurse had recently been to see her. Another person said that staff would call a GP if she required medical help and arrange the transport for her hospital appointment.

Staff were expected to follow a common induction process. This included core training such as, safeguarding and moving and handling. Staff shadowed senor staff to become familiar with the residents, their needs and the routines within the home. They also reviewed the policy guidelines and practices that had to be followed in the home. One new staff member told us "I was introduced to each person in the home and am currently shadowing an experienced member of staff." She said she had "not been asked to do anything she was not comfortable with."

The covering manager reported that some of the newer staff have not fully completed the induction process and refresher training for all members of staff has fallen behind schedule. This was due to the recent managerial changes within the home. The covering manager told us they had sourced additional training to ensure this was addressed quickly.

Staff told us they had plenty of training opportunities. One staff member said, "I like the fact we get face to face training rather than doing it on the computer. I think you get more from it then." Staff told us they were undertaking Dementia Awareness training and they were finding this a benefit.

Staff supervision records did not show that staff were receiving regular supervision as planned. This had been addressed by the covering manager who had re-started the process and created a timetable for supervisions and recent records were in place.

The Care Quality Commission monitors the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These safeguards are part of the Mental Capacity Act 2005. They are a legal process followed to ensure that people are looked after in a way that does not inappropriately restrict their freedom. We saw from records that the registered and covering manager had referred people for assessments for DOLS as necessary. Some renewal requests had been missed, but a process had been put in place to ensure this did not happen again. The home had recently identified one person as needing assessment as they were at risk of a deprivation, and they had been referred promptly.

People's care plans showed what specific dietary needs they had, for example, if they were having regular dietary supplements or needed prompting to eat their meals. Care plans were detailed and provided clear information about each person's current nutritional needs. Where it had been identified there was a problem with loss of weight, weekly weight checks were in place. There was evidence the service sought specialist advice via, for example, Dietician support. Cold drinks and a water fountain were available in the dining areas as were bowls of fruit.

Thirteen residents had medicines prescribed that might possibly have a sedative effect. There was no evidence observed that people were over-sedated. When asked, the deputy manager and the senior carers stated the policy was that, if they have concerns that medicines were having an adverse effect, they would contact the GP or prescriber and ask for a review. If the person was really drowsy they would omit the dose and record the actions taken and the reasons for this. There was ongoing contact with the GP, community psychiatric nurses, consultant psychiatrist and staff from the 'challenging behaviour' services.

Good

# Is the service caring?

## Our findings

All the people we spoke with confirmed that staff knocked on the door and awaited a response before entering. We observed staff spent time engaging with people, asking how they were and if they needed anything.

Staff were able to describe to us what people's needs were and how care was delivered. They told us they always asked people before providing any care or support to make sure they agreed and understood what the staff member was going to do. They were able to give examples of how they provided choices to people about their routines and lifestyle, such as waking times or where they liked to eat. Staff understood the need to maintain confidentiality and respect people's privacy and dignity. They gave examples such as, knocking on people's doors and waiting for permission to enter, asking when people wanted to go to bed and giving choices about which clothes they wore. We saw them approaching people in a sensitive manner.

Staff were respectful and mindful of not outpacing those people being supported with their mobility. Communication was also respectful and staff interacted in a very positive and caring manner. One person commented "They are all lovely to us in here" and another "I couldn't fault them, it's like a hotel".

During lunch upstairs, two dining rooms were used and two people chose to have their meal in their own rooms. People who needed more support used one dining room where there was higher levels of staffing and more independent people chose the other room. The tables had table cloths, napkins, cutlery and condiments; the atmosphere was bright, light and pleasant. Staff ensured that people were given choices of cold drinks. The choices of main meals and sweets were presented at the table so they could see what was on offer and make their choice. Some had a smaller serving which they preferred with an option for more if required and there was tea and coffee to complete lunch. It was unhurried, people had the opportunity for conversation and it was a positive dining experience.

People were encouraged to be part of the care planning process and where they were not able families were often involved. Residents meetings were held to encourage involvement in changes in the home, families and visitor's feedback was also sought by staff. There was evidence in the care plans that people were involved and that care was personalised. Care plans were distinct for each person and contained the details needed by care staff to know each person well.

Staff made time to stop and talk and to include people in conversations. This made for a relaxed and positive atmosphere. Members of staff we spoke with all said they really enjoyed working at Bedewell Grange and felt that they were able to provide residents with a level of care that they were proud of. All spoke of the residents with great respect, one carer said "It is a very good team, we all support each other".

Each person had a weekly 'special day'. These were days when staff would spend some one-to-one time with the person. The covering manager stated that she hoped to build on this time to assist in staff and people further reviewing their care plans.

Good

# Is the service responsive?

## Our findings

People told us they were involved in their care plan reviews. One person told us "My care plan has just been reviewed and I was invited to be involved". Another person told us they asked for a female carer only for baths and this was supported. Another told us that staff respected her choice to stay in her room most of the day as she liked her privacy. Relatives we spoke with were aware of their relatives care plan and either they had been involved, or another family member had been involved with creating it. Where they had been involved they felt that their input had been listened to and acted on.

We saw people's records were well organised and information was recorded clearly. We saw people had a comprehensive assessment carried out at the time of their admission to the home. Each person had a clear plan of care that provided information about their individual needs and how these were met. For example, one person had detailed risk assessments in place as they were unable to use the nurse call bell. Instead they had in place a pressure mat and chair alarm to alert staff when they were standing up and needed assistance. Another person's care plan included information about the support they needed when eating as they had arthritis and needed staff to cut up their food. We saw that when people's needs changed their care plan was updated, for example one person's falls risk increased and their plan was amended to reflect this. All care plans were reviewed monthly and there was evidence to show families were involved where people were unable to make informed decisions about their care. The covering manager told us work had been going on to improve the care plans and introduce new systems for recording information.

There was evidence in records reviewed that outside agencies had been contacted when the need was identified such as the, occupational therapy, psychiatric nursing and social worker. Records of all visits had been made with observations and recommendations for changes in treatments and any new care actions required were clearly outlined. These changes were then reflected in the care plans and discussed at handovers and through the communication book.

Staff told us communication was good and the handovers were an opportunity to discuss particular issues with individuals. They said there had been new recording systems introduced and these took more time to complete. One carer said, "The new paperwork is OK, now we are getting the hang of it. It is more organised and we know more about people's care now. Before care workers did not have access to the care plans, but that is changing now." Another carer said, "It was hard to begin with when we got a new manager. There has been a lot of changes and lot of new charts."

The activity organiser was not at work during this inspection. The manager told us this person had only recently been appointed. We saw there was a regular programme of activities on the notice board in the hall. Activities included dominoes, baking, sing-along, hand massage, quizzes, exercise to music, crosswords, puzzles, films and music and movement. People told us they enjoyed the homes activities. Staff told us there were sometimes not enough activities and one carer said when there are three staff on duty on the floor they were able to spend time more with people. They said they had given some ladies a manicure and then had an impromptu dance which was much enjoyed. They told us they would like to be able to do this more often. During observations we noted that at times there was limited social and leisure activities going on in the home with care staff focussed on meeting peoples support needs.

We looked at the homes complaints records. The covering manager was able to show us their policy and process had been followed and an outcome reached. One person and a relative we spoke with had complained and they felt their complaints were responded to appropriately. All other people we spoke with said they had 'no complaints'. People did say they would complain if they were unhappy and felt the staff would listen. Some people did not know the name of the covering manager, but said they would talk to a staff member they knew well.

Relatives confirmed that they were aware of feedback meetings where they could express their views or make any suggestions. They confirmed the next one was scheduled for the end of March.

Good

# Is the service well-led?

## Our findings

People's experience was that the home was well led. Some had not been aware of the reason for recent changes in the home, such as new care plans and new recruitment. They did comment that these changes had been positive. All relatives were positive about the care and provision of service at Bedewell Grange and said that they were always made to feel welcome and the atmosphere was always friendly and upbeat.

The covering manager stated the home's culture was one where it invited families and people to keep in contact and remain part of their local community. One relative said that several family members had enjoyed a pre-Christmas meal with their relative at the home. Another person said that a room was made available for her to meet friends with tea and biscuits being provided.

The covering manager also stated the home's ethos was about supporting new staff and assisting them to get to know people in the home as well as training them well. All new staff were allocated a mentor and spent time 'shadowing' at the start of their employment. Staff said the routine worked very well and they felt well supported by the seniors and the covering manager.

There were robust auditing procedures in place, supported by the systems set up by the registered provider. We saw reports completed following the bi-monthly visits by the regional manager who conducted an inspection of the home and produced action plans from their visits which the covering manager implemented.

Monthly audits were also produced based on information submitted by the home to the provider. These analysed people who had significant weight loss, the use of medicines, a log of GP contact and care plan reviews, and an accident and incident log. We saw that this evidence was then used in people's care plans to tackle any areas of concern such as weight loss by highlighting this with the relevant health professionals.

There was an opportunity for training for staff from the local college or through the Tyne & Wear Alliance training organisation and this was ongoing. One carer who had experience with a previous organisation told us they felt that at Bedewell they were better supported and the standards were much better.

The staff room had a communication book in it to ensure that changes to people's needs and feedback from the previous shift was picked up by staff. This also included information about training courses that were available.

The provider used the 'Your Care' survey which seeks the views of people using the service. The covering manager was using this feedback to develop an action plan targeting the areas for development. The areas for development identified included 'Staff have time to talk to me' and 'staff are usually available when I need them'. These related to staff having one to one time and responding to calls for assistance.

The home's deputy manager had also been trained in facilitating peer support meetings. The aim of these was to assist staff in supporting and developing each other. The deputy manager's role was half supernumerary so they could supervise and support the development of staff.

We discussed with the area manager why they felt the recent issues in the home had become a concern. They felt the issues came about as the previous deputy manager was seconded out alongside other key posts in the home being vacant at the same time; which had left the registered manager struggling. The support offered from the local authority commissioners and Clinical Commissioning Group had helped the covering manager and staff team effect quick improvements and bring the home back to expected standards.