

The Bishops Care Home Limited

# Bishop's Cleeve Care Home

## Inspection report

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Date of inspection visit:  
14 November 2023  
15 November 2023

Date of publication:  
16 January 2024

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Bishop's Cleeve Care Home is a purpose built residential care home providing personal care to up to 64 people. The service provides support to older people. The home has 4 separate units, one of which specialises in supporting people who live with dementia. At the time of the inspection there were 33 people using the service living across 3 of the units.

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

People and relatives told us they felt safe and were positive about the care received, however we found robust risk mitigation plans were not always in place for all people and staff were not given clear guidance or information on how to protect people from associated risks. Not all staff knew how to support people to manage their risks. People were not always robustly protected from the risks of their environment.

Medicines are not always managed safely for people living at the service.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests.

People's care and support was not always delivered in a person-centred way.

Systems to monitor and improve the quality and safety of the service were not always effective. Records to support the management of the service had not always been maintained.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 15 August 2022).

### Why we inspected

We received concerns in relation to the management of the service, the quality of people's care and support and the management of risks to people. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and

well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bishop's Cleeve Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, safeguarding, person centered care and good governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

**Is the service safe?**

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

**Is the service effective?**

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

**Is the service well-led?**

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Bishop's Cleeve Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by 3 adult social care inspectors, a pharmacy inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Bishop's Cleeve Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. At the time of the inspection Bishop's Cleeve Care Home was not providing nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The registered manager who was still registered with the CQC was no longer in post. The service was managed by an interim manager. Prior to our inspection, the provider had discussed with CQC their plans to recruit a permanent registered manager.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

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 .

We spoke to the head of commissioning for the provider, the interim manager, the head of estates, 4 senior care assistants, 3 care assistants, the maintenance person, a laundry assistant, a housekeeper and the chef. We also spoke with 10 people and 5 relatives of the people who use the service. We gained feedback from 2 visiting professionals.

We reviewed a range of care documentation, which included 3 people's care records in detail and various other records relating to the care of 9 other people. We reviewed medicine records. A variety of records relating to the management of the service, including policies, procedures, staff training, quality assurance and incident and accident records. We reviewed 3 staff recruitment files and records relating to staff support.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;; Learning lessons when things go wrong; Preventing and controlling infection

- The service did not always do all that was reasonably practicable to robustly assess and mitigate risks to people's health, including environmental and infection and prevention control risks.
- People's risks were not always robustly assessed and reviewed. This related to risks associated with eating and drinking, mobility, falls and moving and handling.
- There was also a lack of clear and consistent guidance for staff on how to manage people's risks. Whilst staff were aware of people's risks, they were not confident in describing how they would support people to remain safe. This put people at risk of not receiving the appropriate support they required to remain safe.
- The service had a system in place for staff to report and record accidents and incidents, however these had not been effectively analysed since August 2023, meaning opportunities might have been missed to use this information to minimise the potential risk to people from future accidents and incidents.
- The service had assessed and identified risk management actions in relation to the legionella bacteria, however, for example, there was no evidence to show shower head descaling was being carried out as per the risk management schedule.
- The service had not implemented a system to ensure fire and legionella safety checks were being carried out in the absence of the person responsible for completing these.
- During the inspection, we observed substances hazardous to health were not stored securely in accordance with relevant guidance provided by the Health and Safety Executive (HSE). Products which could cause harm to people were stored in cupboards which were accessible to people.
- The provision of personal protective equipment (PPE) was observed to be in one area of each unit behind a locked door, making it less accessible to staff when required. PPE was also stored in areas which could increase the risk of cross contamination, such as bathrooms. Infection and prevention control audits were not carried out. This meant effective infection prevention control practices to help protect service users and staff from the risk of infection, were not always implemented and monitored.

The provider did not always robustly assess and do all that was reasonably practicable to mitigate risks to people who received care. This placed people at risk of harm. This was a breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The interim manager, who had only been in post for a week, had started to identify areas of shortfall and take action to make improvements, for example, in relation to the analysis of accidents and incidents. Our

feedback during the inspection was also incorporated into an action plan.

- Following our inspection, the provider decided to pause admissions for 4 weeks to allow time for high-risk areas to be addressed.
- We observed the home to be clean and there were no malodours. Comments from people and their relatives included; "I like my room very much, very comfortable, very clean, couldn't have any better. The laundry is very good." and "The environment is lovely and clean, her room is so clean."

#### Using medicines safely

- Some people had medicines administered using patches. The application of these was recorded although it was not always clear that the site of application was changed in accordance with the manufacturer's directions. For one person the site of application was not routinely recorded. We also saw that there was no documented monitoring that the patches remained in place.
- When people were prescribed medicines 'when required' the protocols present were generic and did not detail how the individual decision was to be made. There was no further information to support staff to make decisions with the person's care plan. Staff spoken with were not always able to explain how some of these medicines were used.
- The individual medicines sheets for people had information about how people liked to take their medicines. We saw that these were not always followed. For one person the plan stated they took their medicines from a spoon placed into their mouth. We observed that this person had their medicines given to them in a pot and did not take all of their medicine.
- Some people were prescribed medicines that had a reduced expiry date once opened. For some of these medicines the date of opening was not clear and we could not be assured that these medicines were still safe to use.
- The falls risk assessments for some people did not reflect any associated risk with some of the medicines that they were prescribed.
- One person was supported with topical cream to treat skin integrity concerns which had not been prescribed for them and was not listed on their MAR chart.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- There were suitable arrangements for storing, and disposal of medicines, including those needing extra security. Temperatures were monitored to make sure medicines would be safe and effective.
- Staff received training in safe handling of medicines and had competency checks to make sure they gave medicines in a safe way.

#### Staffing and recruitment

- Staff were recruited safely. All required checks were made before new staff began working at the home. These included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed people being assisted promptly by staff with their meals and other support needs. We did not find evidence to suggest staff were not responding promptly when people required assistance; although we received mixed feedback from people in relation to responsiveness and availability of staff to sit and talk. We also received mixed feedback from staff in relation to workload and responsiveness. Feedback also included that a weekend receptionist was needed to let visitors in more efficiently when they come to visit. Please see our judgement under the key question of well-led.
- People and relatives told us they felt people were safe and that the care provided was good.



Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Policies and guidance were available to staff and they had been provided with safeguarding training. However, not all staff were confident in explaining what safeguarding meant and what action they would take to escalate safeguarding concerns outside of the organisation.
- People unanimously told us that people felt safe living at Bishop's Cleeve Care Home. One person told us; "Oh my word safe with a capital S".
- People's relatives also agreed people feel safe. One relative told us; "I feel [person] is as safe as she can be, there is always somebody about, they are always careful about getting somebody to assist if she gets out of the chair in the dining room. She is safe in the shower, getting in and out of bed, no issues with safety at all."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- We found the service was not always using nationally recognised tools to help assess and recognise deterioration in people's health.
- There were not effective processes in place to support the needs of people who were at risk of falls and the development of pressure ulcers. This meant these people did not always receive person centred care which was in line with best practice guidance.
- The food options and menu choices across the service were generally limited and not all people were able to express their likes and dislikes, particularly on the unit where people lived with dementia.
- In contrast, on the two other unit where people were better able to express choice, people told us they were able to request an alternative if they did not like the menu option.
- The needs of people who required texture modified food and drinks due to a medical need, were not always followed in accordance with their risk management plan. Please see our judgement in relation to this under the safe key question.
- The service had not considered providing food choices for people with cultural needs.

People did not always receive appropriate, personalised care to meet their needs, choices and preferences. This is a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a system in place for assessments to be carried out before people moved into the home to ensure the service could meet their care and support needs. A relative told us; "I knew things were desperate at the time, so I phoned the office. The manager visited and was so good. Mum was lonely and depressed; in a couple of days, she had changed. I could hardly hold back the tears that Mum could go into somewhere so lovely. Been a very good experience. Went thoroughly into her background then asked what she liked and didn't like."

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was not always working within the principles of the MCA.
- The service had identified 19 people who lacked mental capacity to consent to live in the care home and required referral to the local authority under DoLS. Out of these, 10 referrals had been made during our inspection, after the service's overview was requested by the inspectors. This placed people at risk of unlawful deprivation of their liberty.
- The mental capacity documentation completed by staff was not always in line with the MCA. For example, staff had completed mental capacity documentation for one person who showed no sign of lacking mental capacity to make independent decisions. For other people who had a mental capacity assessment in place, this did not always stipulate the decision for which capacity had been assessed.
- For some people the decision was stipulated, and the assessment concluded they lacked capacity in relation to one decision. The care documentation contained information in relation to ability to make day to day decision and other areas in which they lacked capacity, however there was no evidence on how the decision specific lack of capacity was assessed.

The provider had failed to ensure the requirements of the MCA were followed to ensure people who lacked mental capacity were protected from improper treatment, which includes inappropriate or unlawful deprivation of liberty. This was a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relevant training was provided to staff and they were able to describe what mental capacity meant to them.
- People and their relatives told us staff supported people with making independent choices. Comments included; "She has a choice to do what she wants to do. If she wants to lay in in the morning she can and when she is ready showered and dressed it's entirely up to her. I think it's great."

Staff support: induction, training, skills and experience

- Staff told us they were supported with induction and training. Evidence we reviewed showed staff were receiving mandatory training and we saw evidence of planned future training.
- Staff told us, due to recent changes in management, moving and handling competencies checks might not be up to date for all staff, however we saw evidence these had been scheduled for the end of November 2023.
- People were positive about the staffs knowledge of their support need. Comments included; "They do know what help I need and when I need it. The care is good." and "They do understand what I need, and they do understand my condition."
- Most staff told us they felt supported. Comments included; "I feel supported by the other senior team, the

management and my colleagues" and "I like my seniors. I respect them. I feel supported, they are fair and I like them. I can approach them. They would listen."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported to see the GP when needed as well as supported with dental, optician and chiropody appointments. Comments included; "I know I can see a GP if I need one; they are good regarding dentistry".
- Relatives were positive about people's support with external medical appointments. Comments included; "They have arranged a hearing test for her, she sees the chiropodist, the GP and the nurse".
- During the inspection we received positive feedback from 2 healthcare professionals who visited the home.
- Records showed people were supported to access support from healthcare professionals such as speech and language therapists, occupational therapists and physiotherapists. However we found that advice from health and social care professionals was not always robustly incorporated into people's care documentation. Referrals to healthcare professionals relating to skin damage concerns, were not always completed in a timely manner. Please see our judgement under the safe and well-led key questions.

Adapting service, design, decoration to meet people's needs

- The home was modern, equipped, and nicely furnished, providing an environment which met people's sensory and physical needs.
- Outside areas were available for people to access. In addition, inside there were various size communal areas, providing people with space to socialise according to their needs.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had an interim manager who had only recently started working at Bishop's Cleeve Care Home. The interim manager had been brought in by the provider to manage the service while a permanent manager was recruited. The interim manager had identified immediate actions were required, including reimplementing clinical governance audits and meetings.
- The interim manager confirmed there were not always audits and management systems in place to monitor the quality and risks in the home. We identified that audit processes had not been carried out routinely since August 2023 in line with the provider's audit schedule. There were no audit processes in relation to the management of medicines, clinical governance and care plan audits.
- At this inspection we identified concerns in relation to people's prescribed medicines, care and treatment. There was also no system to ensure people's needs were clearly assessed and that staff followed an effective plan of care. The provider did not have effective systems and processes in place to enable them to identify these shortfalls and take improvement action.
- The interim manager understood the Deprivation of Liberty safeguards (DoLS) processes, however there was not an effective system in place to check if appropriate DoLS referrals had been made to the local authority. The interim manager took immediate effective action by completing and forwarding referrals for 10 people who were deprived of their liberty.
- People's care plans were not always current and reflective of the care people received. While senior care staff reviewed people's care plans, there was no effective system in place to ensure they were reflective of people's needs and providing clear guidance to care staff.
- The provider operated a web-based reporting system. This system was used to record incidents, accidents or complaints. Staff logged any incidents on this system and the system provided prompts on actions that could be taken. We found and the interim manager confirmed that incidents and accidents had not always been acted upon to take effective action. There were not effective processes in place to ensure learning took place from incidents and accidents to protect people from avoidable harm.

Continuous learning and improving care; Working in partnership with others, Engaging and involving people using the service, the public and staff, fully considering their equality; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider did not have routine and effective processes in place to seek the views of people and their relatives and to show they used this feedback to make improvements to the service. There was no current

record of survey or engagement with relatives to ensure feedback could be provided and used to improve the service. Although some feedback had been sought from relatives in previous resident and relative engagement meetings, there was not always a clear record of the action taken in response.

- At the time of our inspection there was not a service improvement plan for Bishop's Cleeve Care Home, which considered actions from audits carried out in August 2023 or in response to concerns. Some actions had been implemented following one concern in September 2023, however whilst one action had been implemented, this had not been signed off by the provider and potentially could impact on the dignity of people living at the home. There was no clear record available for the provider to refer to when monitoring whether improvements were being made and if people were protected from the impact of any identified shortfalls.

All the above demonstrated that the provider did not always operate effective systems to assess, monitor and improve the quality of care people received. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the interim manager implemented an action plan for Bishop's Cleeve Care Home. This included actions informed by their own findings as well as concerns which had been raised by our inspection team.
- The interim manager had taken immediate action to improve communication and governance processes. Meetings had been started with senior staff to improve communication and clinical governance meetings had been planned. The interim manager had provided senior staff with additional time and resources.
- The interim manager was reviewing all accidents and incidents that had occurred in September, October and November 2023 to ensure appropriate notifications had been submitted to the Care Quality Commission. Notifications had started to be provided prior to our inspection.
- People and their relatives spoke highly of staff, however were not always sure who the manager was. Comments included: "It's so chaotic it's difficult to say what the management is like. I know I could go in and see them, the admin officer is very good." and "It has been unsettling in the last few weeks, but I understand that they are trying to recruit a new manager." The interim manager told us they were familiarising themselves with staff, people and their relatives.

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

- People were not always supported in a person-centred manner. Whilst we did observe some positive interactions between staff and people, we observed that people did not always receive positive engagement from staff. This included people who were being assisted with their food and then, being left without an explanation from the staff whilst they assisted someone else.
- We observed people not always being fully involved in their care or supported to make choices. Staff did not always take time to effectively engage with people and respect their choices. One person made a choice in relation to their main meal; however this was not acted on.
- Staff did not always take time to effectively engage and support people in a person-centred way. We observed people living with dementia going for periods of time, sometimes 45 minutes, without any meaningful engagement from staff. There was limited social activity and engagement for people living with dementia as well as men living with dementia.
- We raised this with the interim manager who told us that they will address these concerns and ensure greater management presence and skill building amongst the staff.

People did not always receive appropriate, personalised care to meet their needs, choices and preferences. This is a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not always receive appropriate, personalised care to meet their needs, choices and preferences.</p> <p>Regulation 9(1)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to ensure the requirements of the MCA were followed to ensure people who lacked mental capacity were protected from improper treatment, which includes inappropriate or unlawful deprivation of liberty.</p> <p>Regulation 13(1)</p>



This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not always robustly assess and do all that was reasonably practicable to mitigate the risks to people who received care.</p> <p>The provider did not always manage people's medicines safely.</p> <p>Regulation 12(1)</p>

### The enforcement action we took:

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Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not always operate effective systems to assess, monitor and improve the quality of care people received.</p>

### The enforcement action we took:

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