

# Parkcare Homes (No.2) Limited

# Bedborough House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Bedborough House is a residential care home providing the regulated activity accommodation for persons who require nursing or personal care to up to 8 people. The service provides support to autistic people, younger adults and people with learning disabilities. At the time of our inspection there were 6 people using the service.

Accommodation is laid out over 3 floors. Communal lounge and dining rooms are located on the ground-floor and bedrooms are located on the 1st and 2nd floors. All bedrooms have en-suite facilities and 4 have lockable kitchenettes. People have access to a communal kitchen and a large garden. The registered manager's office is located on the 3rd floor.

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

**Right Support:** Areas of the service were visibly unclean and had not been adequately maintained. We observed staff smoking in close proximity to people's accommodation. There were sufficient numbers of staff to keep people safe. A positive behaviour support coordinator analysed potential triggers of behaviours that may challenge others to help prevent a recurrence.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

**Right Care:** Staff spoke about and treated people in a person-centred way. The provider had introduced equality and human rights care plans to support staff to identify and promote these needs. People were supported to maintain relationships with relatives and friends important to them.

**Right Culture:** Audits and checks were not always used effectively and consistently to identify shortfalls and drive improvement in the service. Staff spoke positively about the registered manager. The registered manager said activities provision was an area for development and records did not always reflect what activities people were involved with.

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 and update:** The last rating for this service was good (published 19 January 2021).

### Why we inspected

We received concerns in relation to the management of medicines and staffing. As a result, we undertook a focused inspection to review the key questions of safe 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 and well-led sections of this full report.

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

#### Enforcement

We have identified breaches in relation to the application of the Mental Capacity Act (MCA), the safety of the premises and the efficacy of checks and audits.

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 responsive?

**Good** ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Bedborough House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team was made up of two inspectors and one 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

Bedborough House 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. Bedborough House is a care home without 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 a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We communicated with 5 people, 7 staff and 5 relatives. We looked at various records in relation to the running of the service including recruitment files, activities records and checks and audits of quality and safety. We toured the premises and made observations of interactions in communal areas.



# 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; Preventing and controlling infection

- Potential risks to people's safety were not always mitigated and people were placed at increased risk from the spread of infection.
- Areas of the service were damaged or broken. For example, the barrel lock to an external door was missing and this meant the door could not be locked. Additionally, we observed a broken fence, protruding nails and the wall in one person's bedroom damaged extensively, exposing the bricks and metal beading. This placed people at increased risk of avoidable physical harm.
- Areas of the service were visibly unclean, including flooring in people's en-suite bathrooms and floors in people's bedrooms. One person's kitchenette was only accessible to staff. Among other items, we observed mops were stored touching the floor, unboxed gloves on the work surface and toilet paper on the floor. This placed people at increased risk from the spread of infection.
- Damage to the environment prevented effective cleaning. The fabric covering on communal soft furnishings was ripped, exposing the foam beneath that could not be cleaned. In other areas chipped paint, enamel and incomplete flooring posed the same risk.
- We observed staff smoking in the communal garden and in close proximity to people's accommodation. When doors were open to the communal lounge, we could smell cigarette smoke. There was no risk assessment in place to assess this risk. This placed people at increased risk from inhaling second-hand smoke.

The provider failed to ensure the environment was adequately maintained. There was an additional failure to implement effective infection prevention control measures. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- In response to our feedback, the registered manager arranged for a maintenance team to visit and repair the damaged wall in one person's bedroom.
- The registered manager told us there was a period of time when they had been without a maintenance person due to recruitment challenges. One had recently been appointed.
- People were supported to host visitors. To help ensure this was undertaken safely, there was hand gel available at the entrance and visitors needed to record when they arrived and left the premises.

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

- The provider was not always working in line with the principles of the MCA.
- Some people had monitors in place to help monitor their safety. We observed one video monitor was set-up in the communal kitchen, displaying a live stream of the person in their private accommodation. This meant staff and people using the kitchen could see the person unnecessarily; this was not the least restrictive option. There was no documentation to show the person consented or what other, less restrictive options had been considered and discounted.
- Decisions about people's food or fluid intake were not always managed in line with the MCA. For example, records we reviewed showed some people had been given a particular meal, "In their best interests." There was no supporting information to show how these decisions had been made in line with the MCA. For example, the decision-making process, the rationale and who was involved in making the decision.

The provider failed to ensure they consistently worked in line with the principles of the MCA. This was a breach of Regulation 11 (Need for Consent) of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us the monitor in the kitchen should have been placed face down when not in use and confirmed that future management of the monitor would be reviewed.
- We found some MCA assessments were in line with the principles of the MCA. For example, staff used social stories and best interest decisions in relation to recently installed door sensors.
- The registered manager submitted DoLS applications when needed, including in emergency situations. The registered manager had oversight of all applications and asked for updates about their status periodically.

#### Staffing and recruitment

- Rotas we reviewed showed there were sufficient numbers of staff to keep people safe; all people received daily 1:1 hours and these were consistently provided.
- The provider was using agency staff at the time of our inspection. To help ensure continuity of care, the registered manager booked the same agency staff in advance and invited them to attend meetings. One staff member said, "Obviously we have agency, it is regular agency who know the people we support and the service as well."
- Staff received training relevant to their roles. For example, safeguarding and fire safety training. Comments from staff included, "I've had safeguarding and MCA training. I'm up together on all my training" and, "I had some [in person] training and online training."
- Processes were in place to ensure staff were recruited safely. Records showed all appropriate pre-employment checks had been completed prior to new staff working in the service.

#### Systems and processes to safeguard people from the risk of abuse

- There were processes in place to help protect people from the risk of abuse.
- Potential safeguarding concerns were investigated and reported to the Local Authority Safeguarding Team when needed.
- The registered manager had oversight of safeguarding in the service and monitored for potential themes to help prevent a recurrence.



- Staff spoke confidently about how they would protect people from abuse and what they would do if abuse was witnessed or suspected. Comments from staff included, "I would look for changes in behaviour, bruises and markings; some of the guys [people] aren't able to tell you, if they said something was wrong you would step it up to the safeguarding lead" and, "I've not seen anyone being abused; if I didn't trust my team leader or manager I would whistle blow."

#### Using medicines safely

- Medicines were managed safely.
- Staff worked to prevent overmedication. For example, on admission to the service, 1 person was administered medicines 3 times daily. The frequency had since been reduced to 'as required' and the medicine had only been administered once in the 4 weeks prior to our inspection.
- Guidance was available to help staff administer medicines safely. For example, protocols were in place for PRN medicines and epilepsy management. One relative said, "In the last years [medicines administration has] been exemplary, with protocols and training."
- Medicines were stored safely in a locked box and locked medicines room.

#### Learning lessons when things go wrong

- When incidents occurred, staff were involved with de-briefs to talk about what had gone well and what could be improved if a similar incident occurred in the future.
- The positive behaviour support coordinator analysed events where people exhibited behaviours that may challenge others. This helped them to identify potential triggers and work to prevent the same triggers reoccurring.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider supported people with personalised care. For example, when people were being newly admitted or moving out of the service, staff supported people in their alternative accommodation to help smooth the transition.
- People's assessments contained detailed information about their needs and choices, including how people wished to be supported with romantic relationships and any support needed to raise concerns or complaints.
- People were supported to understand information written about them through social stories. Topics included support needed with personal care and information about the person's previous living circumstances.
- Assessments included information about what people wished to achieve and outcomes they hoped to see.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to communicate in ways that met their needs. For example, one person used pictures to communicate with staff and the provider worked with the Local Authority to train staff in British Sign Language.
- Pre-assessments were completed prior to a person's admission into the service, these were used to help identify people's specific communication needs.
- Policies were available in an easy read format. This reduced barriers to people accessing relevant information, such as how to make a complaint.

Improving care quality in response to complaints or concerns

- The registered Manager had oversight of complaints and responded to them in line with the provider's policy.
- When complaints were upheld, the provider apologised for any shortfalls and suggested changes to help prevent a recurrence.

End of life care and support

- At the time of our inspection no one was receiving End of Life care. The registered manager had explored whether people wanted support with End of Life care planning and this had been declined.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Overwhelmingly, records we reviewed showed people were supported to access a limited range of activities. For example, hand massage, watching television, shopping or a meal out. There were occasions when people were supported to access more meaningful activities, including visiting a local animal farm and swimming.
- The registered manager confirmed activities provision was an area for development and said staff did not always document when they supported people to access activities.
- Staff we spoke with said they could not always support people with meaningful activities because there was a limited number of staff trained to drive. Comments from staff included, "100% activities provision could be developed. Sometimes we don't have enough drivers to take people out" and, "I would say they [people] don't get support to access activities as much as we would like; we don't have enough drivers."
- The registered manager confirmed the provider was reviewing their policy to ensure more staff would receive the training needed to drive people in the community. Additionally, the registered manager had supported people to apply for their bus passes to make accessing the community easier.

We recommend the provider implements a robust action plan to help drive improvement and recording in relation to activities provision in the service.

- People were supported to maintain relationships with relatives and friends important to them. For example, records showed staff worked with relatives to arrange times and dates for visits and weekends away from the service.

# 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 good. 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

- Checks and audits had not always been used effectively to identify the shortfalls we found during our inspection. For example, shortfalls in relation to MCA practice had not been identified.
- In 2021, the registered manager identified flooring in all en-suites needed replacing due to, "Stains and damage." However, this had not been completed at the time of our inspection in February 2023.
- While the registered manager confirmed there were shortfalls in relation to activities recording, they failed to implement a robust action plan to drive improvement and resolve this shortfall. This meant the provider could not understand people's experiences of activities provision because relevant information, such as activity duration and level of engagement, was not always recorded.

The provider failed to ensure their governance framework was used effectively and consistently to identify shortfalls and drive improvement. This was breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- To ensure we can monitor the services we regulate, providers must submit statutory notifications when notifiable incidents occur in their service. Statutory notifications were submitted as required.
- Staff worked with a local pharmacy to check and audit their medicines safety. The pharmacy visited 6 monthly and this helped to identify shortfalls and drive medicines safety.

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

- Staff spoke about people in a person-centred way and we observed person-centred interactions throughout our inspection. Comments from staff included, "The [people] here are our main priority" and, "I love working with all the [people]. You make their day better and it helps make your day better." One person said it was, "Nice here" and another person said they liked the staff. One relative said, "The staff speak with him appropriately. Most know to call him [his preferred name]."
- Staff spoke positively about the registered manager. Comments included, "[Registered Manager's name] has been great: on the floor and also been very supportive with my personal issues" and, "[Registered Manager] is very understanding."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager operated an open-door policy so people and other stakeholders could speak with them if they needed to.
- The registered manager was planning to send stakeholder surveys out in the near future. One relative said, "[We receive] a questionnaire once or twice a year. It focuses on what we've dealt with. It's acted on urgently if required."
- All staff received training in relation to equality and diversity. The provider had recently introduced an 'Equality and Human Rights' support plan to help prevent discrimination linked to people's protected characteristics.

#### Working in partnership with others

- The provider worked in partnership with others and we received positive feedback from one professional. Comments we received included, "Since [person] has moved [to Bedborough] there has been a real improvement in their presentation and I feel that [person's] needs are being understood."
- The provider worked with the Local Authority to provide staff with epilepsy and dysphagia training.

#### Continuous learning and improving care

- The registered manager had oversight of incidents and accidents to help identify potential themes and prevent a recurrence.

#### 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 registered manager was aware of their responsibility to act openly and honestly when things went wrong. The provider's policies supported this.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent  The provider failed to ensure they consistently worked in line with the principles of the MCA.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The provider failed to ensure the environment was adequately maintained. There was an additional failure to implement effective infection prevention and control measures.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure their governance framework was used effectively and consistently to identify shortfalls and drive improvement.