Mrs Victoria Lavender-Mew

Bedwardine House Residential Care Home

Inspection report

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Date of inspection visit:
09 June 2021
17 June 2021
25 June 2021

Date of publication:
24 September 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Bedwardine House is a care home providing accommodation and personal care for up to 25 older people. The care home is an adapted building over two floors. At the time of the inspection 13 people were living at the home.

People's experience of using this service and what we found
Risks to people were not always identified effectively to ensure people were not at risk. Staff were not always consistent in their description of people's needs to demonstrate safe care was always provided.
People's medicines were not always fully managed safely to ensure they were administered or applied correctly.

Areas of improvement had taken place regarding infection control and compliance with COVID-19 requirements. However, further improvement was needed to ensure staff worn a face mask at all times.

The provider continued to have a lack of effective systems to monitor the quality of the service provided by staff to ensure people were safe. As a result, previously identified shortfalls had not always received the improvement necessary to ensure safe care and support was provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 14 April 2021). The provider was in breach of one regulation. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

At this inspection enough improvement had not been made in all areas and the provider remains in breach of regulations.

Why we inspected
We received concerns in relation to aspects of the care provided and the management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

This inspection was carried out to follow up on a Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained as Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led relevant key question 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 Bedwardine House Residential Care Home on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicine management, care planning and management oversight and governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Bedwardine House Residential 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 Care Act 2014.

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
This inspection was carried out by one inspector.

Service and service type
Bedwardine House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the provider, the business manager, the deputy manager, senior care workers, care workers and the chef. 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 reviewed a range of records. This included two people's care records and multiple medication records. We also looked at a variety of records relating to the management of the service.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question remained the same. 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.

Using medicines safely; Assessing risk, safety monitoring and management

- People's medicines were not always managed safely. We had previously identified shortfalls in the provider's medicines management. At our previous inspection improvements were needed
- Concerns with medicines management were identified as part of this inspection. One person had not had an eye drop administered correctly for a period of over four months. This had not been recognised by management or senior staff involved in the administration of this prescribed item. This resulted in the person receiving a lower dose of their prescribed eye drop which had left the person at potential risk.
- The period the eye drops had been open and in use exceeded the time frame recommended by the manufacture. This mean the item may not have been as effective and had placed the person at potential risk of harm.
- Some people had creams and ointments prescribed on an "as and when needed" basis. Protocols were not always in place to provide staff with instructions as to when the item would need to be applied to support people's skin or other health care needs.
- The balance of medicine remaining in stock did not always match the records completed. The provider was unable to account for where balanced were either too high or too low. The carry forward from one month to the next was incorrect. This meant the provider was unable to be assured medicines had been administered as prescribed.
- The provider had an electronic care planning system. Care records were not always fully up to date and correct to evidence people's care needs and staff practices. For example, a reviewed care plan did not consider a person's recent history of falls and how these could be mitigated in the future. The care plan also contained conflicting information regarding the staffing requirements to provide safe care and support.
- Staff members did not always provide consistent information in relation to a person's need to have their fluids thicken. Records regarding the amount of fluid a person was assisted with were at times incomplete and therefore failed to provide the level of evidence needed to demonstrate they had received safe care and support.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Once concerns were brought to the attention of the deputy immediate action was taken to establish any potential harm, the replacement of eye drops and the frequency eye drops needed to be applied from healthcare professionals.

Preventing and controlling infection

● We previously identified areas of concern regarding the provider's systems for recording the temperatures of people living at the care home and staff members. We saw improvements had taken place and these systems were now in place.

● We were not fully assured that the provider was using PPE effectively and safely and that staff were meeting social distancing rules. Staff were seen, at times, to not be wearing face masks as required. Staff were seen with face masks either under their chin or below their nose and needed to be reminded to wear them correctly. Staff were seen to be not social distanced from each other during a break. These concerns were brought to the attention of management throughout the inspection.

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

● Accidents and incidents were recorded. These were not audited to identify any trends or patterns with these in order to reduce the likelihood of reoccurrences. This meant lessons were not always learned to ensure risks were mitigated to keep people safe.

● The deputy manager took swift action upon the identication of shortfalls with a person's medicines for their eye condition.

Systems and processes to safeguard people from the risk of abuse

● The deputy manager as well as the staff team we spoke with were aware of their responsibility to report any actual or potential incidents of abuse to different authorities as required. One member of staff told us how abuse must not happen when speaking about any potential abuse. Another member of staff assured us the provider employed staff who care. Staff spoke of the respect people using the service deserved.

● The provider recently wrote to the Care Quality Commission (CQC) and gave assurance regarding the safeguarding of people in their care from the risk of abuse and poor care practices.

Staffing and recruitment

● Due to the number of people who used the service at the time of the inspection the provider had reduced the number of staff on duty.

● Staff were aware of why staffing had reduced and confirmed the current arrangements in place.

● The provider informed us no new staff recruitment had taken place since our last inspection. Therefore, we did not view any recruitment documents.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Part of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At our last inspection the provider had continued to fail to operate effective systems to assess, monitor and improve the quality of the service people received. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider has been rated requires improvement for the last three consecutive inspections. The provider has failed to make sustain and imbed improvements at the service to ensure risks to people were mitigated. The provider has remained in breach of regulation.
- We identified as part of the inspection risks and concerns which were not identified as part of audits in place or other management systems and oversights. There was a lack of provider oversight to the audits in place or ensuring they were in place. The provider had implemented some auditing systems and others were implemented as a result of this inspection.
- Provider oversight in medicine management continued to require improvement as shortfalls had not been identified prior to our inspection. For example, medicine audits had not identified failures regarding the safe administration of a person's eye drops and protocols were not always in place. Although accidents were recorded no monitoring for themes and potential patterns was in place at the time of the inspection. This provides management information in order to take steps to reduce the risk of reoccurrence and therefore lessen the risk of injury.
- We found care plans were not up to date and accurate despite the reviews which placed people at risk of receiving unsafe care. There was no provider oversight or any other further checks taking place to identify conflicting or incorrect information in order to ensure staff have the correct details in order to provide safe and effective care.

The provider continued to have a lack of governance arrangements in place to recognise and drive improvement to ensure people were receiving a safe and effective service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Improvements had taken place in some areas. For example, the monitoring of hot water temperatures had improved and there was evidence these checks were taking place throughout the home.
● Regular checks of the fire alarm and firefighting equipment were undertaken to ensure they were functioning in the event of a fire.

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 and deputy manager were transparent throughout the inspection and acknowledged the shortfalls identified as areas requiring further improvement.
● The deputy manager was aware of the provider's responsibility to ensure the Care Quality Commission (CQC) were notified of certain events which had occurred at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Family members told us they believed their loved on received good quality care and were kept informed of any changes in their health or well-being. One family member told us they were confident they could speak with management if needed.

Working in partnership with others
● The provider had worked alongside other agencies during the COVID-19 pandemic and as part of making improvements to the service provided.

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 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not robust enough to demonstrate safety was effectively managed. Regulation 12 (Safe Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider continued to have a lack of governance arrangements in place to recognise and drive improvement to ensure people were receiving a safe and effective service. Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

Notice of Proposal - positive condition.