

Aspects Care Homes Ltd

# Bedford House

## Inspection report

62 Middleborough Road  
Coventry  
CV1 4DE

Tel: 02477920253

Date of inspection visit:  
04 May 2023

Date of publication:  
24 August 2023

### 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 ●

# Summary of findings

## Overall summary

### About the service

Bedford House is a residential care home providing personal care to up to 11 people. The service provides support to younger adults who require support with their mental health diagnosis. At the time of our inspection there were 5 people using the service, 1 person was receiving support with personal care.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

People living at Bedford House felt safe with the staff who supported them. Staff knew how to raise safeguarding concerns and how to report them appropriately. Risks to people were identified as part of the assessment and care planning procedure. People received their medicines in a safe manner. Staff received appropriate training and medicine competencies were assessed to ensure staff followed safe guidance. Risk management strategies were in place to assist staff to manage these risks and to identify triggers for behaviours that may challenge, for people they were supporting. There were enough staff to support people and staff were recruited safely.

People were supported to access health and social care services for routine appointments and staff were prompt to seek medical advice if a person became unwell. People were supported to eat a diet based on their preferences and dietary needs. Staff received training to develop the skills and knowledge they needed to meet people's needs safely and effectively. Staff were supported in their roles through a plan of supervision. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt staff were kind and caring and treated them in a way which respected their dignity and independence. Staff knew the people well and care records which were well maintained and easy to access, detailed people's preferences, likes and dislikes. People had access to social activities that met their interests and needs. People understood how to raise any concerns or complaints and felt confident any concerns raised would be acted on.

There was a manager at the service who was in the process of applying to become registered with CQC. We received positive feedback about the impact the manager was having on the home and staff morale. The manager was supported by the provider. The provider had systems to assess and monitor the quality and safety of the care provided. The service had clear and effective governance systems in place which drove continuous improvements.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

We registered this service on 17 February 2022 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

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?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below

Good ●

# Bedford 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 was carried out by one inspector.

#### Service and service type

Bedford House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post however the manager of the service had submitted their application to register.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the service was registered with us. 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 this information to plan our inspection.

During the inspection

We spoke with 1 person who lived at the home about their experiences of the care and support provided. We spoke with 4 members of staff including the manager and care staff.

We looked at the care and medicine record for the person who received personal care. We reviewed records relating to the management of the service including, staff training data, fire safety records, some policies and procedures and the recruitment records for 2 staff members.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People told us they were happy with the care they received and believed it was a safe environment to live.
- People were empowered and encouraged to report any concerns they may have about their welfare to the manager or staff.
- The service had effective systems in place to protect people from abuse. Staff had a good understanding of what to do to make sure people were protected from harm.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff understood to report any concerns they had to the manager or provider.
- The manager was aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Assessing risk, safety monitoring and management

- Staff knew people well and how to keep them safe.
- Risks to people's safety and wellbeing were assessed and well managed. People's care records included risk assessments considering risks associated with the person's environment, their care and treatment, medicines, and any other factors. This meant staff had guidance in how to manage people's care safely.
- The manager reviewed all accidents or incidents and ensured that action was taken to minimise future risks for people and staff.
- Some people needed support from staff to help them manage their emotions or anxiety. Care plans provided staff with information on events likely to cause people anxiety and advice on how to provide support at these times.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'when required', person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.

- Medicines audits were completed on a regular basis to identify if improvements were required. If improvements were identified actions were recorded and monitored by the manager.

#### Staffing and recruitment

- People and staff told us there were enough staff to support people safely.
- Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS), work history checks and references. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

#### Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- 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.

#### Visiting in care homes

Family and friends were able to visit people without restrictions. Systems were in place using the providers COVID-19 and preventing risk of infection guidance to support these visits.

#### Learning lessons when things go wrong

- There was a comprehensive audit system in place to review incidents which occurred. The manager said they discussed incidents with staff to assess how things could have been managed differently and how they would manage such incidents in the future.
- Staff understood their responsibilities to raise concerns. They told us they were encouraged by the manager to raise any concerns they had if they felt people's safety was at risk. They told us the manager listened to any concerns raised and took appropriate action to ensure they would be acted on and dealt with to reduce any re-occurrences.



# 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.

This is the first inspection of this newly registered service. We have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff were working within the principles of the MCA. Staff had received training and understood that they could not deprive a person of their liberty unless it was legally authorised. Staff told us they recognised the importance of seeking a person's consent before starting to provide any care or support.
- The provider followed national guidelines and best practice guidance to ensure care was delivered in line with standards and the law.
- Records showed people's needs, risks and choices had been assessed before they started using the service to ensure staff were able to meet their care and support needs and fulfil their goals.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs. People's needs in relation to the protected characteristics under the Equalities Act 2010, were considered in the planning of their care, such as communication needs and health needs.

Staff support, training, skills and experience

- People were supported by staff who had the knowledge and skills of how to support them effectively.
- Staff told us, and records confirmed, they received training that was relevant to their roles and to the specific needs of the people they supported. Staff responded to challenging situations calmly and with confidence which reduced situations escalating. This also reduced stress and anxiety for people.
- Staff told us they received support through supervision. This included individual meetings, team meetings and spot checks to ensure they were providing support as taught through their training.

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

- People were supported to attend health appointments, including their GP, dental examinations and with mental health professionals.
- People told us that staff contacted relevant health professionals if they felt unwell. People said they also received emotional support from staff who would sit and talk with them about how they were feeling.
- People's health conditions were well managed. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.
- The manager had worked with the local Integrated Care Board (ICB) to enable a system in the home which helped to monitor people's health, and which offered advice or intervention if a person was unwell. This included visits from GP's and other clinicians to the home which reduced people's anxieties about attending their GP surgery or being admitted to hospital.
- Each person had a document which provided key information about people's communication and health needs, in the event they needed a stay in hospital.

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

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- People's bedrooms were personalised to reflect their individual preferences.
- The provider had invested in the building including creating a new lounge area in a self-contained building in the garden. People enjoyed using this area to watch films and relax.

Supporting people to eat and drink enough to maintain a balanced diet

- People were afforded maximum choice over their nutrition and hydration. People told us they had enough to eat and drink. People chose what they wanted to eat and drink and, if necessary, they were supported by staff to prepare this.
- People's particular needs and preferences around their nutritional and hydration requirements were assessed, recorded, and known by staff. If people were at risk of malnutrition staff told us their weights would be monitored, and actions taken, to help manage any risks to their health.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People were relaxed and comfortable with staff and did not hesitate to ask for help from them.
- People were involved in decisions about what to do throughout the day. People told us they could get up when they wanted and plan their day to include what they wanted to do.
- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make decisions independently.
- Staff listened to people's views and ensured these were respected. Resident meetings were held regularly held to provide an opportunity for everyone to share their views on the service provided at Bedford House.

Respecting and promoting people's privacy, dignity and independence

- People told us staff promoted their independence. People were encouraged to develop their independent living skills and to feel confident in their local community.
- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at identifying when people were becoming distressed or feeling anxious. They consistently followed guidance in place to help people feel calm and reassured.
- The values of the service were based on enabling people to live as fulfilling live as possible and achieve the best possible outcomes.
- People's right to privacy and confidentiality was respected. Confidential information was kept securely.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well and supported in line with their support needs. We observed warm interactions between people and staff throughout the day of our inspection. People were actively engaged with their care and support, and staff spoke with people at every opportunity.
- People were keen to tell us how well staff treated people. A person told us, "I am very happy here the staff are very kind and look after me."
- The service considered people's human rights and equality and diversity. Any limitations on people's abilities due to their healthcare needs, were not treated as barriers to people accessing support and opportunities.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question 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

- People received personalised care and told us they were involved in reviewing their care.
- People's care plans had detailed information regarding their personal preferences and people who were important to them. This meant staff had up to date information about people's individual preferences, so they were able to support them more appropriately and effectively.
- We saw staff responded quickly when people required assistance and had time to spend with people.

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

- Staff supported people to engage in activities which were person centred and genuinely meaningful to them. Staff took the time to get to know people and understand what the person was like and how they lived their life before they had been admitted to the home.
- People were supported to follow their interests inside and outside of the home. A staff member told us how one person had initially not wanted to leave their room but with encouragement now spent more time in other areas of the home and had started to walk increasing distances outside of the home with staff and relatives.
- Various activities also took place in house. We observed staff engage people in activities. People appeared calm and where people were restless or anxious, staff supported them in a considered way to reduce their level of anxiety.

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's communication needs, and preferences were identified, recorded, and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.
- The manager understood their responsibility to comply with the Accessible Information Standard (AIS). The provider ensured that information was made available to people about the service in different formats where needed which included in different languages, large print, and Easy Read documents. Easy Read is a written format which combines images and simple sentences.

Improving care quality in response to complaints or concerns

- People told us if they had any concerns, they would not hesitate to discuss them with care staff or management and were confident their concerns would be acted on.
- The provider had policies and procedures in place to manage complaints, concerns, and compliments. We reviewed how this was being managed by the manager. One complaint had been received in the 12 months prior to our inspection which was due to a television not working. The manager had arranged for this to be replaced without delay.

# 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.

This is the first inspection of this newly registered service. We have rated this key question Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The previous registered manager of the home resigned from their role in October 2022. A new manager had been recruited who had submitted their application to register with CQC. The new manager demonstrated a good knowledge of their regulatory responsibilities. They were supported in their role by senior care staff, and the providers senior management team.
- The provider had a defined organisational management structure and there was regular oversight and input to the service from senior management.
- The manager had comprehensive oversight of the service and understood the needs of the people they supported.
- The manager completed a range of quality assurance checks and audits, which they used to monitor the quality of care people received. Their checks and audits identified where improvements were required and they put plans in place to implement them.
- The manager worked alongside and supported the staff team. Staff spoke positively about the new manager and the support they provided. One member of staff said "[Manager's name] is very good, they've always been very motivated to make improvements." Another member of staff said about the manager "They lead properly, they are very approachable."

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

- There was a positive culture within the staff team and all staff told us they felt supported by the management team. A member of staff told us "I am really happy; I love my job." Another member of staff said, "It is important we know we are in an environment that values us you feel like more than just a number."
- People were also complimentary about the management of the service. One person said "[Managers name] is brilliant, she always helps me."
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs, and this helped to ensure people received care and support that promoted their well-being.
- People's care plans and risk assessments had been reviewed. Records demonstrated a person-centred approach to the care and support provided for people.

Continuous learning and improving care; Working in partnership with others

- The manager recognised the importance of regularly monitoring the quality of all areas of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements highlighted. Audits included areas such as medicines management, care plans, staff records, health and safety and the home environment. Where required, action plans were developed to address any issues or concerns identified.
- The manager ensured all the information from audits and surveys was shared and discussed with the relevant people so that they could contribute to and understand how improvements to the service were being made.
- Regular management meetings were held by the provider to support learning and development between their services and to drive improvements.
- The service worked effectively and in partnership with health and social care professionals. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.

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 understood their responsibilities under the duty of candour. People and relatives were kept informed of any events or incidents that occurred.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations.

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

- The manager engaged and worked in partnership with people, their relatives and staff through quality assurance surveys, face to face meetings and day to day contact. The manager sought their views and experiences and gave them opportunity to make suggestions about improvements.
- There were systems in place to ensure effective communication with staff including staff meetings and handover meetings. Records we looked at showed staff meetings were being held regularly and relevant issues were discussed.