

Advinia Care Homes Limited

Bedford Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bedford Care Home provides personal and nursing care for up to 180 people. The home is divided into six different units, each with 30 beds. Astley and Lilford is for people who require personal care and support, Croft and Kenyon for people with mainly physical nursing needs and Pennington and Beech for people with dementia care nursing needs. The home has designated beds on two of the units for intermediate care. At the time of the inspection there were 145 people living at Bedford Care Home.

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

We identified continued issues with the management of medicines, staff supervision and support. We have made recommendations relating to safe staffing levels, care planning, suitability of the environment, supplementary charts and staff, resident and relative meeting completion as each requires improvement.

People told us they felt safe living at the home. Staff had been trained in safeguarding and knew how to report any concerns. We received mixed feedback about staffing levels, with the majority of staff telling us more were needed. The home's systems for determining staffing levels had not been used consistently. The home had addressed some of the medicine's issues from the last inspection, however, we found medicines were not always managed safely across the home.

Staff received a detailed induction and sufficient ongoing training to carry out their roles. However, support through supervision and appraisal had not been provided consistently. People received support with nutrition and hydration in line with their assessed needs. Health needs had been met through access and referrals to a range of medical professionals. Staff supported people in the least restrictive way possible. Decisions had been made in people's best interests, although this had not always been documented.

People and relatives told us staff were kind, caring and helpful. They knew people well and how to care and support them. People were treated with dignity and respect and their independence promoted as much as possible. Surveys were used to capture people's views about their care and any improvements they would like to see.

People received personalised care which met their needs. Care plans were detailed, although not always updated timely to reflect changes, remove outdated information or capture people and relatives involvement in care planning and reviews. Feedback about the activity programme within the home was mixed, some people enjoyed what was provided, others felt more work could be done to cater to everyone's needs. People knew how to complain, with the procedure displayed throughout the home. Not all complaints had been addressed timely, however, the new manager had taken action to address this.

The home had been through a number of management changes in the last 12 months. The third manager in 12 months had started at the home two weeks prior to our inspection. Changes to unit managers and other senior positions in the home had also taken place, which had impacted on consistency. The home used a

range of systems to monitor the quality and effectiveness of the care and support provided. Action plans had been generated to address any issues, including those we noted during the inspection.

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.

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 March 2019).

At our last inspection we found breaches of the regulations in relation to the management of medicines, completion of supplementary charts, staff support and supervision and quality monitoring. The provider completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection, the provider had not made enough improvement and was still in breach of two regulations.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

Enforcement

We have found breaches in relation to medicines management and staff support at this inspection. Please see the action we have told the provider to take at the end of the full version of this report.

What happens next?

We will request an action plan from the provider that shows what they will do to improve the quality and safety of the service. We will work alongside the provider and local authority to monitor progress until we carry out our next inspection.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bedford Care Home

Detailed findings

Background to this inspection

Inspection team

The inspection was carried out by two inspectors, a bank inspector, a medicines inspector, an assistant 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

Bedford Care Home 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.

The service did not have a manager registered with the Care Quality Commission. A registered manager is a person who is legally responsible for how the service is run and for the quality and safety of the care provided. It is a requirement of the provider's registration that they have a registered manager. The previous manager had left during the registration process. A new manager had been appointed, who had been at the home for two weeks when the inspection commenced.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who lived at the home and seven relatives about their experiences of the care provided. We spoke with 24 staff, which included unit managers, senior carers, care staff and activity coordinators. Alongside this we spoke with the home manager, quality and compliance manager, learning

and development lead and area director.

We reviewed a range of records. This included 16 people's care records, eight staff personnel files and 17 medication records. We also looked at other records relating to the management of the home and care provided to people living there.

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.



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 requires improvement. The rating for this key question has remained 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.

Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Staff did not consistently follow the providers medicines policy or guidance on the medication administration record (MAR). For example, people were not always offered their 'when required' medicines and current medicines had not always been added to the MAR.
- Care staff recorded when thickener was added to drinks for people who were at risk of choking or aspiration. However, we found not all people had thickener available in the kitchen or medicine trolley and we observed staff using powder belonging to someone else to make other people's drinks.
- We found expired and discontinued medicines in one of the medicine trolleys which meant people may not have received their medicines as prescribed.
- A comprehensive medicines audit programme was in place. However, the issues we found at the inspection had not been identified.

This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home had introduced electronic systems for managing administration and monitoring of medicines, which had led to improvements in record keeping and information for staff.
- Guidance to support staff when administering medicines covertly had improved and records showed time specific medicines were given correctly.

Staffing; Recruitment

At our last inspection we recommended the provider considered the use of additional assessments to support the system used to determine safe and effective staffing levels across all units. This recommendation has not been effectively acted upon and remains a recommendation at this inspection.

- We were unable to confirm enough staff were deployed across all units to keep people safe and meet

needs.

- Two systems were being used to work out how much support people needed. Only one of these systems calculated how many staff were needed to safely provide this support, however this system was not being used on every unit. The provider told us a new system was being rolled out across the home to replace what was currently used. Once introduced, all units would use the new system.
- Feedback about staffing from people, relatives and staff was mixed. People told us their call bells were answered promptly, but staff had no time to chat with them.
- Staff told us sometimes they had enough staff, but often were short. Comments included, "We need five carers so can have one in the lounge. We have raised concerns to management. Sometimes we get five, but when people are off sick or on leave we have to manage with four."
- Staff were recruited safely. Personnel files contained all required documentation.

Safeguarding people from the risk from abuse

- People felt safe living at the home. Relatives had no concerns about their relatives safety. Comments included, "The home is very good, [relative] is safe as houses" and "I feel safe here, it's very nice."
- Staff had received training in safeguarding which was refreshed. Staff knew how to identify and report any abusive practice.
- Safeguarding concerns had been reported in line with local authority guidance. The home used an electronic system to log referrals, action taken and outcomes.

Assessing and managing risks; Ensuring equipment and premises are safe; Learning lessons when things go wrong

- The home had assessed risks to people's safety and wellbeing. Guidance around managing people's risks was contained in their care files for staff to follow.
- Where people were at risk of skin breakdown, care plans had been completed and followed and pressure relieving equipment was in place. However, where people used air flow mattresses, the correct setting was not included in the care plan, which is best practice. The home manager agreed to address this moving forward.
- Accidents, incidents and falls had been recorded consistently on the electronic system. For each entry, the system generated action plans, considered risks and created learning points, to help minimise future occurrences.
- Checks of the premises and equipment had been completed as required, with certification in place to confirm compliance.
- Fire safety checks had been carried out, with evacuation plans in place for each person. Some unit's evacuation plans required updating to ensure they contained enough detail about people's needs. This was completed during the inspection.

Preventing and controlling infection including the cleanliness of premises

- Overall the home was clean with effective cleaning and infection control processes in place. Some units required redecoration, due to looking 'tired'. The home manager told us the provider had agreed to refurbish the home unit by unit.
- Personal protective equipment such as gloves and aprons, were readily available and used as required by all staff.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support, training, skills and experience

At our last inspection the provider had failed to ensure staff received supervision and appraisal in line with their policy and procedures. This was a breach of regulation 18 (Staffing) 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 18.

- Staff had not received supervision and appraisal in line with the providers policy. Comments from staff included, "Not had supervision since I have worked here", "Not had supervision, except when I first started, but never an appraisal" and "We have supervision sometimes, every few months or so." The home manager confirmed supervision and appraisals were not up to date.
- Issues with supervision completion had been identified and discussed during a governance meeting in November 2019, following which improvements had been made on some units. The current manager had now introduced a process to monitor completion across the home, to ensure consistent completion moving forwards.

This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff reported enough training was provided to ensure their knowledge and skills were up to date. One stated, "We get enough training, though mainly e-learning. They chase you to do it."
- New staff received a detailed induction, which included e-learning modules, completion of a work book and time spent shadowing experienced staff.

Supporting people to live healthier lives and access healthcare services and support; Working together and with other organisations to provide effective and coordinated care

At our last inspection the provider had failed to ensure the completion of supplementary charts had been done accurately and consistently. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made improvements and was no longer in breach of the regulations. However, we have made a recommendation as further improvements are required.

- Completion of supplementary charts, which monitored areas such as food intake, bowel movements, personal / oral care and positional changes had been completed more consistently across the home. However we did identify occasional gaps in recording and on one unit, oral care was not included on care charts, so could not evidence it had been provided.
- People received support to stay well and access medical services as required.
- People had access to a variety of medical and health related services, such as podiatrists, speech and language therapists (SaLT) and dieticians. Feedback and guidance following appointments or assessments had been recorded in people's care files.
- Where issues had been identified such as unplanned weight loss, skin breakdown or history of falls, referrals had been timely to the necessary professionals.

We recommend the provider reviews the processes in place to ensure the consistent completion of supplementary charts across the home.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed prior to people moving into the home. These helped ensure the home could meet people's needs and the environment was suitable.
- Information from pre-admission assessments and by talking to people and their relatives was used to complete care plans, which ensured care was provided in line with people's wishes and preferences.

Consent to care and treatment

- The service was not consistently meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law designed to protect people who are unable to make decisions about their own care and support.
- Care files contained some evidence of mental capacity assessments and best interest decision making. However, we noted a lack of signed consent forms and where people lacked capacity to give consent, the provider's own guidance on what to do had not been followed.
- The service was providing care that could deprive people of their liberty. They had followed the correct processes to ensure people were only deprived of their liberty when this was in their best interests and authorised under the Deprivation of Liberty Safeguards (DoLS). DoLS provides legal protection for people in hospitals or care homes who are unable to make decisions about their own care and support and who need to be deprived of their liberty in their best interests.

Meeting people's needs and preferences in relation to eating and drinking

- People's dietary needs were being met. People assessed as requiring a modified diet, received these in line with guidance.
- People and relatives provided mixed feedback about the meals provided, although admitted this was to do with personal choice. Comments included, "My [relative] enjoys the food and gets a good choice" and "I have had better, though the staff will get me something else if I don't like what's on the menu."
- The meal time experience was positive, people were offered choice and staff were attentive to needs. If they chose to, family members could support their relatives to eat. This made meal times a social event and contributed to the overall positive atmosphere.

Adapting the design and decoration of the premises to meet people's needs

At our last inspection we recommended the provider completed research into personalisation and dementia friendly décor. Further work is required and therefore this remains a recommendation at this inspection.

- Although both dementia units had been painted since the last inspection, neither had been adapted to ensure they fully met people's needs and provided a stimulating environment.
- We discussed options and ideas with the home manager, who agreed to review these with the provider and incorporate during the refurbishment of the units. We will check on progress at the next inspection.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, respect and compassion

- People and relatives were complimentary about the standard of care and the staff who provided this. Comments included, "The staff are brilliant, very helpful" and "Staff are belting, couldn't do anymore." A visiting professional told us, "The carers are very supportive and know people well."
- We observed a number of positive interactions throughout the inspection. For example staff greeting people warmly, providing reassurance during care delivery and using appropriate physical contact when people became distressed.
- There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. Care files explained whether people had any specific spiritual, cultural or lifestyle needs and how these would be met.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their independence was promoted as much as possible.
- One person told us, "The staff are kind and treat me with dignity. They let me do things for myself, if you feel you can do it yourself, then you can."
- Staff were mindful of how to maintain dignity and the ways they could support people to retain skills and abilities. Comments included, "Always make sure doors and curtains are closed, cover with a towel and seek consent" and "Always ask if they would like to wash themselves, choose their clothes. We ask if they want to do anything themselves before we assist with it."

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

- People received care in line with their wishes from staff who knew people well and what they wanted.
- People's views had been captured via regular surveys. These asked for feedback on areas such as people experience of living in the home and their views on the food provided. The latest survey had been sent out in February 2020. The new home manager was in the process of creating a 'you said.. we did.. board', to display people's views and the action taken by the home to address any concerns.

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. At this inspection we have rated this key question requires improvement. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care

- Care plans were detailed and explained how people wished to be cared for. However, we found updates had not always been made timely when changes to people's needs had occurred.
- We noted examples of incomplete or out of date documentation within care files on some units. This included the 'involvement in care planning & review' forms, which the provider had specifically introduced to capture this information.
- We received mixed feedback from people and relatives regarding their involvement in care planning and reviews. Some reported regularly doing so, others could not recall being involved. Without signed documentation in place we could not confirm involvement had taken place.
- Both the home and provider's audit systems had picked up on the issues we identified, and work was underway to address the shortfalls.

We recommend the provider reviews the process for the auditing of care files, to ensure these accurately reflect people's needs and contain all necessary documentation.

Meeting people's communication needs

- The service was meeting the requirements of the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss 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 had communication care plans, which explained any difficulties they had and how best to communicate with them. Details of any aids or equipment required to assist with communication was included, such as reading glasses and hearing aids.
- Information was available in a range of formats, to cater for people's varying needs, this included easy read and different font sizes.

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

- Feedback about activity provision within the home was mixed. The home had five activity coordinators and a senior coordinator, who worked across units.
- People, relatives and staff felt more and varied activities could be provided and each unit would benefit from having a designated coordinator, to help develop relationships and improve consistency.
- It was acknowledged that people's varying needs and abilities affected what was offered. One staff member stated, "I think activities coordinators find it hard as people's needs are so different, often people just refuse."

- The new home manager had already arranged a meeting with the activities team, to review provision within the home and how this would be delivered. We will follow this up at the next inspection.

Improving the quality of care in response to complaints or concerns

- The complaints process required strengthening, although this had already commenced.
- The new home manager had inherited a number of historical complaints, which relatives alleged had not been addressed. Contact had been made with each person and steps taken to respond to their concerns.
- Complaints were being logged on an electronic system, which triggered action points and could not be closed until all necessary steps had been taken and the process concluded. This provided reassurance the complaints process would be followed robustly moving forwards.

End of life care and support

- Improvements were required with the completion of end of life (EoL) care plans.
- We found a number of EoL care plans were blank or stated, 'speak to family', whereas other people had detailed guidance in place about how they wanted to be supported at this stage of their life.
- Staff told us they felt comfortable in supporting people with end of life care, although not all had completed detailed training in this area. The local hospice had been approached about recommencing training with the home, which was being considered.

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 requires improvement. The rating for this key question has remained 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.

Managing the quality of the service, meeting legal requirements and staff and managers being clear about their responsibilities; Continuous learning, innovation and improving the quality of care

At our last inspection the provider's systems and processes to monitor the safety and quality of service provision and ensure actions were addressed timely, were not robust or fully embedded. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- The home did not currently have a registered manager in post. The previous manager had left during the registration process. The new manager had a wealth of experience in home management and assured us they intended to register, once they had completed their induction period.
- The home manager and provider understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.
- A range of systems and processes were in place to assess the quality and performance of the home and care provided. Central to this was an electronic system, onto which information was recorded and generated action plans, allocated tasks to named people and prompted completion.
- Issues identified during inspection had been flagged through both internal and provider level audits, with plans in place to address these.
- The home manager and provider accepted further work was required, to ensure issues were addressed timely and improvements sustained.

Engaging and involving people using the service, the public and staff

At our last inspection the provider had failed to ensure regular, documented meetings for people, relatives and staff took place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation, however we have made a recommendation as further improvements are required.

- The completion of resident, relative and staff meetings was variable across the home. On some units meetings had been scheduled monthly, whereas on others only one or two had occurred in the last 12 months.

- The home manager had now implemented a schedule for meetings and was requesting copies of minutes from each unit manager, to ensure more consistent completion was maintained.
- Relatives and professionals views and opinions had been sought through questionnaires. As with people's views, feedback and actions was to be displayed on noticeboards, although this had yet to be implemented.

We recommend the provider review the process and timescales for completion of meetings, to ensure people, relatives and staff are actively involved in the running of the home and able to voice their opinions regularly.

Leadership vision, values and culture

- The home was an inclusive environment, with people views sought and acted upon. People told us they were happy at the home and enjoyed living there.
- Changes to management and senior positions within the home had impacted on consistency. This was reflected in staff feedback. Comments, "We have been asked to up our standards, but management need to get themselves sorted, there seem to be changes all the time" and "We need better consistency in terms of leadership, the changes have had an impact."
- Findings from the inspection supported this view, as we identified very few issues on the units which had had consistent leadership over the last 12 months.
- Although still new to the home, staff spoke positively about the current manager and were optimistic about the future. One told us, "I have seen the new manager more in a couple of weeks than I saw of the last one altogether. They seem approachable and willing to help."

Acting with honesty and transparency if something goes wrong

- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- The oversight in dealing with some relatives concerns timely had been addressed openly and honestly, with direct lines of communication now set up with the home manger, so people could seek assurances about actions and progress.

Working in partnership with others

- We noted a number of examples of the service working in partnership with others. Staff worked closely with relevant health and social care professionals which helped to ensure people received effective care and support.
- The home had made links within the local community, including a local primary school, bowling club and other activity providers, to provide social opportunities for people.

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 The provider had failed to ensure the proper and safe management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received supervision and appraisal in line with the providers policy, to support them in providing effective care, ensure their competence is maintained and promote personal development.