

Mrs Judith Dena Griffin

# Bearwood House Residential Care Home

## Inspection report

183 Bearwood Hill Road  
Winhill  
Burton On Trent  
Staffordshire  
DE15 0JS

Tel: 01283561141

Date of inspection visit:  
10 February 2016

Date of publication:  
30 March 2016

## 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?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

We inspected this service on 10 February 2016. The inspection was unannounced. At our previous inspection in February 2015 the provider was not meeting all the regulations relating to the Health and Social Care Act 2008. There were breaches in meeting the legal requirements regarding the Mental Capacity Act, person centred care, the provider's registration conditions and good governance. The provider sent us a report in June 2015 explaining the actions they had and were taking to improve. At this inspection, we found improvements had been made since our visit in February 2015, however further improvements were required.

The service provides accommodation and personal care for up to 27 people. Twenty three people were using the service on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Environmental risks were not always managed to keep people safe. People that may be deprived of their liberty had not been assessed to ensure their rights were protected. Some areas where people needed support to make decisions had not been assessed to ensure the support they received was in their best interests.

Checks were carried out prior to staff starting work to ensure their suitability to work with people and staffing levels were monitored to ensure people's needs were met. Staff were knowledgeable about people's care and support and understood what constituted abuse or poor practice. Processes were in place to protect people from the risk of harm. People were supported to take their medicine.

Staff received training to meet the needs of people they supported. Staff received supervision, to support and develop their skills. People received food and drink that met their nutritional needs and were referred to healthcare professionals to maintain their health and wellbeing.

People were treated with care and kindness and staff were friendly and respectful. People benefitted from having support from staff who had a good understanding of their individual needs. People were positive about the way staff treated them. People were supported to maintain relationships with their relatives and friends.

Staff listened to people's views and they knew how to make a complaint or raise concerns. There were processes in place for people and their relatives to express their views and opinions about the service provided. People felt the service was well managed and they were asked to express their views and be involved in decisions related to the planning of their care. There were systems in place to monitor the quality

of the service to enable the manager and provider to drive improvement.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 consistently safe.

Risks were identified but environmental risks were not always in place or followed to ensure the risks for people were minimised. The staffing levels in place met people's individual needs. People were supported to take their medicine. Recruitment procedures were thorough to ensure the staff employed were suitable to support people. Staff understood their responsibilities to keep people safe and were confident any concerns they raised would be listened to and action taken by the manager.

### Is the service effective?

Requires Improvement 

The service was not consistently effective

The Deprivation of Liberty Safeguards were not being followed to ensure that where people were deprived of their liberty, their rights were protected. Some assessments were in place to demonstrate that decisions were made in people's best interest when they were unable to make decisions for themselves. However assessments were not in place to cover all areas where people needed support in decision making. Staff received training and guidance to ensure they had the skills, knowledge and support required to meet people's individual needs. People's nutritional needs were monitored and met. People were supported to maintain good health and to access other healthcare services when they needed them.

### Is the service caring?

Good 

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences so they could be supported in their preferred way. People's privacy and dignity was respected and people were supported to maintain relationships with their relatives and friends.

### Is the service responsive?

Good 

The service was responsive.

People's individual needs were met. People and their relatives were involved in discussions about how they were cared for and supported. Complaints were responded to and addressed. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

**Is the service well-led?**

The service was well led

There was a registered manager in post. Quality monitoring systems had been developed to gather people's views and were completed on a regular basis to identify areas that required improvement. Staff and people who used the service were positive about the management of the home. People found the manager approachable and friendly.

**Good** ●

# Bearwood House Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 10 February 2016 and was unannounced. The inspection team consisted of two inspectors 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. As part of our planning we reviewed the information in the PIR. We reviewed other information we held about the service. We looked at information received from people, from the local authority commissioners and the statutory notifications received from the home. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with eight people who used the service and the relatives of two people. We observed how staff interacted with people throughout the day. We spoke with the manager, three care staff, the cook and the activities coordinator. We looked at three people's care records to check that the care they received matched the information in their records. We reviewed three staff files to check that staff were recruited in a safe way. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

# Is the service safe?

## Our findings

At our last inspection in February 2015 we saw that improvements were needed to the environment to ensure it remained safe for people. At this inspection we saw that most areas requiring improvement had been undertaken. For example, a new wet room with a door that was extra wide had been completed. This was accessible to people who used walking frames. However we saw that two of the areas identified at the last inspection as requiring improvement had not been rectified. There was a trip hazard from the dining area into the hall. During this inspection we observed one person that used the service, one visitor and a member of the inspection team tripping over this. This showed us that this area presented a risk to everyone walking there, as they could fall and injure themselves. Although there were several stair gates now in place, there was no stair gate or barrier at the bottom of the back staircase. This meant there was a risk of people with poor mobility falling if they attempted to use these stairs. We spoke to the manager about this who confirmed that this work had not yet been undertaken.

We also observed that the laundry store room on the top floor was unlocked. This was a potential falls risk to people that lived at the home, as there were two steep steps leading down into the room. The room where chemicals for cleaning were stored was also unlocked. This was a potential hazard to people. We discussed this with the manager who agreed that these doors should be kept locked and confirmed that they would speak to the staff regarding this.

This is a breach of Regulation 12 (2) (b) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The majority of people we spoke with told us they felt more staff were needed however they confirmed that their care needs were being met. One visitor told us, "I think the staff here are lovely. There are not enough of them, because quite a few people need considerable care, but they seem to get through it." We saw that staff were available to people throughout the day and calls bells heard were responded to promptly, which indicated there were enough staff on duty to meet people's needs. Some of the staff we spoke with told us that an additional member of staff on each shift would be helpful. Comments made included, "We could do with another person on each shift, the senior could then concentrate on doing their jobs, like the medicines round." And "Two people need two staff to support them with their personal care, that means there is only one member of staff for everyone else." The manager confirmed that they had identified busy periods during the day and had increased the staffing levels at busy times, for example a breakfast person to assist people with their breakfast had been employed. This showed us that the manager continued to assess the staffing levels required and implement changes as needed to ensure enough staff were available to meet people's needs.

We saw that some medicines to be given as required, that are known as PRN medicines did not have a protocol in place. A protocol provides staff administering this medicine with detailed information to ensure PRN medicine is administered safely. For example a protocol states what the medicine is for and when it should be administered. It also gives information on the amount of medicine that can be given in a 24 hour period. This means staff did not have clear guidance to follow to ensure people received as required.

medicine when needed and in a safe way.

We saw that medicines were kept securely within a locked room to ensure they were not accessible to unauthorised people. At the last inspection in February 2015 the manager told us that night staff were not trained to administer medicines, if pain relief was required after 8pm. This meant there was no suitable system in place to ensure people who used the service would receive pain relieving medicines when needed. At this inspection we saw that senior carers, who were trained to administer medicine, were available throughout the night to ensure pain relieving medicines could be administered to people when needed. We looked at the medicine administration records for people and saw that senior carers had signed to say medicines were administered in accordance with people's prescriptions. People told us that they received their medicines on time and we observed that people were supported by the staff to take their medicines in their preferred way.

People confirmed they felt safe at the home. One person told us, "The staff keep an eye on me and I feel really safe. I wouldn't want to move." Another person said, "All of the staff are lovely, I have no reason not to feel safe." A member of staff told us, "I would be happy for my mum to live here. I know she would be happy and safe."

Staff confirmed they attended safeguarding training and learnt about the whistleblowing policy. This is a policy to protect staff if they have information of concern. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. For example, one member of staff said "I would look out for changes in a person's behaviour such as if they become isolated when usually they are very sociable or if there were any physical signs of abuse." Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. We saw that people had access to information about safeguarding and reporting concerns, as this information was displayed on the staff notice board by the kitchen and also on the main noticeboard by the front door.

Risk assessments were in place in the care files seen and we saw that these were followed. For example one person's assessment stated they needed pillows to support them when sitting in an arm chair to alleviate pain. We saw that this person had pillows in place to support them. We saw that equipment was maintained and serviced as required to ensure it was safe for use. Plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information about the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

The manager checked staff's suitability to deliver care before they started work. Staff told us they were unable to start work until all of the required checks had been completed by the provider. We looked at the recruitment checks in place for three staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.



## Is the service effective?

### Our findings

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 Act 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. At our last inspection in February 2015 we saw that improvements were needed to ensure people's legal rights under MCA were assessed correctly. At this inspection we saw that some improvements had been made. We saw that where people needed support in making decisions, capacity assessments had been completed in some areas but not in all. This meant that people were at risk of not having their rights protected regarding decision making and consent. We discussed this with the manager who confirmed that all areas where people were unable to make independent decisions would be assessed, to ensure people were supported in their best interests. Staff we spoke with understood the principles of the MCA. We observed staff obtaining verbal consent from people where possible before providing any care and support.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection the manager confirmed that no DoLS applications had been made. However on discussion with the manager we identified that some of the people that used the service met the DoLS criteria. This meant that there may be people that were deprived of their liberty and this had not been legally authorised.

This is a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, "The staff are very nice, this morning I had a shower and they helped me, they always help me when I need them." One visitor told us, "The staff seem to know what they are doing here. They are always busy doing something but are always ready to answer questions if I have any." Staff told us that they received the necessary training to support them in caring for people. One member of staff told us, "I've done fire training and infection control and have nutrition training coming up". We saw that staff were provided with training on an ongoing basis and supervision every two months. None of the staff had completed the care certificate at the time of our visit. The care certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. The manager confirmed that all of the care staff employed were completing the care certificate as a good practice measure.

People we spoke with said they enjoyed the food and were very happy with the quality and quantity of food provided. Comments included, "The food here is really quite good." And "I always get enough to eat." Some people preferred to take their meals in their room. One person told us, "My food is always hot, even though I

am on the top floor."

We saw that people were supported to make choices about what they would like to eat. The manager confirmed that once a week, people that used the service took it in turns to choose which meal they would like and this was offered as a meal choice to everyone else. The manager confirmed that it had proved popular and had increased the variety of meals offered. One person confirmed this and told us, "I liked the curry we had the other day." People were supported to choose their preference of meals. We saw a member of staff informing people what the options were for lunch and taking orders. The same was done after lunch ready for the afternoon tea selection.

We saw meal times were not rushed and were a relaxed experience for people. People sat where they wanted to or were asked if they were happy sitting where they were being guided to sit. We saw that when a person had forgotten the meal they had chosen, the staff gently reminded them that they had chosen this meal and asked them, "Have you changed your mind about what you want?" This showed us that staff supported people to choose their preferred meal.

We spoke with the cook who was knowledgeable about people's dietary needs and their likes and dislikes. This was confirmed by one person who told us, "The cook knows that I don't like red meat and they always make sure that I have something I like. Just like they know that I always like black coffee to drink. They look after me here." The care plans we looked at included an assessment of people's nutritional requirements and their preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with people's care plans.

We saw that people's health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this, one person said, "I had a bad chest infection over Christmas and the GP was called. He is coming back to see me next week and it feels a lot better." We saw from records that people were seen by doctors, opticians and chiropodists. One person told us, "I have to see the optician sometimes and a carer takes me there." Relatives confirmed they were kept informed of any changes in their family member's health or other matters. One relative told us, "When my relative came down with a chest infection, the staff phoned me to let me know that the GP had been called and that they would be on antibiotics for a week. They always let me know of any changes."

## Is the service caring?

### Our findings

At our last inspection in February 2015 we observed people's privacy and dignity was not always promoted by staff. At this inspection we saw that people's dignity was promoted by staff when they received care and support. For example, when asking people if they needed to use the toilet, staff asked them quietly and discreetly, to ensure other people could not overhear. When people were supported to transfer using equipment such as hoists, the staff ensured they were covered to ensure their dignity was promoted. We heard staff explain what they were doing and they checked that the person was alright throughout the procedure. This showed us that staff treated people respectfully and with consideration.

The manager confirmed that no one used an independent advocate to support them. Advocates can be used to speak on behalf of people who are unable to do so for themselves. We saw that information regarding advocacy services was not available to people and their visitors, should they wish to access these services. The manager told us they would print information regarding local advocacy services and these would be displayed in the home for people to access as required.

Discussions with people demonstrated that staff showed consideration to people. One person told us, "Sometimes if I have had a bad night I don't feel like going downstairs with everyone else. If I tell my carer, she will organise breakfast in my room and then I can choose what I do after that. I have stayed all day in my room before now. I like it sometimes."

We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. For example we saw that when people had not understood what was being said to them staff gently repeated this and gave the person time to respond.

Discussions with people and observations showed that the manager and staff supported people to celebrate their lives and maintain their sense of self-worth. One person told us "We get a cake on our birthday and residents sing." People were also supported to remember cultural events. One person said "We had pancakes this week. I had forgotten about pancake day."

People were supported to socialise with each other to avoid isolation. One person told us, "My relative has made a couple of friends here. The staff sat them next to the same people when they realised they were striking up a conversation." Another relative told us, "The staff are very kind and my relative has made a couple of friends so that is a relief."

People and their relatives told us there were no restrictions on visiting. One relative told us, "We can visit at any time, which is helpful. I would come here myself if I ever had to. It's clean and quite homely." One person that used the service said, "My son visits and sometimes brings his dog. I love that. He comes at different times depending on what he is doing. I could go out with him if I wanted to, but I prefer to stay in my room. I would give it ten out of ten for staff, food and the home." Another person told us, "I moved here after my wife died and I couldn't look after myself any longer. I like it here. Nice people. My family visit and take me out sometimes."

## Is the service responsive?

### Our findings

At our last inspection in February 2015 we saw that improvements were needed to the social experiences and opportunities provided to people. At this inspection people spoke highly of the activities provided told us they enjoyed them. One person told us "I feel very happy here and I have made a few friends. I don't do the sing-alongs, but I like the quizzes. There is always something going on." We saw and staff told us that improvements had been made to the activities provided to people. The activities co-ordinator was very encouraging, enthusiastic and open to new ideas. They told us, "In the summer, we are going to plant some planters so there is some colour out there for people to look at."

At our last inspection in February 2015 we saw that improvements were needed to ensure staff understood people's support needs. At this inspection people confirmed that the support they received from staff met their individual needs. Discussions with staff and observations showed us they understood people's needs. For example staff were aware of the triggers for one person, who was becoming upset and agitated. The person was supported to go out with the staff and purchase something from the local shop. We saw that this helped the person to relax and feel calm.

Care plans included information about people's previous lives, their likes, dislikes and preferences. We saw that people were supported to make decisions about where they preferred to spend their time. Staff were heard asking people if they wanted to stay in the lounge or maybe go to their room. Some people preferred to stay in their room told us that this was respected by the staff team. One person said, "I love my little room up here. It's quiet, I have all my things around me. I am not a good mixer and prefer my own company." Another person said, "I like being able to do what I want. They give me word searches to do but I don't always get them done."

People's care records showed that pre admission assessments had been completed before they used the service. This had been done by gathering information from people and their relatives. This demonstrated that the provider had assured themselves they were able to meet people's needs. People's care plans and daily records were up to date and fully completed. We saw that staff monitored people's health and welfare so that any changes in well-being were monitored to enable the appropriate action to be taken.

People we spoke with confirmed that any concerns or complaints were addressed. One person told us, "I would tell staff if I was unhappy. I did say something at the residents meeting and I think they did listen."

We saw there was a copy of the complaints policy on display in the home and information on how to make a complaint was available in each person's bedroom. Records were kept of complaints received and we saw that complaints had been responded to promptly and addressed.

## Is the service well-led?

### Our findings

At our last inspection in February 2015 we saw that improvements were needed as the service was registered to accommodate 21 people and 22 people were living there. Since the last inspection the provider has varied their registration and can now admit up to 27 people.

At our last inspection in February 2015 we saw that improvements were needed as there was no registered manager in post. Since the last inspection the manager has been successful in registering with us. Staff told us that they had seen some improvements since the manager had been in post. One member of staff told us, "Since the manager has been in post the training we get has improved, the activities for people are much better and we have fundraisers ." Another member of staff told us, "The registered manager is approachable and gets things done." Positive comments were also received from people that used the service. One person told us, " She is marvellous, ever so kind to me and always has time for me." We observed the manager supporting this person when they became anxious and upset later in the day. We saw that the manager took time to sit with this person and reassure them.

At our last inspection in February 2015 we saw that audits had not be undertaken on a regular basis to ensure any areas for improvement were identified. At this inspection we saw that audits were done on a regular basis to identify where improvements were needed and address these. We saw that audits were completed regarding medicines management and actions identified had been addressed. For example we saw an action point regarding some people that did not have their photograph on the MAR sheets . This had been done to ensure any new staff were able to clearly identify people before administering medicine to them. We saw that the infection control audit undertaken in November 2015 had identified that training was required for new staff and this had been provided to them. We saw from this audit that new impervious covers were needed on pillows and this had also been addressed. An environmental audit had identified that more housekeeping staff were needed. We saw that actions had been taken to ensure housekeeping staff were available each day, to maintain good housekeeping standards. The manager confirmed that contract cleaners were now employed to ensure that housekeeping staff were guaranteed on a daily basis. The manager analysed accidents, incidents and falls to identify any patterns or trends. We saw that when a pattern was identified the manager had taken action to minimise the risks of a re-occurrence. For example one person had been referred to the falls team for assessment. This showed us that people's welfare was monitored and actions taken to minimise the risk of harm.

People's views were sought through satisfaction surveys, relatives meetings and through reviews of care. We saw that positive comments had been received from recent surveys returned by relatives. One person had written that their relative was, 'looked after well' and that staff were responsive to requests, well-mannered and were flexible in the support they provided.

We saw that relatives meetings were also held every three months to gather people's views and discuss any suggested areas for improvement. For example we saw that some people had talked about issues with the laundry. The manager told us that there had been issues with clothing not being returned from the laundry. She said, "I have spoken to relatives about ensuring all clothing has the person's name on. We are

monitoring this." Meetings for people that used the service were also held to give people the opportunity to be involved in decisions about the home. For example we saw people had discussed their meal preferences and the activities they enjoyed. This had supported the manager and activities person in implementing changes.

Staff confirmed that meetings were held on a regular basis to inform them and provide them with an opportunity to give their views and opinions. We saw in the minutes of a staff meeting last year that staff had raised concerns regarding senior care staff not completing some tasks while on shift. They were told that this would change and it was noted in other minutes that tasks were now being completed by senior staff on shift. This showed us that staff were listened to and actions taken to improve staff morale and team working. Management meetings were held on a regular basis with heads of services, such as the kitchen manager and cook, the providers, the administrator and the manager. This was to review any issues or actions required. For example we saw that one action to replace the floor covering in a person's bedroom was undertaken on the day of this inspection.

We saw that consistent leadership and direction for staff was in place. Staff we spoke with were clear about their roles and responsibilities. One member of said, "It's a good team, the manager is brilliant, we have busy shifts but we all work together." The registered manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of their registration.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity   | Regulation  |
|--|---|
| Accommodation for persons who require nursing or personal care | <p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people met the Deprivation of Liberty Safeguards criteria, applications to the authorising body had not been made by the provider or registered manager . This meant that people may be unlawfully deprived of their liberty.</p> |
| Regulated activity   | Regulation  |
| Accommodation for persons who require nursing or personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not done all that was reasonably practical to mitigate environmental risks to people.</p>   |