

Bamfield Lodge Limited

# Bamfield Lodge

## Inspection report

1 Bamfield  
Whitchurch  
Bristol  
BS14 0AU

Tel: 01275891271

Date of inspection visit:  
29 June 2022

Date of publication:  
29 July 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Bamfield Lodge provides personal and nursing care for up to 60 people. The service is provided in purpose built accommodation over three floors. At the time of the inspection, 52 people were living at the home.

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

There had been significant improvements following the inspection of 3 and 4 November 2021 and 29 and 30 August 2018. Positive changes had been made so enough competent staff were safely deployed. The provider had looked at staffing levels overall within the home and had increased this. Agency use had significantly reduced, and the home now had its own pool of bank staff who helped to support staff to cover shifts. The provider had looked at the dependency levels within the home and had reduced admissions for people with complex needs.

Risks to people were assessed and monitored. The number of people on food and fluid charts had reduced. Food and fluid charts and monitoring records were filled out accurately. A new manager and deputy were in post who were supported by the regional director. Staff and people were positive about the changes that had been made at the home. Learning had taken place since the last inspection with improvements made to governance audits and the overall monitoring of the home.

Staff demonstrated a good level of understanding in relation to safeguarding. Appropriate referrals to the local safeguarding team had been made. Staff were trained in safeguarding and understood their responsibility to protect people from harm. Staff were recruited safely and there were enough staff to provide safe and effective care. People received their medicines safely. Safety checks of the premises and equipment had been undertaken. People had personal emergency evacuation plans (PEEPs) in place.

The manager provided clear direction and good leadership. Feedback about the home was positive. Staff felt valued and supported, and were confident people received good care. Systems and processes for monitoring quality and safety were effective. There was a programme of audits in place to assist the management team to identify and address shortfalls.

Rating at last inspection

The last rating for this service was Requires Improvement (published 15 December 2021). At our last inspection 3 and 4 November 2021 we found people were not always protected from risk because the provider failed to deploy enough suitably qualified, competent and experienced staff. Improvements were required to ensure risks were assessed and monitored to prevent people from receiving unsafe care and treatment. The provider had failed to ensure consistency so that people received quality person centred care, promoted learning and improved service delivery and promoted an open and fair culture. At the inspection of August 2018 we found staffing levels had affected the delivery of person centred care. At this inspection we found improvements had been made.

### Why we inspected

We carried out an inspection of this service on 3 and 4 November 2021 and 29 and 30 August 2018. We rated the service requires improvement in Safe, Responsive and Well Led due to the shortfalls we identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, Responsive and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

### Follow up

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

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Bamfield Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

#### Registered manager

The home did not have a manager registered with the Care Quality Commission. 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. A new manager was in post and they planned to register with the CQC. Throughout the report we refer to them as the manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information, we had received about the home since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the

provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with the manager, deputy, regional director, six staff and eight people who lived at the home. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home, recruitment records, people's care records, infection control practices and quality assurance records.

After the inspection

The inspection activity started on 29 June 2022 and ended on the 11 July 2022. We continued to review the information we received from the inspection to help us make judgements about the home.

# 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. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At the last inspection we found people were not always protected from risks because the provider failed to deploy enough suitably qualified, competent and experienced staff. Improvements were required to ensure risks were assessed and monitored to prevent people from receiving unsafe care and treatment and prevent avoidable harm or risk of harm. At this inspection we found improvements had been made.

### Staffing and recruitment

- Since the last inspection, staffing levels, staff competency and skill mix had been reviewed. Staffing levels had been increased. This included a senior carer deployed to the floor called Daisy, who worked alongside the registered nurse and care staff.
- The staffing levels took into account unforeseen circumstances and when people were unwell. One person required one to one care due to their high level of care needs. Staffing was in place to support this.
- The manager had worked with all staff within the home to provide a holistic approach to staffing and caring for people. Housekeeping staff, hostess, activity staff and the management team supported at busy times of the day. This included for example at meal times. Staff supported people to eat and drink. Staffing levels were adjusted and closely monitored.
- The use of agency staff had significantly reduced since the last inspection. The new manager had built their own pool of bank staff who helped to support staff to cover any shifts. This included registered nurses. This had helped with the continuity of people's care.
- The manager had looked at people's needs and the dependency levels of the whole home. They told us the main focus had been on making improvements on the nursing floor Daisy. Daisy was a particular concern at the last inspection where staffing had compromised people's care. The manager was mindful of the needs of people who were admitted to the home and had reduced admissions for people with complex needs. This was to ensure that people's needs could be met with safe staffing levels in place and with the correct skill mix of staff.
- During the inspection we observed the home was much calmer in comparison to the last inspection. People's call bells were answered promptly by staff. We spoke to people about staffing levels at the home. They told us, "Yes I think staffing has improved here. I do not wait as long anymore" and "We seem to have enough staff here. I do not wait long if I press my call bell".
- Staff spoke positively about staffing levels in the home. Their comments included, "Things have improved, and the manager has really improved staffing" and "I can see improvements. We have a much more stable team of staff. I feel the manager has listened to us with staffing levels". Two staff we spoke with felt the home did not have enough staff and we fed this back to the manager to support their monitoring of staffing levels.
- People told us they felt staffing levels were safe. Comments included, "Yes, I do feel we have enough staff. I do not wait to long for assistance when I press my buzzer" and "Seems enough staff around. I have no complaints".

### Assessing risk, safety monitoring and management

- People's care records continued to provide staff with information about risks to people and the action staff should take to reduce these. This included risks associated with weight loss, moving and handling and maintaining skin integrity
- We observed staff assisting people to eat and drink in their bedrooms or the dining area. The manager had made changes to the environment on Daisy. Previously the home had a dining room/lounge area. People were sometimes left sat at the tables. Since the last inspection the manager had separated this room and made this into a lounge only. A separate dining area was in place on Daisy which meant people needed to be encouraged to move rooms to avoid people being left sat at tables during the day.
- At the last inspection we found most people on Daisy were cared for in bed and were not dressed. Positioning charts had not been filled in correctly by staff with gaps in records. At this inspection we observed people were up out of bed and dressed except for those people who were unable to. The manager was keen for people to be up out of bed, washed and dressed. This helped to improve people's wellbeing and reduced the risks associated with pressure care. Positioning charts were completed for people with no shortfalls identified.
- Fluid intake monitoring charts were a particular concern on Daisy at the last inspection. At this inspection the number of people in the whole home on food and fluid charts had reduced to four people. We checked the charts and did not identify any gaps or shortfalls. We looked at fluid charts and found they had been completed consistently over a 24-hour period. They totalled the volume of fluids each person had consumed within a 24-hour period.
- People's weights had remained stable. Where the staff were concerned about people's weight this was discussed with the GP.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the home was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Some people that lived at the home had an authorised DoLS in place. Any conditions related to DoLS authorisations were being met with a tracker in place to monitor this.

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

- People we spoke with told us they felt safe. One person told us, "Yes I do feel safe. I have no concerns. Another person told us, "If I have any concerns then I would speak to the staff. I am ok though and feel safe".
- Staff completed safeguarding training and had access to safeguarding information and guidance to help support their practice. Staff knew the signs and symptoms of abuse and the reporting procedures.
- The manager had alerted the relevant local authority safeguarding teams about any allegations of abuse and worked in partnership with them to keep people safe.

### Using medicines safely

- Medicines were administered, stored and disposed of safely. Daily temperatures of the room and fridge



were taken and recorded to ensure both the room and fridge remained at a safe temperature.

- Staff who administered medicines were trained and had their competency assessed.
- Medicine administration records (MARs) were accurate and detailed when people's medicines were administered or refused.
- Medicines were regularly audited to ensure the medicines system was safe and that people received their medicines as prescribed.

### Preventing and controlling infection

- 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

The manager facilitated visits for people in accordance with government guidance. People were able to see their friends and relatives at a time that suited them and were supported by staff to do so.

### Learning lessons when things go wrong

- There were effective arrangements in place for the ongoing monitoring and review of people's individual needs.
- The manager monitored and analysed accidents and incidents routinely to check for any trends or patterns. The regional director also maintained oversight of accidents and incidents. This information was used to help inform or improve people's care and prevent any further reoccurrence when needed.

# 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 requires improvement. At this inspection the rating has changed to good.

At the last inspection we found the home did not have sufficient staff to provide personalised care to people. People gave examples of how personalised care had been affected. At this inspection we found improvements had been made.

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

- As we have previously mentioned in the key question safe, the staffing levels at the home had been increased. The overall dependency of people that were admitted to the home was closely kept under review. This meant that staff had more time to spend with people as they were not so rushed and task orientated.
- People's care records reflected their preferences, what was important to them and how they wished to spend their time.
- People were supported by a staff team who knew them well. Each person had their own keyworker who knew what was important to them and spent time with them.

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.

- Information about people's communication needs was recorded in their care records and staff were knowledgeable about individual needs.
- The staff team knew people well and the best way to communicate with them. We were told that one person had difficulty at times with verbal communication. The staff used buzz words to help with communication.
- Another person the home supported lived with a hearing impairment. The person communicated with staff by using a white board and pen. This helped them to express their needs and wishes as well as communicate with others.

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

- People were encouraged to maintain relationships with family and friends, both in and away from the home.
- We spent time in the communal areas of the home. People appeared engaged with the staff in

conversation, which brought lots of laughter. Staff offered people individual support with activities. One person with a sight impairment was supported by the staff to play skittles.

- A range of activities was provided including crafts, dancing, singing and exercise classes.
- Sensory objects were also used with people who lived with dementia on the floor called snowdrop. This included sensory lights and toys which brought comfort to people. People who lived on snowdrop were able to spend time on other floors of the home during the day. They also had access to the communal garden.
- The manager told us they focused on people's interests as they got to know people. They had purchased one person a tool box with some tools which they were able to use. This had been risk assessed by the staff who helped to support the person.
- Other opportunities included occasional singers visiting the home. A recent open day/meet the manager event was held. Family and friends were invited to a BBQ for everybody. The manager told us it was nice to see people socialising. This included people's family who had young children. We were told people enjoyed watching the children play with toys provided by the home.
- The provider had a minibus, which was available for the home to use. People had been able to go out on trips with the staff with friends and family also invited.

Improving care quality in response to complaints or concerns

- Systems were in place for reporting and responding to any complaints and concerns. Information about how to make a complaint was made available to people.
- People told us they had not had any cause to complain but would talk to staff if they did. People we spoke with told us, "I have no complaints and I am quite happy. Another person told us, "Things do seem a lot better here. I am happy and if I wasn't, then I would tell the staff".

End of life care and support

- People were able to spend their last days at Bamfield Lodge. Staff supported people to maintain a comfortable, dignified and pain free death. Staff were aware of any changes to people's health and comfort and sought appropriate support from health professionals.
- Staff were aware of people's spiritual and cultural needs at the time of their death and these were respected with sensitivity and with care. People's care records contained information about people's spiritual needs and how they wished to be cared for.

# 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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

At the last inspection we found the provider had failed to ensure consistency so that people received quality person centred care, promote learning and improving service delivery and promote an open and fair culture. At this inspection we found improvements had been made.

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

- During this inspection we observed the home was much calmer in comparison to the last inspection of 3 and 4 November 2021. We noted a continuous staff presence on each floor to help care for people.
- Morale within the home had improved amongst the staff team. Staff spoke positively to us about the changes that had been made at the home. Comments included, "Things are so much better here. The manager is really keen to make positive changes" and "I am much happier here. The care has really improved, and we have a lovely team of staff" and "I have no complaints. The manager is really supportive".
- We observed staff were very caring and attentive towards people and encouraged them to eat and drink. Staff empowered one person with a sight impairment to participate in a skittles activity with other people. The staff celebrated the person's achievements with them.
- The main focus and vision for the manager was to provide a good quality of life for people. They had worked hard to make effective changes to the home which included making the home safe. They now wanted to provide some fun for people and for them to enjoy their time at Bamfield.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care. Working in partnership with others

- Since the last inspection the manager and regional director told us that learning had taken place and the required improvements had been made. The regional director took over the quality oversight of the home just after the last inspection. They had worked hard with the manager to improve the quality and safety of the home.
- One of the key focus areas since the last inspection was implementing changes and staff practice on Daisy. More structure was therefore added which included staff being asked to encourage people to be up and dressed. This helped to promote people's wellbeing along with encouraging engagement with each other. We observed people moving freely floor to floor during the inspection socialising with each other.
- Staffing levels were reviewed across the whole home along with the dependency levels and people's individual needs. The manager was mindful when admitting people to the home to ensure they could meet their needs.
- Both the manager and regional manager continued to promote continuous learning and improvements

across all areas of the home.

- The home worked with health and social care professionals to provide joined up and consistent care for people. This included for example, the GP surgery, social workers, physiotherapists, tissue viability nurse's, local pharmacist, local authority and the safeguarding team. They ensured that they collaborated with other stakeholders to ensure the best possible outcomes for people.
- The manager was respected and empowered to make decisions and implement changes to improve the home. They were keen to continuously improve the care and experience that people received.

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

Following the inspection of 3 and 4 November 2021 significant improvements had been made. There were effective quality assurance systems in place to monitor the home and the care provided to people.

- A new manager and deputy had started in post who was supported by the regional director. The regional director visited regularly to offer support and to carry out internal quality audits. They had supported the manager to make the required improvements.
- Governance reports helped the manager, regional manager and senior leadership team to monitor the quality of service provided to people. Providing a high level of care was important to the management team.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had notified CQC where this was appropriate and there was a culture of transparency.

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 manager was aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Concerns, incidents and accidents were consistently reviewed. The provider was open and transparent and willing to learn and improve people's care.