Bearwardcote Hall Residential Home Limited

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Inspection report

Bearwardcote Hall
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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 Bearwardcote Hall on 1 November 2016 and it was an unannounced inspection. The home provided residential accommodation for up to 38 older people. At the time of our inspection 30 people were living at the home.

They were last inspected on 23 September 2015 and were found to require improvement. At this inspection the service had a registered manager. 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.

At the last inspection we found that the provider was not assessing whether people had the capacity to make decisions and had not considered whether they were legally restricted. At this inspection we saw that some improvements had been made because staff had an understanding of people's capacity and some assessments had been made. However, they had not considered people's capacity to make particular decisions. There was an authorisation to restrict somebody's liberty for their safety but the provider had not followed the conditions stated in this to ensure it was lawful.

At our last inspection we found that risks to people were not always assessed and reviewed. At this inspection we saw that risks to people's health and wellbeing were assessed, actions were put in place to reduce them and their effectiveness was monitored and regularly reviewed. Audits were established so that the managers could review accidents and incidents to ensure that they reduced the likelihood of the occurring again. There were other audits and systems in place to drive quality improvement.

Staff received training and support to support people effectively. They said that communication had improved and they were knowledgeable about people's preferences and any changes to their needs. There were sufficient staff to meet people's needs promptly and safe recruitment procedures were followed.

Staff understood their responsibilities to protect people from harm. Medicines were administered to meet individual needs and were stored securely in order to reduce the risks associated with them. People were supported to maintain good health and had regular access to healthcare professionals. They had enough to eat and drink and were complimentary about the choice and quality.

Staff developed caring relationships with people and their privacy and dignity were maintained at all times. They were encouraged to maintain their independence and consented to the care and support they received. People were encouraged to pursue their interests and activities were provided. Visitors were welcomed at any time and surveys were in place to receive feedback on people's experiences.

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.
Risks to people's health and wellbeing were assessed and plans to manage them were followed. People were supported to take their medicines safely and there were systems in place to store them securely. Staff knew how to keep people safe from harm and how to report any concerns that they had. There were sufficient staff to ensure that people were supported safely and safe recruitment procedures had been followed.

Is the service effective?

Requires Improvement

The service was not consistently effective.
Assessments to consider people's capacity to make their own decisions were not thorough and legal safeguards were not fully followed. Staff received training to enable them to work with people effectively. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Good

The service was caring.
Staff developed caring, respectful relationships with the people they supported. They were supported to make choices about their care. Their privacy and dignity were respected and upheld. Relatives and friends were welcomed to visit freely.

Is the service responsive?

Good

The service was responsive.
Staff knew people well and provided care to meet their preferences. Care plans were about individuals and were regularly reviewed. People were supported to pursue interests and to maintain their independence. People knew how to raise concerns and there was a complaints procedure in place

Is the service well-led?

Good

The service was well led.
There were systems in place to drive quality improvement and regular checks took place. The staff team felt well supported and that they had important information communicated to them. There was a manager in post who understood the

responsibilities of their registration.

Bearwardcote Hall Residential 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 is 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 visit took place on the 1 November 2016 and was unannounced. It was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had 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. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with five people who lived at the home about their care and support and to the relatives of two other people to gain their views. Some people were less able to express their views and so we observed the care and support that they received in communal areas. We spoke with five care staff, the deputy manager, the assistant manager and the registered manager. We also spoke with one visiting health professional. We looked at care records for four people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks.

Good

Is the service safe?

Our findings

At our last inspection we found that risk was not always well managed because assessments were not reviewed when people's needs changed. At this inspection we saw that people were supported to manage risks to their health and wellbeing to keep them safe. One person told us, "I need two staff to help me up and they use a hoist to do it. They always do it right and I keep an eye too because I know the correct way. I have a buzzer on the table next to my bed so that I can call them when I need help and they always come". We observed people being supported to move safely and in line with their care plans; for example, using a walking aid supported by one member of staff. People were supported to look after their skin; for example, one person was asked to stand up so that staff could put a pressure relieving cushion on their seat for them to sit on. We saw that when one person's behaviour could harm themselves or others the staff member supporting them was gentle but persistent in asking them to stop and distracted the person by directing their attention to their meal. When we spoke with the member of staff they said, "When I started I watched how other staff supported them and they guided me to do it the same way". When we reviewed records we saw that they gave staff enough guidance to be able to support people to manage risk and that they were amended if a person's needs changed. One healthcare professional we spoke with said, "They check people regularly and will be straight on the phone if there are any changes. If we put plans in place to manage conditions they are always followed by the staff". Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home. This meant that the provider was assessing risk to people, managing it by taking action to reduce it and monitoring the effectiveness of those actions.

People were kept safe by staff who understood how to recognise and report suspected abuse. People we spoke with told us that they felt safe. One person said, "When I was at home I just fell all the time and so it is much better here because I feel safe now". Another person told us, "I went to stay with my relative but I asked to come back because I feel safer here". One relative we spoke with said, "My relative is happy with the staff and they have never said that they are abrupt or nasty to them". Staff we spoke with could identify signs of abuse and told us that they would report any concerns that they had. One member of staff said, "If I had any concerns I would go to the senior or to the manager straight away". We spoke with the deputy manager about safeguarding referrals that had been made and saw that action had been taken to ensure that the situations didn't arise again and people were protected. For example, after an error with one person's medicine all staff who administered medicines completed further training and were observed to ensure it was done correctly. The deputy manager said, "In the past year we have developed good links with the local safeguarding team who have given us a lot of useful advice".

People told us that they were supported to take their medicines safely. One person said, "I take a lot of tablets in the morning which the staff do for me". Another person said, "When I moved in they found I had a blood condition and so now I take a tablet for it. The staff give it to me". We observed that people were given their medicines individually and that time was taken to talk to people to put them at ease. Some people had additional medicine to take as required and staff were aware when they needed to take this and there was guidance in place to support them. One relative we spoke with said, "After my relative's accident they can take painkillers throughout the day if the pain is troubling them". We observed that this person was

asked if they wanted additional pain relief and records that we reviewed demonstrated when they took it and that it was reviewed. One person we spoke with described the systems in place to ensure that they took their medicines when they were away from the home. They said, "When I go with my daughter for a day out she signs out the medicine so that they can be sure I have taken it". Staff had received training to safely administer medicines and competency checks were carried out to ensure that they had the necessary skills. One member of staff told us, "I have recently completed the medicines training which was very detailed and good. I do some lunchtime medicines now because it is quieter and so I am able to build up my confidence". We saw that records were kept and that medicines were stored in locked cupboards and trolley. Special arrangements were made to store drugs which were classified as 'controlled' and required additional precautions to be put in place to keep people safe. This showed that the provider managed medicines to reduce the risks associated with them.

People we spoke with told us that there were enough staff and they did not have to wait to have their needs met. One person said, "We do have sufficient staff because they are able to sit and talk to you". A relative told us, "There are always plenty of staff around during the day". We observed that there were enough staff to meet people's needs safely; for example, when people called for assistance they were responded to and staff were available to assist them with personal needs promptly. One member of staff we spoke with said, "We have plenty of staff which is good because we can spend quality time with people". Another member of staff said, "There are less staff in the evening but it is still plenty and we work well as a team and support each other".

The provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. Staff told us that their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. One member of staff we spoke with said, "I wasn't allowed to be with the residents until my DBS came back and they took references as well". Records that we reviewed confirmed that these checks had been made.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found that the provider had not followed the legal requirements of the Mental Capacity Act 2005 (MCA) because they had not considered how people should be supported to make decisions that they did not have the capacity to make for themselves. The 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. 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).

At this inspection we saw that the provider had made some improvements to meet the requirements of the MCA but that further improvements were required. Staff we spoke with could describe how they assessed the capacity of the people they supported and encouraged them to make decisions for themselves. We saw that one person had chosen not to have a medical intervention and staff we spoke with told us, "They did not consent and they understand the decision that they are making so we respected that". When we reviewed records we saw that some capacity assessments had been completed, but that they did not consider specific decisions and asked the same questions for each person. The assessments were not detailed and did not look at specific decisions and so it was not clear if they were made in people's best interests. We saw that some DoLS applications had been made and that one was granted. This DoLS had conditions which the provider needed to meet to ensure that the safeguard was legal. When we spoke with the deputy manager about this they were not aware of the DoLS conditions and had not taken action to meet them. This meant that the safeguards to deprive the person of their liberty may not have been followed, and the restrictions may not have been lawful.

People were supported by staff who had the skills and experience to fulfil their roles effectively. One person said, "They are all good here and know what they are doing". Another person told us, "The staff have training to help but they also listen to me and I tell them what to do". Staff told us that they had the training and support that they needed to be able to do their jobs well. One member of staff described their induction. They said, "When I started I did some training on the computer and then I was teamed with a senior and I shadowed them. I hadn't done this job before so they kept asking me if I was ok and I started to get more involved when I was confident after a couple of weeks but I wasn't rushed at all. I have also started my Care Certificate; I found some of it a struggle but we have a training senior who gave me guidance and was really helpful. They also did some observations of me to check I knew what I was doing". The Care Certificate is a national approach to meeting induction standards in social care. Another member of staff described their ongoing training. "We do regular training and have updates. I am doing a qualification which means I can choose some of the topics and I have taken several around dementia because that is something I am particularly interested in". When we spoke with the deputy manager they said, "We have really focussed on training this year and have used an improvement agency to support us with that especially around falls management. We have recently started to review activities with them so we can

extend them to things like reflexology and crafts to meet more people's interests and needs and provide therapeutic support".

People told us that they had good meals and were always offered a choice. One person said, "The food is brilliant which is a really good start". Another person said, "We have a choice of two things but if you don't like those then they will find you something else. I like a curry and they make sure I get one of those". We observed that there was a choice of two meals and that there were further meals available for specific dietary choices, for example vegetarian and fish meals. When people needed assistance to eat or drink it was provided discreetly and respectfully. Specialist diets, such as soft diets, were prepared to meet assessed need and records of food and fluid taken were maintained for some people who were nutritionally at risk. This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People had their healthcare needs met. One person said, "We get everything we need including seeing doctors and the nurse". Another person said, "I have a hospital appointment coming up that they will sort out for me". A healthcare professional we spoke with said, "We come in regularly to see people and the team here know people very well". Records that we reviewed showed us that people had regular health appointments and plans in place to support people with certain conditions. This meant that people were supported to maintain good health and to access healthcare services.

Good

Is the service caring?

Our findings

We saw kind, caring relationships between staff and the people they supported. One person said, "The staff are all lovely and we really have a joke with them". Another person said, "Every day the staff are pleasant which counts for a lot and puts you in a better mood". A third person said, "I get on with them all and I am happy enough here". We saw that staff knew people well and reassured people or laughed with them. One member of staff we spoke with said, "This is my first job in care and I am really enjoying getting to know the residents; finding out about their histories and their families is so interesting".

People made choices about their care. We saw that one person chose to sit alone looking into the gardens. They said, "I like watching nature and in the summer I sit outside all day including having my meals out there. The gardener always stops to chat to me and they recently cut lots of lavender for me to have in my room". Another person we spoke with said, "There's lots of activities on offer but I choose not to do them and like to sit quietly". A relative we spoke with said, "My relative likes to have their breakfast in their room and they bring it down to them on a tray". We observed that people were offered choices; for example, people were asked what drink they would like or if they wanted to spend time in their rooms. Some people chose to sit in specific seats with their friends and staff knew where their preference was. One person told us, "I wasn't happy when I moved in but we have such a laugh together and I have settled now".

We saw that people were encouraged to maintain their independence. At lunch one person was directed discreetly and encouraged to maintain their independence by eating their own meal. One member of staff we spoke with said, "I know some people really like to do things for themselves and that is really important so I make sure that I have enough time to support them at their own pace". One person told us, "There are things I can do for myself and I like to".

People were made to feel important and special occasions were celebrated. One person told us, "When it is my birthday they will have a party for me. I like to dress up and they always help me find the nicest clothes and jewellery when they help me to get dressed". Another told us that their religion was important to them and that services were held at the home regularly. A third person said, "I love it here because it really is our home".

We saw that people's privacy was respected. When people required support with personal needs they were spoken with discreetly. We saw that when people were distressed staff took time to sit with them and reassure them. People's visitors were welcomed at any time. One person told us, "My family come and visit all the time and nobody minds when it is". We saw that relatives were welcomed and supported to visit their family; for example, offered a drink and a space to visit quietly if preferred.

Good

Is the service responsive?

Our findings

Staff knew people well and could describe their preferences. They described people's likes and dislikes and how they wanted to be supported. We observed that they supported people in that way; for example, standing behind someone and encouraging them because they knew they liked to do as much for themselves as they could. They knew what was in people's care plans and one member of staff told us, "We read the care plans when we start and when we have a new person. Then we keep up to date with changes for them and talk about it at handover". When we observed the staff handover information at the end of the shift they talked about any changes to peoples wellbeing and ensured that the new team were aware of what needed to be followed up. Records that we looked at confirmed that plans were person centred and were updated to reflect people's changing needs.

People told us that they received care in their preferred way and that they were involved in planning that care. One person we spoke with said, "I tease the staff by saying I don't want a bath and then they encourage me to because they know how much I enjoy it when I get in". One relative we spoke with said, "I am here today to have a meeting to review my relative's care. It has been useful and I have suggested interests that they had at home that the staff could support them with here; such as a game of dominoes". Records that we looked at demonstrated that care plans were regularly reviewed and families were included in any changes to the plans.

People were encouraged to pursue interests and hobbies. One person said, "We have two activity co-ordinators who do half the week each and they put on lots of things for us to join in with". Another person said, "The gardens are lovely and we like to spend time in them in the summer and it is a nice place to take visitors". A relative we spoke with said, "There are more things on offer now like outings to tea rooms which is an improvement". Staff we spoke with were aware of peoples histories and spoke with them about their lives and families.

People and their relatives knew how to raise any concerns or complaints that they had. One relative told us, "I have had to raise a few things when my relation moved in and they have always acted on them and sorted them out". One person told us, "I have no complaints but if I did I know I could speak to any of the staff and they would get sorted". We saw that there was a complaints procedure publicly displayed as well as a book for people to write things that needed attention. The assistant manager told us, "This has helped us identify quickly where any issues are and resolve them". There was a procedure in place to deal with complaints and it had been followed to investigate and respond to any received. For example, the laundry process had been reviewed to ensure that people did not lose items of clothing.

Good

Is the service well-led?

Our findings

At our last inspection, the home did not have a registered manager. At this inspection there was a registered manager who understood their responsibilities to notify us of important events that occurred in the service which meant we could check appropriate action had been taken. They had also published and displayed the rating of their last inspection in accordance with the requirements of registration with us

At our last inspection we found that the provider did not have a suitable system in place for auditing the quality of the care plans and accidents and incidents. At this inspection we saw that a new audit system had been implemented to review accidents and incidents. Recording of accidents such as falls was detailed and this allowed the deputy manager to review the information to look for triggers and patterns. They told us, "This system has really helped us to improve how we respond to falls and also to reduce the numbers. One of the ways we did this was by installing assistive technology which alerts us if someone has moved and may be at risk". We looked at the recorded analysis of falls and saw that the numbers had decreased in the past year. Care plans were reviewed on a regular basis and records were maintained, sometimes in duplicate. The deputy manager said, "We will review the amount of recording that we do to make sure it is not taking too much of the staff's time". We saw that other audits and quality improvement measures were in place. One member of staff told us, "Medicines audits are regularly completed and we get feedback if there are any issues. One of the seniors usually supports the pharmacy audit for our own development". This showed that the provider had quality improvement measures in place which were communicated to other staff and meant that improvements occurred.

Previously staff told us that communication could be improved and that information was not always followed up. At this inspection staff told us that they were communicated with regularly and we saw that there were systems in place to share information. One member of staff showed us a board in the office and said, "This means that we can see everybody at a glance and know if there have been any changes". The deputy manager told us, "We have put a keyworker system in place so that staff take additional responsibility for named people and this means they are more involved in knowing what's happening". Staff we spoke with knew about whistleblowing and said that they felt confident that any concerns would be acted on. One member of staff said, "All of the managers are approachable. For example, one is always saying that we should go and tell them anything because if they don't know they can't fix it". Staff told us that they received regular supervision and team meetings to support them. One member of staff said, "We were recently asked to complete a questionnaire and then after we had a meeting to go over the answers and suggestions. It was done in a friendly way and I really felt listened to". Another member of staff told us, "We are a close knit team and we really support each other. We all want to give the people here a family atmosphere. It is very homely".

Surveys were also sent to relatives and residents and the registered manager told us, "We were pleased to see that people noted the improvements made this year. We do have a refurbishment plan and we have completed this year's plan already by employing a maintenance man so we will soon set a new plan. We do take into account feedback from relatives and staff and recommendations from our internal reviews and we will use that to put next year's plan together".