Bearwood Nursing Home Limited

Bearwood Nursing Home

Inspection report

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Smethwick
West Midlands
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

The provider is registered to accommodate and deliver nursing and personal care to 63 people. People who lived there are elderly and some may have needs associated with dementia.

Our inspection was unannounced and took place on 27 April 2015. At the time of our inspection 57 lived there.

At our last inspection in 2014 the provider was not meeting one the regulations that we assessed which related to the recruitment of staff. During this inspection we found that changes had been made to recruitment processes and the regulation was met.

A manager was registered with us as is required by law. 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.

Systems in place did not always promote safe medicine management to prevent people being placed at risk of possible ill health.

Summary of findings

People and their relatives had mixed views about staffing levels. The provider agreed to review staffing levels to ensure people's needs would be consistently met.

Staff knew what to do to ensure the risk of harm to people was prevented and that people received care and support in a safe way.

We found that staff were trained to support the people who lived there effectively and safely. Staff told us and records confirmed that they received induction training and the support they needed to ensure they did their job safely.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

Staff supported people with their nutrition and health care needs. We found that people were able to make decisions about their care and they and their families were involved in how their care was planned and delivered.

Systems were in place for people and their relatives to raise their concerns or complaints.

Although people were encouraged to engage in recreational activities some relatives told us that more should be offered.

Staff supported people to keep in contact with their family as this was important to them.

People were encouraged and supported by staff to be independent and attend to their own personal hygiene needs when they could.

All people received assessment and treatment when needed from a range of health care professionals including their GP, specialist consultants and nurses which helped to promote their health and well-being.

People we spoke with communicated to us that the quality of service was good. This was confirmed by the majority of relatives we spoke with. The management of the service was stable, with processes in place to monitor the quality of the service.

Summary of findings

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.

People and their relatives told us that the service was safe. Staff knew how to support people appropriately to prevent them being at risk of abuse and harm.

Systems in place did not always promote safe medicine management to prevent people being placed at risk of possible ill health.

Some concern regarding staffing levels were raised by people and their relatives.

Staff were safely recruited to provide appropriate care and support to people.

Is the service effective?

Good

The service was effective.

People received effective care and support.

Staff received training to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

The requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards were met preventing people being unlawfully restricted and not receiving care in line with their best interests.

People were supported to eat and drink what they liked in sufficient quantities to prevent them suffering from ill health.

Staff communicated and worked closely with a wider multi-disciplinary team of health and social care professionals to provide effective support.

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were kind and we saw that they were. They gave people their attention and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding their daily life skills was encouraged.

Staff encouraged people to make their own choices regarding their daily routines.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with their and their family involvement.

Summary of findings

Staff were responsive to people's preferences regarding their daily routines and needs.

The provider offered a recreational activities that people could participate in and enjoyed however, some relatives felt that more should be offered.

Is the service well-led?

Good 

The service was well led.

A registered manager was in post and all conditions of registration were met.

The registered manager knew their legal responsibilities to ensure that the service provided was safe and met people's needs.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The service was monitored to ensure it was managed well. The management of the service was stable, open and inclusive.

Bearwood Nursing 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.

Our inspection was unannounced and took place on 27 April 2015. Our inspection team included an inspector, a pharmacist 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. The service provided care to a number of people whose first language was not English. To ensure that we were able to gain the views of people we used an Expert by Experience who could converse with people in their first language.

Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider had sent to us. We asked the local authority their views on the service provided and they told us that they were not aware of any concerns. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection spoke with eight staff members (including catering, cleaning, one night nurse, day shift nursing and care staff), the registered manager and the provider. We spoke with the GP who provided a service to the majority of people who lived there. We met, spoke, or engaged with 13 of the people who lived there and five relatives. Not all of the people were able to fully communicate verbally with us so we spent time in communal areas and observed their interactions with staff and body language to determine their experience of living at the home. We looked at three people's care records, nine medicine records, accident records and the systems the provider had in place to monitor the quality and safety of the service provided. We also looked at three staff recruitment records and the training matrix.

Requires Improvement

Is the service safe?

Our findings

People who were able told us that they felt safe living there. A person confirmed, "Oh I feel safe here". A relative told us, "I do not have any worries about their safety or things of that kind".

One person said, "I feel safe here and no one can break in". When we arrived at the home we could not access the premises until the door was opened by staff. We were asked to sign the visitor book. These processes ensured no unwanted visitors could gain access to the home and promoted peoples safety.

Our observations showed that people who lived there were at ease with staff. We saw that they approached staff if they wanted something. A relative said, "I have not seen anything that concerned me". Training records confirmed that staff had received training in safeguarding people and abuse prevention. We and our Expert by Experience saw policies and procedures for safeguarding adults and contact numbers for the local safeguarding authority to make referrals or to obtain advice from was available to staff. Staff spoken with knew how to recognise signs of abuse and how to report their concerns. A staff member confirmed that they knew of the whistle blowing procedure. They said, "If I saw something I was not happy about I would report it. I know it would be dealt with or I would go to social services the police or you". (The Care Quality Commission). This confirmed that the provider had systems in place in order to protect people who lived there from abuse.

Staff we spoke with were aware of potential risks to people. We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. These included mobility and moving and handling assessments and general risks relating to people when partaking in daily living activities. We observed staff when they were hoisting a person. We saw that they took great care to make sure that they did this safely to prevent the risk of injury to the person.

Staff and records confirmed that they had received first aid training. Staff we asked gave us a good account of what they would do in a certain emergency. They said depending on the circumstances if needed a 999 call would be made or the GP contacted. They told us they would make a detailed entry in the person's record. This showed that staff had the knowledge to deal with emergency situations that may arise so that people should receive safe and appropriate care in such circumstances.

A new staff member confirmed that checks had been undertaken for them before they were allowed to start work. We saw that pre-employment checks had been carried out. These included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We also checked and found that the nurses were registered with the Nursing and Midwifery Council (NMC) which confirmed that they were eligible and safe to practice. These systems minimised the risk of unsuitable staff being employed and people being placed at risk of harm.

People and their relatives had mixed views about staffing levels. One person said, "There are always staff when I need them." Another person told us that they did not think there were enough staff. A relative said, "I think there are enough staff. There are always staff around when I visit". Another relative said, "Staffing is an issue my family member has to wait sometimes". Another relative said, "It would be nice to have more staff, as they would be able to engage in more conversations with the residents". A relative was concerned that there were not enough staff on duty to attempt to encourage their family member to participate in any activities. A small number of people and their relatives felt that the staff did not consistently respond to the call system. They told us at times staff responded quickly, but sometimes they took time. We witnessed one event where a person was shouting on and off for staff. Although staff did respond on one or two occasions it took them a few minutes to do so. Collectively the evidence we gained demonstrated that at times staffing levels may not be adequate.

We discussed staffing levels with the provider. They told us that they used a dependency rating tool to determine the number of staff required. They told us that they had recently changed staff rotas so that a number of staff started work earlier in the morning. This was because early morning was a busy time when a high number of people

Requires Improvement

Is the service safe?

required assistance. The provider told us that they would do another review of staffing levels to determine if more staff were needed to ensure that people would be safe and their needs could be met.

There were systems in place to cover staff leave which included asking off duty staff to cover or the use of agency staff. The registered manager confirmed that where agency staff were used they tried to secure the same staff each time to ensure consistency. This meant that steps were taken regarding staffing so that people would be supported appropriately by staff who knew them well.

People we asked told us that staff looked after and gave them their medicines and they were happy with that. A person said, "I don't want to be bothered with that". Another said, "I want the staff to look after me tablets. I always get my tablets at the right time".

We looked in detail at nine medicine administration records and found that we were unable to fully establish whether people's medical conditions were being treated appropriately by the use of their medicines. One of the main reasons for this was that when we looked at the disposal records for medicines that were no longer required by people using the service, the records could not evidence that unwanted medicines had been disposed of safely.

We looked for records for people who were having the medicinal skin patches applied to their bodies. We found that the provider was not making a record of where the patches were being applied and therefore the provider was not able to demonstrate that the skin patches were being applied safely.

We found that where people had to have their medicines administered by disguising them in food or drink or where people needed to have their medicines administered directly into their stomach through a tube the provider did not have all of the necessary safeguards in place to ensure that these medicines were administered safely.

We looked at how Controlled Drugs were managed. Controlled Drugs are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found that the Controlled Drugs were being stored securely and regularly audited to ensure that they could be accounted for. When looking at the Controlled Drugs records we found that one person had been prescribed a pain relief medicine that had to be administered every 12 hours. We found that the nursing staff were aware of this and were administering the pain relief medicine as prescribed. We however found that a pain relief patch that was required to be applied every seven days had for the majority of April 2015 been applied every three to four days.

We saw that medicines were being stored securely. We found that the information available to the staff for the administration of when required medicines was robust enough to ensure that the medicines were given in a timely and consistent way by the nurses.

We observed good administration practices taking place during the lunchtime medicines administration round. For example we saw that administration records were being signed after the medicines had been administered.

Good

Is the service effective?

Our findings

People we spoke with told us that they felt that the service provided was effective. A person said, "I get what I need here". A relative said, "I think it is good here". They also said, "She [Their family member] told me the other day that it was nice here. That assured me". Another relative told us, "I think the standard of care here is very good. They [Their family member] wouldn't be here if it wasn't!" All staff we spoke with told us that in their view the care that was provided to people was very good. The GP that provided a service to the majority of people who lived there told us, "I think the staff and care here is good".

A person said, "Oh they know what I need and how to look after me". A relative told us, "I think the staff know them well and how to look after them". The provider had systems in place for staff to deliver appropriate safe care and support to the people who lived there. Some new staff had been employed and they told us and records we looked at confirmed that they had received induction training. A staff member said, "I had an induction. I looked at records and did training". All staff we spoke with told us that they received supervision and support. Staff told us and the training matrix we looked at confirmed that they had either received all the training they required or it had been highlighted that the training needed to be arranged.

We saw that staff asked people's permission before carrying out tasks. A person said, "The staff always ask before doing anything". We observed and heard staff seeking people's consent before care or support was given. We heard staff explaining to people what they were going to do before moving them in wheelchairs or using the hoist and asked people if they were happy with that.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find.

Staff and relatives confirmed that where it was determined that a person lacked mental capacity they involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the persons best interest. A relative said, "We are always involved in decision making". Staff we spoke with gave us an account of what capacity meant and what determined unlawful restriction and what they should do if they had concerns. The registered manager had applied to the local authority for one person regarding a DoLS issue. This confirmed that the provider was aware of what they should do to prevent people having their right to freedom and movement unlawfully restricted.

All people we spoke with told us that they liked the food and drinks offered. A person told us, "The food is tasty". Another said, "We always have choices". We saw that mealtimes were flexible and responsive to meet people's preferred daily routines. It was clear from speaking to people and observing that the provider had taken time and effort to meet the cultural dietary needs of the people who lived there. Vegetarian meals were offered each day and people were offered a range of alternatives and extras which included special breads and chapatti. Menus that we looked at showed that all people were offered a varied diet.

We spoke with the cook, who said; "I talk to the residents regularly, to ensure that I fulfil their wishes and get a better understanding of their likes and dislikes". Staff gave us a good account of people's individual dietary needs and what people could and could not eat due to health conditions, risks, their likes and dislikes. We found that where people had been assessed as being at risk from malnutrition or choking referrals had been made to health care professionals for advice. All staff we spoke with knew the importance of encouraging people to take a healthy diet and drink sufficient fluids to prevent illness. We saw that staff offered people drinks very regularly throughout the day and encouraged them to drink. During meal times we saw that staff were available to give assistance to people who needed this. We saw that they made the meal time a pleasant experience. They sat next to people and spoke with them to encourage them to eat and drink.

People confirmed that they attended health care appointments or that healthcare was accessed for them. A person told us I have all the checks I need, doctor, optician and feet". A relative said, "The staff get the doctor when needed". Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included specialist health

Good

Is the service effective?

care teams and speech and language therapists. We spoke with the GP who provided a service to the majority of people who lived there. They told us that staff requested their input when needed and followed instructions. They said, “The care provided here is good”. This ensured that the people who lived there received the health care support that they required to prevent ill health or ill being.

Good

Is the service caring?

Our findings

People who lived at the home told us that the staff were, "Kind" and "Caring". A person said, "The staff are very kind to me". Another said, "I think they're very kind." A relative said, "In general the staff are good and caring". We saw that staff greeted people when they got up and asked how they were. We saw that staff showed respect to people when speaking with them. We observed care interactions that were kind, patient and sensitive. We also observed staff speaking kindly and sensitively. Records confirmed people's preferred name and we heard staff using that name. We observed that staff showed an interest in people. They sat by people and listened what they said. We saw that people were at ease with staff and chatted back.

A person said, "The staff are polite. They always knock my door before they go in my bedroom". Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice. This included knocking bedroom doors and waiting for a response before entering and ensuring that people were appropriately covered when personal care was provided. We observed a member of staff take a person to the toilet. They closed the door and was waited outside the door for the person to promote their dignity. A relative told us that staff were respectful towards their family member.

A person said, "I always wear what I want to everyday". Other people told us that staff supported them to choose the clothes they wanted to wear each day. Staff confirmed that they encouraged people to select what they wanted to wear. A relative said, "I always put their [Their family member] clothes out the night before for staff to dress them in. The staff always ensure that they wear their headscarf to cover their head and the correct clothing". We saw that people wore clothing that was appropriate for their age, gender and the weather. We saw that a number of people had their nails polished. One person said, "I like having my nails done". They were smiling and looking at their nails which showed that they were pleased. This meant that staff knew people's individual wishes and choices concerning their appearance and had supported them to achieve this. It was clear that staff knew people well.

We saw that communication passports were available for people who needed these. The communication passports highlighted how people communicated and gave staff valuable information so that they could meet their needs. The communication passport highlighted how the person would show that they were sad, happy or in pain. Staff told us how they communicated with people. We observed that staff ensured that they were at the same height as people by bending down when communicating with them. We heard staff speaking to people slowly and clearly. We saw that people understood and responded by nodding, smiling and responding appropriately. This showed that staff understood that their approach was important to ensure that they could communicate with people appropriately.

A person said, "Oh I look after myself. I would rather it be like that". Another said, "I do what I can. The staff only do what I cannot". At breakfast and lunch time we heard staff encouraging people to eat independently and we saw that they did. This highlighted that staff knew it was important that people's independence was maintained.

All people we spoke with told us that they could have visitors at any time. One person said, "My family can visit whenever they want to". Relatives told us that they visited when they wanted to. A relative said, "We visit every day and are made to feel welcome". Another said, "The staff always offer me a drink and they know us by name. We have a laugh with them".

Good

Is the service responsive?

Our findings

A person told us, “The staff look after me how I want to be looked after. I cannot speak for anyone else”. A relative said, “The staff seem to know my mother well”.

A person said, “The staff do ask me questions about how I like things to be done”. Other people and their relatives also told us that staff involved them in care planning so they could decide how they wanted their (or their family member’s) care and support to be delivered. A relative told us, “They inform me and ask my view”. Another relative said, “The staff involved me in the care planning when my family member came to live at Bearwood Nursing Home. It was a good experience we talked things through and come up with a plan”. Records we looked at and staff we spoke with confirmed that where required people’s needs were reviewed by the local authority and other health or social care professionals. These processes enabled the provider to confirm that they could continue to meet people’s needs in the way that they preferred.

We determined by observing and looking at records that English was not the first language for a number of people. The provider ensured that staff on each shift could speak with people in their first language. Our observations during the day confirmed that staff and the people who lived there could communicate with each other fluently.

The provider knew that it was important that people were offered the choice to continue their preferred religious observance if they wanted to. Staff told us and records confirmed that people had been asked and offered support to attend religious services. Records that we saw highlighted that people had been asked about their personal religious needs. The senior manager told us that a number of people accessed religious services by use of their television and were happy with this.

A person confirmed that activities were offered however, they said, “We can do things but I don’t want to. I like reading my books. I have got a stock of books and love to read my books day and night”. We were told that music and craft activities were provided and that recently some people had been out with staff in the community. During out inspection we saw staff encouraging people to engage in one to one activities which included a board game. We saw a staff member doing a pamper session with some people chatting to them and polishing their nails. The provider employed an activity co-ordinator unfortunately they were on a leave day on the day of our inspection so we were not able to observe their work. Some relatives told us that they felt that more could be offered regarding activities. The provider told us that they would review what was provided.

A person who lived there said, “If I had something to say or was not happy I would tell them”. Staff we asked gave an account of what they would do if someone complained to them. This included trying to deal with the complaint and reporting it. We saw that a complaints procedure was available in the premises for people to read and access. It was available in different languages if this was needed. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. It gave contact details for the local authority and other agencies they could approach for support to make a complaint. We looked at the complaints log and saw that there was a record of complaints that had been received, how the complaints had been dealt with and if the complainant was happy with the outcome, which we saw in most cases they were. This showed that the provider had a system in for people and their relatives to access if they were not satisfied with any part of the service they received.

Good

Is the service well-led?

Our findings

Most people and their relatives told us that in their view the service was well run. A person said, "I think it is a good place here". A relative said, "I am pleased with things so far".

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by nursing staff and a senior manager who oversaw this and other services owned by the provider. Relatives we spoke with and some of the people who lived at the home knew who the manager was and felt they could approach the manager with any problems they had. The registered manager and provider made themselves available and were visible within the home.

The provider took an active role in the running of the service. They told us and staff confirmed that they were on site at least five times a week. Our conversations with the provider confirmed that they knew what was happening within the service and knew the people who lived there well.

During our inspection we saw that the provider interacted politely with people who lived there and people responded well to them. The provider knew peoples and their relative's names and interacted and spoke with them at length.

All conditions of registration were met and the provider has always kept us informed of all events and incidents that they are required to notify us of.

Staff we spoke with told us that they felt supported in their job role. One staff member said, "I do feel supported by the manager and staff". Staff told us and records we looked at confirmed that staff meetings were held. Staff also told us that they felt valued and were encouraged to contribute any ideas they may have for improving the service.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident occurred. Staff we spoke with knew of the whistle blowing policy and gave us assurance that they would use it if they learnt of or witnessed bad practice.

We saw that surveys were used by the provider on an annual basis. We saw that the feedback from the last completed surveys were mostly positive. We saw and staff told us that they were also asked by the provider to complete surveys on an annual basis. The provider told us and minutes we saw confirmed that meetings were held for the people who lived there so that they could make suggestions and raise issues. We found that some changes had been made as a result of what people had said. These included people going out into the community and menu changes.

The provider had invested money over the last year to improve the premises. Refurbishment work had been completed which included the kitchen, laundry and en-suites in bedrooms.