

Bearwardcote Hall Residential Home Limited

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Inspection report

Bearwardcote Hall, Heage Lane,
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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Requires improvement 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

This inspection was unannounced and took place on 23 September 2015. The service was registered to provide accommodation for up to 38 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 31 people were using the service.

The service did not have 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. The provider had recruited a manager who had been working at the service for many years. They told us they were going to apply to register with us.

At our last inspection on 19 May 2014 a compliance action were issued in relation to the need for consent. The provider had not taken action to comply with this requirement, in recognise the importance of people's

Summary of findings

consent and capacity. At this inspection we found insufficient improvements had been made in the understanding of the legal requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty (DoLS).

This meant that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt the home had an open friendly atmosphere and that their needs were considered within the care plans and the activities which were available. The service had did not complete risks assessed and reflect the care people needed to receive to support the risks following an incident or change in the person's needs.

Medicines were managed safely. People were supported by sufficient staff who had received training that was appropriate to support people's needs. This training included knowing how to protect people from unnecessary harm and enable staff to recognise signs of abuse.

Support was available to maintain a healthy diet and people had access to health care professionals when they needed specialist support.

The service had sought views on the service from people and their relatives through a questionnaire which was used to make improvements to the service. People felt able to approach the management about any concerns and felt they these would be investigated.

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

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?

The service was not consistently safe.

Risk assessments were not always completed to consider people's changing needs. There were sufficient staff to support people and they felt confident in raising any concerns to keep people from harm. People received their medicines in a timely and appropriate manner.

Requires improvement



Is the service effective?

The service was not consistently effective

The provider did not follow the legal requirement under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards by not recognising the importance of people's consent and capacity. People were supported to eat and drink adequate amounts to maintain a healthy diet. People had access to healthcare professionals when needed. The staff in the home were trained and had the relevant skills to support people.

Requires improvement



Is the service caring?

The service was caring

People were given the time and support to make choices. We saw people's privacy and dignity was respected. People were encouraged to maintain their relationships. Staff were caring and had made positive relationships with people.

Good



Is the service responsive?

The service was responsive

People told us they received care and support in accordance with their wishes. People were supported to take part in activities which met their individual needs. People's complaints were investigated and responded to.

Good



Is the service well-led?

The service was not consistently well led.

The home did not have a registered manager; the provider had recruited a manager who told us they would register with us.

Improvements were required to ensure effective quality assurance systems were in place. The staff and people who used the service told us the new manager was approachable and friendly. The views of people had been sort and appropriate action was being taken to improve the quality of the service.

Requires improvement



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. Our inspection team consisted of three inspectors.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

We spoke with six people who used the service and four relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with seven members of care staff, the deputy manager, the assistant manager and the manager. We looked at the care records of five people and other records relating to the management of the service.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

Is the service safe?

Our findings

People did not always have risk assessments in place when their needs changed. For example one person who had fallen several times had been advised when moving upstairs in the home they should use the lift and not the stairs. Staff confirmed and we observed the person still used the stairs. The risk assessment had not identified the risk or measures needed to ensure the person understanding the need to use the lift and not the stairs. Another person's care plan described them having shouting outbursts and being disruptive. Staff were aware of the behaviour, however there was not a consistent approach how to managing the behaviour. The risk assessments and management plans had not been reviewed to provide guidance to staff. This meant staff did not always respond in the most appropriate way to safeguard a person's needs.

People told us they receive their medicines safely. One person said, "They sort my medicine out, I like it, they always check on me." The home had procedures in place to ensure storage and records were maintained. Some people managed their own medicines. One person said "The staff give me my medicines and I sign for them. I keep my pain relief in a locked cupboard in my room." Risk assessments for medicine management and consent were recorded; however they had not been reviewed. For example we saw for a person had recently been seen by the GP, that guidance provided was not documented. A review of the risk assessment had not been completed to ensure the person was still able to continue to manage their medicines.

People told us they felt safe in the home. One person said, "I decided to stay because I felt better with the security around me." Another person said, "I have a call bell at night they always come, and they check on me through the night." One relative told us, "I feel my relative is safe within this home." Staff had received training in safeguarding and

were able to tell us about the different types of abuse and any actions they would take if they had any concerns. Staff told us, "We must safeguard people's welfare and ourselves." Another staff member said, "Some people cannot always see the danger, so you need to safeguard people." The manager told us and records confirmed they had reported safeguarding concerns to us and the local authority as required.

Plans were in place which gave detailed information on each person's needs in the event they had to be evacuated from the home. The home had recently introduced a 'traffic light' system to identify the support level needed for each person if they needed to evacuate in an emergency. Staff told us about the introduction of the new system which they confirmed that it provided staff them with the information they needed so they could respond to an emergency in any part of the home.

People told us they thought there was enough staff to support people who used the service. One person said, "There is always enough staff on, at least two seniors." One relative told us, "There is always staff around." We observed call bells being answered quickly and people not having to wait to be supported. The staff told us they felt there was enough staff. They said, "We communicate with one another to get the jobs done." And, "We share the workload to support each other." The manager confirmed that the staff numbers were calculated in relation to the number of people and the level of care they required. They told us this was discussed with the senior staff when care needs or numbers changed. We saw that safe recruitment practices were followed when hiring new staff which included references, a DBS check to ensure staff were safe and suitable to work at the home. A DBS provides a check relating to any previous criminal records. Staff confirmed they had requested a DBS check and they had provided the appropriate references before commencing work at the home. This meant that people cared for by the staff were suitable to work in a caring environment.

Is the service effective?

Our findings

At our last inspection in May 2014, we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They did not recognise the importance of demonstrating people's consent and capacity. This was because people's capacity to make decisions was not always assessed or recorded.

At this inspection, we found that the required improvements had not been made. The provider had not followed the legal requirements in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Care plans did not show how people were supported to make decisions when they lacked capacity. Where people were unable to consent, mental capacity assessments and best interest decisions had not been completed. Staff told us they had received training in MCA and DoLS, however they were unable to demonstrate an understanding of the requirements under this legislation. At the time of our inspection, no one had a DoLS in place and no DoLS referrals had been made. The manager confirmed that some people were subject to a level of supervision and control that may have amounted to a deprivation of liberty. For example some people were unable to leave the home without assistance as they were not safe to be alone. The manager had not followed the legal requirements in place to ensure this person was being restricted in a lawful manner. The provider recognised the importance of addressing this breach in the regulations and has recruited a new manager. We decided not to take further enforcement action in relation to the breach to give the new manager the opportunity to address this regulatory requirement.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

We observed that people's consent was sought before the staff provided care and support. For example one member of staff said, "Can I help you to your chair." During the inspection we observed other occasions of consent being requested before care was provided. This showed the staff supported people to make decisions they felt they were able to.

New staff were supported with an induction programme. One staff member said, "I had a good induction, with training and shadowing a senior person until I felt comfortable." Other staff members told us they had regular training. One staff member said, "The recent training was good and demonstrated different slide sheets and new techniques." And, "There is always something new to learn." Staff told us they were observed to assess their competence; however they did not have formal documented supervision. The manager confirmed this and recognised the value of formal supervision alongside competency checks which she planned to implement in the future.

People told us, "The food is very nice and the service." And, "The meat is beautiful and lots of fresh vegetables." One relative told us, "There is always plenty of choice and we are often invited to stay for a meal." The cook had introduced more choices based on people's requests. For example, during the summer people requested more salads and a wider variety of fish. Another relative told us about concerns for their relative losing weight. The home acted on this concern and introduced a food diary and regular weighting of the person. The home had introduced this practice for all the people who had any weight concerns. We observed the lunchtime meal which looked fresh and was well presented. Staff supported people when they needed assistance and responded to people's needs. For example one person asked for to drink and this was responded to. Another person was asked if they required any assistance. This meant that people were supported with their meals.

People told us they were supported to access a variety of health care professionals. One person said, "The optician is due anytime, they check my cataract." And, "The home has a chiropodist, but I have my own they have been coming to me for years." Records showed that all visits and advice and guidance from health professionals were documented in people's records. One relative told us, "I am kept informed of any GP appointment and the outcome." This demonstrated people received the necessary support from healthcare professionals.

Is the service caring?

Our findings

People we spoke with told us staff are kind to them. One person said, "I think they look after everyone they are very nice here." Another person said, "Staff have lots of patience." We saw staff being caring towards people. For example one person had returned to the home from hospital, staff spent time reassuring the person about their return and making the person feel welcome.

Staff knew people well and had established positive relationships. They were able to tell us about people's personal needs and things that were important to them. One relative told us, "They know my relative well, all their little quirks; they can always get a smile from [name]." For example staff told me about the person's love of fashion and the importance of having their hair styled and their nails painted.

People told us and relatives confirmed they were welcome anytime. One relative told us, "I am welcomed anytime and they always bring a tray of drinks." Another relative told us they had called as late as 11pm following a telephone call from their relative who was upset following bereavement.

We observed staff supporting a person to move to a separate space to have some privacy with their family. This showed the provider respected people's choices and encourage relationships.

People told us they are encouraged to have a choice. One person said, "I choose what to wear, nothing is too much trouble." We observed staff being patient with a person moving between rooms in the home. The staff member said, "Take your time, there is no rush, little steps." Another staff member said, "Where would you like to sit?" Staff we spoke to told us, "It's important to give choice, just because they are old, they can still choose."

We observed staff being discreet and respectful when supporting people. Staff gave us examples of how they promoted people's privacy and dignity. One member of staff told us, "When we are using the hoist to move the ladies, we place a blanket over their legs." And, "When people use the bathroom I ensure the door is closed." Relatives told us their relatives were always well presented when they came to visit. One relative told us, "My [name] is always clean and tidy." We observed staff being discreet and respectful when supporting people. This showed people were assisted in a kind and supportive manner.

Is the service responsive?

Our findings

People told us they received personalised support. One person told us, "I can do what I want, come and go as I please." And, "The staff know the things I like." Information within the care plans was person centred and detailed people's current preferences and information about their life. People told us and we observed staff were responsive to people's needs. One person told us, "When I was poorly, I stayed in my bedroom and the staff brought my meals and looked after me."

We observed staff responding to people during the day. For example one person was rocking their chair backwards; staff explained to the person the risk of the chair falling and then suggested a move to a different chair.

People told us they enjoyed the activities on offer. One person said, "They are pretty good, I enjoy the music." And, "They are always putting something on, last week we had a cream tea." Recently the provider's dog came into the home, as a response to a person saying they used to have the same breed of dog. The visit and photographs were documented in the newsletter with a request for any other connections or personal touches people would like the

home to support to be raised. The activities coordinator had a monthly meeting with people to discuss the activities and anything they wished to raise about the home. For example one person had asked for more gravy and another more plants in the garden. We saw these had been responded to. People told us the gardens were receiving a makeover. One person told us, "They have made the decking area and lots of new plants, I like sitting outside now." We observed several people moving independently outside and in the afternoon people sitting by the patio window enjoying the view.

People knew how to complain if they needed to. One person said, "I have been here many years and never had to make a complaint yet, but I would not hesitate to talk to the manager or senior." One person told us about a complaint that they had raised and confirmed it had been addressed quickly. We saw the records showed complaints were addressed. For example a complaint was received in relation to the rooms not being cleaned. Additional cleaners have been recruited. The manager said, "It's important to listen to people and keep your eyes open and don't let things deteriorate." The manager was looking into a range of methods to improve feedback and on-going quality checks.

Is the service well-led?

Our findings

The service did not have a registered manager. The provider had recruited a manager who had been working at the service for many years. They told us they were going to apply to register with us.

The provider did not have a suitable system in place for auditing the quality of the care plans and accidents and incidents. For example there were no recording of incidents so the provider was unable to audit and take appropriate action to reduce future incidents. The provider had not included people in the care planning process; however records showed people had signed their care plan. The manager confirmed people had signed the care plan without discussing the contents. This showed that the service had not included people in the care planning process.

Staff told us they had handover meetings to discuss people's changing needs, but some staff felt that communication could be improved upon. One staff member said, "Communication could be better, the handover book is useful, but things don't get followed on from one day to the next." This could mean information is missed in relation to people's changing needs. For example one person had been admitted to hospital, it was discussed at one handover meeting then the following day not discussed. The staff member had to ask about the in hospital, it was not followed through as an on-going

concern. Another staff member said, "Its improving, things are changing, I have really noticed, they are getting on track." Relatives told us that there were positive changes to the home since the new manager has taken over. One relative said, "[Name of manager] is really turning the home around."

People told us there was a homely atmosphere. One person said, "It's a lovely atmosphere, staff are friendly." One relative said, "It feels like a home, it's not clinical." We observed and staff confirmed they knew their role and understood the vision for the care home through the new manager. Staff confirmed they felt able to approach the manager about any aspects of care or concerns relating to the running of the service.

The provider sought people's opinion of the service through an annual questionnaire. This was used to monitor the quality of the service and make improvements. For example new bedding and new carpets this has been purchased. The manager had introduced a bi-monthly newsletter and up dated the website with a blog to encourage engagement and an on-going opportunity to involve people and their relatives. The manager said, "It's important to be visible, giving people the opportunity to express how they feel."

The provider had reported significant events to us in accordance with their registration. This demonstrated the provider and manager understood the responsibilities of their registration with us.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The provider had not followed the legal requirements in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS)