

Tamaris (England) Limited

# Bebington Care Home

## Inspection report

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26 January 2018

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This comprehensive inspection took place on 24 and 26 January 2018 and was unannounced.

At our last inspection in December 2016 we found breaches of Regulation 12 and 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 where we had seen some people were not able to access emergency call bells in their bedrooms, documentation regarding nutrition had not been completed, checks had not been fully completed, staff needed additional training regarding pressure area care and people's privacy was not always respected. During this inspection we saw that improvements had been made and that two domains had improved to a rating of Good. However, we found that other areas needed improvement.

Bebington Care Home is a purpose built care home providing residential and nursing care for up to 87 people with varying needs. These include specialist nursing support, respite care, end of life and general assistance with everyday living for people with dementia. Bebington Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 home had a registered manager in place.

At this inspection we found breaches of Regulations 9 and 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider and manager had not taken the appropriate action to provide care in a safe way for people who lived in the home and had not ensured that an up-to-date plan of care was maintained for people living in the home. You can see what action we told the provider to take at the back of the full version of this report.

People received support with their health care. However, care plans and risk assessments did not always reflect the need of the person. Monitoring documentation was not always appropriately stored, this meant that a full picture of a person's care would not always be available.

Emergency evacuation plans for people had not been updated, in some cases for over a year. This meant that people would not have been able to be safely evacuated by emergency services. This was acted on by the second day of inspection. However, these documents need to be regularly reviewed to ensure the ongoing safety of people living in the home. Documentation about covert medication showed that the proper processes were not always followed before people were given medication without their knowledge.

The home had quality assurance processes in place including audits and quality questionnaires. However,

the issues we found during the inspection showed that some of the audits that had been completed were not always effective to ensure the quality of the service.

People we spoke with told us they felt safe at the home and they had no worries or concerns. People's relatives and friends also told us they felt people were safe. The staff at the home knew the people they were supporting and the care they needed. We observed staff to be kind and respectful towards people. The home provided a range of activities to occupy and interest people.

We found that the Mental Capacity Act 2005 and the Deprivation of Liberty (DoLS) 2009 legislation had been adhered to in the home. The provider told us the majority of people at the home lacked capacity and that a number of Deprivation of Liberty Safeguard (DoLS) applications had been submitted to the Local Authority in relation to people's care.

People we spoke to were happy with the food being provided and we saw that people had a choice of nutritious meals and received support if needed to eat their meals.

People's GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. The provider had systems in place to ensure that people were protected from the risk of harm or abuse. We saw there were policies and procedures in place and training to guide staff in relation to safeguarding adults. There were sufficient staff working at the home to meet people's care needs.

## 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 always safe

People's risk assessments did not always reflect their needs.

Personal emergency evacuation plans had not been updated.

Medication documentation was not always correct.

Staff were trained in safeguarding and whistle blowing procedures.

### Is the service effective?

**Good** ●

The service was effective

People's mental capacity had been assessed in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards had been applied for.

People were given enough to eat and drink to meet their dietary needs.

Staff were appropriately inducted and regularly supervised in their job role.

### Is the service caring?

**Good** ●

The service was caring

We observed staff to be caring, respectful and approachable.

People appeared at ease with staff.

Confidentiality of people's care files and personal information was respected.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive

Management of complaints had improved, however additional

improvements were needed.

Some people who lived in the home did not have a plan of care that was appropriate and met their needs.

A range of social activities was provided and the activities co-ordinator took time to build positive relationships with people.

**Is the service well-led?**

The service was not always well-led

Aspects of the service such as risk assessments, care plans, storing of documents needed improvements.

The manager had audits in place but these were not always effective.

The service had a manager who was registered with the Care Quality Commission.

**Requires Improvement** 

# Bebington Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 took place on 24 and 26 January 2018 and was unannounced. The inspection was carried out by one adult social care (ASC) inspector, a specialist advisor who was a healthcare professional with experience in the nursing care of older people 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.

During the inspection we spoke with three people living at Bebington Care Home and with four relatives and visitors. We also spoke with three visiting health professionals. We talked with three staff on duty including ancillary staff. We also talked with the registered manager, the deputy manager and the regional manager.

We observed support for some people who lived at the home. We reviewed a range of documentation including seven care plans, medication records, records for eight staff members, staff training records, policies and procedures, auditing records, health and safety records and other records relating to how the home is managed.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe living in the home however during this inspection we found concerns regarding the service.

During our last inspection we saw that some people had not been able to access emergency call bells. At this inspection we saw that people in their own rooms were able to access the call bells.

At our previous inspection we had also identified that some documentation had not been fully completed, this included some repositioning charts and hourly safety checks relating to bedrails. We saw that during this inspection this had been improved and we were able to see that this monitoring information had been completed regularly.

However, we found that personal emergency evacuation plans (PEEPS) had been completed for people who lived in the home but had not been reviewed for some time. In some cases these documents were two years out of date. This meant that the information did not match what information was held in people's care plans and risk assessments so if people had needed to be evacuated from the home the emergency services would not have had the correct information to help people to safety. This was brought to the manager's attention who had rectified the issue by the second day of inspection. A discussion was held with the provider and manager about how these documents were to be reviewed regularly to ensure they were accurate.

We looked at the risk assessments relating to the care of some of the people who lived at the home. We saw that people's risks assessments included moving and handling, falls and mobility. However we saw that not all risks were clearly identified and monitored closely. Examples of this included risk assessments surrounding specific pressure area concerns and risk assessment for hot food. We also saw that one person's feet had blistered two months previously and that there had been no follow up to monitor this. We saw that in some cases the record keeping was poor on the general nursing unit as charts and care plans lacked contemporary information.

These were breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider and manager had not taken the appropriate action to provide care in a safe way for people who lived in the home.

We looked at the systems Bebington Care Home had in place for supporting people with their medication. We found that there were safe systems in place for the ordering, receipt, storage, administration and disposal of medicines, including controlled drugs. Policies and systems were in place to provide guidance to staff on how to manage people's medication safely. However we saw that there was no evidence of agreement from a pharmacist regarding covert medications for one person living in the home, the form in use did not indicate need for a pharmacist signature just the name. We were informed by the nurse that the GP notified the pharmacist when covert medications were required. The documentation for covert medications did not include family involvement (unless person with lasting power of attorney), this is when

medications are to be given to a person without their knowledge when it has been decided that it is in their best interests. However, we were advised by staff that family were consulted there was no evidence of this.

We attempted to look at topical medication on one of the nursing units however the staff were unable to locate the monitoring charts. This meant we could not be certain that people were having their creams applied according to their prescription.

This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure the proper and safe management of medicines.

A visiting nurse practitioner told us that they never had any concerns regarding infection control and that hand gel and hand washing facilities were always available, or environmental hygiene. The home had cleaning rotas in place for the domestic staff however on our tour of the building we identified areas of the home that had not been cleaned, examples were cobwebs, a strong smell of urine on one unit and visible dirt behind a television and on a door. This was brought to the registered manager's attention who assured us that this would be immediately actioned.

We spoke with people who lived at the home, relatives and visitors and asked if they felt safe. Comments included, "Yes I'm very safe here", "I know I'm safe here" and "Of course it's a safe place, better than home." We also spoke with relatives who commented, "I know he's safe here" and "Yes he's very safe here and so he should be."

We looked at the records relating to safeguarding incidents and we saw that the home had made the required notifications to CQC and records showed that the majority of staff had attended safeguarding training. We asked staff members if they knew safeguarding processes and asked if they felt confident reporting any type of potential abuse. All the staff we spoke with were able to show an understanding of the different types of abuse and how to report abuse. The staff we spoke with told us the safety and wellbeing of the people living in the home was most important.

We saw that most of the required checks had been carried out prior to the staff members commencing work in the home. We saw that all staff in the home had a Disclosure and Barring Service (DBS) check completed. We also saw that the registered nurses personal identification numbers (PIN) had been checked to ensure that the nurses were currently registered with the Nursing and Midwifery Council (NMC) as fit to practice. These checks helped to ensure staff were suitable to work with people who may be vulnerable. However, we identified that the references that were requested prior to employment had not always been verified. The management of the home continued to gauge what staffing levels are needed and we saw evidence that this was reviewed monthly.

We looked at the accident and incident records and saw that where an accident or incident had happened, appropriate action had been taken to reduce the risk of anything similar from occurring again. The number and type of accidents and incidents were monitored to identify trends in how, when and why they occurred so preventative action could be taken.

We looked at a variety of safety certificates that demonstrated that utilities and services, such as gas, electric and small portable appliances had been tested and maintained. We also saw legionella checks had been carried out regularly. We saw that the fire alarm system had been checked weekly.



# Is the service effective?

## Our findings

We asked people, relatives and other visitors about the staff who supported the people living the home, they confirmed the staff were skilled and that there were enough staff to make sure people received the support and care they need.

We looked at seven staff files that showed each staff member had attended and successfully completed the provider's induction schedule within the first 12 weeks of employment. We also saw that all staff, including ancillary staff had all attended training required by the provider, which included safeguarding, moving and handling, food hygiene, fire safety, infection control and equality and diversity. Nursing staff also told us of how the service supported them when they have to revalidate their registration with the NMC. We also saw competency assessments had been carried out that included wound management and blood pressure monitoring.

There was also evidence of a robust supervision and appraisal system in place for the staff group. Supervisions had been carried out at regular intervals throughout the past year. Supervision provides staff and their manager with a formal opportunity to discuss their performance, any concerns they have and to plan future training needs. Each staff member we spoke with was able to tell us about their supervision processes. This meant that people who used the service received care from staff that were skilled and competent to support them. We also saw how the service invested in their staff by supporting them to achieve other training such as a 'care home assistant practitioner' qualification that enabled care staff to take a larger role when supporting nursing staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. It was clear that the registered manager had a full and detailed understanding of the MCA and its application and people had MCA assessments. We also saw how the majority of staff had attended MCA and DoLS training sessions. We observed people being asked for consent before care being carried out and we saw evidence in some care documents that people who were able to had given their signed consent to aspects of their care plans. One person told us, "He [nurse] always explains things to me."

Each unit had its own dining area with kitchen access. We observed the serving of lunch on the first day of inspection. We were told that the manager and provider had invested time to make the dining experience pleasurable for the people living in the home. This included making the dining areas as inviting as possible.

We spoke with the chef who told us how they were informed of people's dietary needs by the management and relatives. This included allergies and, if needed, food that needed to be pureed separately. We saw that when person's dietary intake or weight changed significantly then the person's risk assessment was reviewed and a referral was made to other external professionals if needed to ensure people's nutritional needs were managed. During our inspection we observed staff regularly offering hot and cold drinks to people throughout the day.

# Is the service caring?

## Our findings

During our last inspection we had observed staff entering people's bedrooms without first knocking and asking permission to enter. During this inspection we did not see this, this meant that staff were respecting people's privacy.

We asked people and their relatives if the service was caring. Comments included "They [staff] are very caring", "I couldn't fault any of them" and "They're all so obliging". Everyone we spoke with said that they were treated with dignity and respect. We observed staff interactions with people who lived in the home and people were approached and communicated with dignity and kindness. A visiting G.P. told us that the staff "Knew residents well and were caring". We observed that people in need of personal care were attended to promptly and with respect.

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During our visit people moved about freely and communicated with us and staff. Staff engaged with people and visitors in a warm and friendly manner. We were told that relatives were welcome at any time and were able to eat a meal with the person if they wished. One relative told us, "I'm so glad [person] is here." another relative told us, "Every one of the staff are so good to me and [person]."

Relatives told us that there was always communication between them and the service and they felt they were kept informed of any issues. We were able to see evidence of relatives meetings that had been held. As these were not usually well attended the manager made sure noticeboards were used to inform people of anything to do with the home. We also saw that a service user guide was available from the provider, this contained information regarding the care and assessment of people and advocacy. We looked at people's care plan files and saw that advocacy services had been accessed for people who needed them.

We observed that confidential information was kept secure either in locked cupboards on each of the units or the main offices.

We looked at care files and were able to see how people's individual beliefs and cultures were respected. This included accessing different faiths if the person wished it. We asked people and their relatives if staff knew them well and we were told yes. One relative said, "The staff know [person] very well now" and another

said "They (the staff) have got use to both of us." We also asked staff if they knew the people they were supporting. We found that they did and they were able tell us about people's needs. Comments included, "I've learned so much just spending time with the residents and getting to know them" and another staff member told us how they found out about peoples individual likes and dislikes, such as little things like how people like their socks putting on and how they like their drinks making.

## Is the service responsive?

### Our findings

We looked at seven individual care files that were in place for people living at the home. We looked at three care files and saw that they contained an assessment of the person's needs. A series of assessments had been carried out and reviewed monthly to monitor the person's health and welfare. This helped to identify any information that required updating or additional support the person may need. This included assessments of their risk of falls, dependency levels, nutritional needs and personal care needs. However, we identified that not all care plans identified the current needs of people and were in need of review. For example, one person did not have a care plan for a two-month-old wound. We also saw a letter on file from a dietician regarding a person's percutaneous endoscopic gastrostomy (PEG). This is a tube inserted directly into a person's stomach so that they can be given food, drink and medication when oral administration is not possible or inadequate. The directions included the use of cream around the PEG insertion site, daily foam dressings and also advice about the correct positioning of equipment. This important information had not been added to care plan, which meant that staff did not have clear guidance on how to meet this person's PEG care needs. This was brought to the manager's attention who assured us that this would be immediately rectified.

We saw on the nursing units that the monitoring records for people were not always stored appropriately. Examples of this included sleep activity charts, positioning charts and observational charts. Some dated August and September 2017 were not kept in people's files but in other areas of the locked office, this meant that if visiting professional needed information it would not be available to give a full picture of the person's wellbeing.

We spoke with a visiting nurse practitioner who told us that they had no problems with staff following any recommendations. They were able to give an example of a person who had been aggressive in a previous home but was calmer in Bebington Care Home, as staff seem more relaxed in their approach to him. They did not expect the person to sit still and watch TV as seemed the case in the other home and adapted to the person's needs. However, we saw evidence that visiting professionals did not always have information readily available from staff. Examples of this included how a type of medication was affecting a person's behaviour or staff being unable to give a podiatrist any information about a type or grade of a wound.

These examples are breaches of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured that an up-to-date plan of care was maintained for people living in the home.

During our previous inspection we had found that records of complaints had been incomplete and with no follow up information. At this inspection we found that improvements had been made for the most part. However, we found one complaint that had not been dated and no follow up information had been logged. We saw that complaints were being monitored on an online system and this was directly accessed by the area manager who was able to monitor the progress of any complaints received. People and their relatives were able to put forward any complaints, compliments and suggestions by using the electronic devices provided. These devices were constantly available at the entrance of the home and so were easily

accessible.

The home had a complaints policy that was on display for people to access, this was up-to-date and had been reviewed. This was displayed at the entrance to the building making it easily accessible for everyone. We asked people if they felt they could raise concerns and everyone said they could. Relatives told us, "[Person] has been here five years and I've no complaints" and "It's much better than it was when [person] first came here."

We asked people about activities and interests and we were told that the activities coordinator who was employed five days-a-week and did activities with those who wished to take part. This included gardening, summer fair and quizzes.

No one living in the home was receiving end of life care at the time of inspection. The manager told us that the home followed the 'Six Steps' programme with the focus of this being care in the last six months of life. It ensures that the person themselves is at the heart of the process, with other people such as relatives and care professionals included and operating in a coordinated way. However, they were not officially accredited with the 'Six Steps' programme.

## Is the service well-led?

### Our findings

The home had a registered manager who had been in post since 2014. The registered manager understood their responsibilities in relation to the service and registration with CQC and regularly updated us with notifications and other information. We spent time talking to the registered manager, deputy manager and regional manager who told us how committed they were to providing a quality service. The registered manager was able to tell us that they were supported by the provider and that they regularly attended managers meetings where they received peer support. The registered manager was in the process of completing their Level 5 qualification in Health and Social Care.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The provider was displaying their ratings appropriately in a clear and accessible format at the entrance to the home.

The manager and the staff had a clear understanding of the culture of the home and the manager was able to show us how they worked in partnership with other professionals to make sure people received the support they needed.

Some records were well-maintained at the service and most of those we asked to see were located promptly. However, we had identified concerns relating to personal emergency evacuation plans, risks assessments, care plans and storage of monitoring information.

The home had comprehensive care support that included 'ward rounds'. This was where a GP would visit the home on a set day of the week to visit and monitor their patients. This reduced waiting times and ensured continuity of care. We were able to see input from advanced nurse practitioners, dietetics and podiatry. The manager maintained good links and access to dentists and tissue viability nurses. However, evidence suggested that the home did not always engage with services to the extent that could reasonably be expected of a nursing home. Record keeping of events to support visiting professionals were not always available and the home did not seem to always prepare for the visits or monitor progress sufficiently for professional visitors to see what is working.

The service had policies and procedures in place, these covered subjects such as complaints, health and safety, disciplinary, safeguarding and recruitment. . These provided staff with up-to-date guidance. The staff and manager shared information in a variety of ways, such as face-to-face, during handovers between shifts and in team meetings. The manager had also implemented a daily 'flash' meeting where a representative from each unit and department meet and discuss any issues or events within the home. We asked staff if they felt supported in their role and they told us that they did.

We saw that the registered manager and regional manager actively undertook a range of quality assurance processes to ensure the quality of the service, examples being audits of medication, care plans and environment. The registered manager had a system of manager's audits that were carried out weekly and monthly. However, we saw that there were concerns identified with personal emergency evacuation plans,

risks assessments, care plans, medication documents and storage of monitoring information. This meant that the audits being carried out were not always effective.

We saw that quality questionnaires were carried out regarding the service being delivered. We saw that positive feedback had been received including the comment, '[Staff] work hard to keep everyone happy and safe and make them feel loved.'



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider and manager had not ensured that an up to date plan of care was maintained for people living in the home.
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider and manager had not taken the appropriate action to provide care in a safe way for people who lived in the home and had not ensure the safe management of medicines.
Treatment of disease, disorder or injury	