

Handsale Limited

Handsale Limited - Bierley Court

Inspection report

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Bradford
West Yorkshire
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Tel: 01274680300

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15 June 2023

21 June 2023

23 June 2023

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27 July 2023

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bierley Court is a residential care home providing personal care for up to 40 older people, some of who are living with dementia. Accommodation is provided over two floors in three separate units: Bronte on the ground floor and Hockney and Lowry upstairs. At the time of our inspection there were 28 people using the service.

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

Significant improvements had been made since the last inspection. People felt safe in the service.

Safeguarding events, accidents and incidents were reported, recorded and acted upon appropriately. Risks to people were assessed and managed well by staff. Medicines were managed safely, although some aspects of record keeping needed to improve.

There were enough staff to meet people's needs and keep them safe. Staff received the training and support they required to carry out their roles. Robust recruitment processes were in place.

Cleanliness of the environment had improved with a series of deep cleans and an efficient housekeeping team. Safe infection prevention and control procedures were followed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Some areas of the environment required redecoration and refurbishment. The provider had plans in place to address this in the near future.

People received the care and support they needed. There was ongoing work to improve care records.

People and relatives were happy with the care provided and were involved in decisions about care. People and relatives praised the staff for their kindness and compassion. We saw staff treated people with respect and maintained their privacy and dignity. Activities had improved with external entertainers visiting as well as lots of event inhouse which people enjoyed. People had access to healthcare services. People enjoyed a choice of meals, snacks and drinks and mealtimes were relaxed and sociable.

There was no registered manager. The provider had recently brought in an external senior manager who was working alongside the management team providing additional support. Relatives and staff acknowledged the improvements made since the last inspection. Effective quality assurance systems had been implemented and issues were actioned and verified by the provider and senior management team. An action plan was in place to make sure improvements were embedded, sustained and developed further.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 26 January 2023). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended the provider reviewed their recruitment process. At this inspection we found the provider had acted on the recommendation and had made improvements.

This service has been in Special Measures since 26 January 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement based on the findings of this inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

Two inspectors, a medicine inspector, and an Expert By Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bierley Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bierley Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 15 June 2023 and ended on 23 June 2023. We visited the service on 15 and 21 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spent time with people in the communal areas observing the care and support provided by staff. We spoke with 7 people who used the service and 3 relatives about their experience of the care provided. We spoke with 14 staff including the nominated individual, manager, deputy manager, team leaders, care workers, cook, maintenance and housekeeper. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 2 visiting healthcare professionals.

We reviewed a range of records. This included 8 people's care records and 6 people's medicine records. We looked at 3 staff recruitment files. A variety of records relating to the management of the service were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure safe medicine management systems were in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Overall, we found medicines were managed safely and significant improvements had been made since the last inspection.
- Medicines were stored securely and effective systems were in place for the disposal of medicines.
- Systems were in place to ensure people received their medicines at the correct time. Reasons were recorded for any gaps or omissions.
- Senior staff who administered medicines had been trained and assessed as competent.
- A new electronic medicine system had been implemented and some areas relating to records and stock auditing required improvement. The provider had identified these issues and was taking action to resolve them.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider did not have systems in place to ensure risks to people were assessed and managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and managed safely.
- Risk assessments and care plans informed staff how to manage risks to people. On the first day of inspection, we saw one person did not have a sensor mat in a communal area which their care plan stated they required. This was addressed immediately. Everyone else had the equipment they needed to keep them safe.
- Systems were in place to ensure the environment was safe. Safety checks of the premises and equipment were up to date. The electrical installation certificate showed improvements were required and dates had been agreed for the work to be completed.
- Accident and incident recording and monitoring had improved. Detailed analysis considered any themes and trends and lessons learned were acted on.

Preventing and controlling infection

At our last inspection people were not protected from the risk of infection as control measures were not implemented consistently. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance. People and relatives were happy with the visiting arrangements.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not have effective systems in place to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from the risk of harm and abuse.
- People said they felt safe in the home and this view was shared by relatives. One relative said, "I can sleep at night knowing that [family member] is safe."
- Safeguarding incidents were recognised, reported and acted upon to protect people from harm. Incidents had been referred to the local authority safeguarding team and notified to CQC.
- Staff had completed safeguarding training and understood the procedures to follow if abuse was found or suspected.

Staffing and recruitment

At our last inspection there were not enough staff deployed at all times to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to meet people's needs and keep them safe.
- People and relatives were happy with the staffing levels. Comments included; "They come and check on me every half an hour"; "If I press my buzzer I know someone will come, not always straight away but in 5 minutes which is okay" and "Staff seem well organised. There are plenty of them." We saw staff maintained a presence in communal areas and carried out regular checks on people who chose to stay in their rooms.

- Staffing levels were kept under review using a dependency tool. Night staffing levels had increased recently in response to a change in people's needs.
- Staff confirmed there were enough staff and said they had sufficient time to support people without rushing.

At our last inspection we recommended the provider reviewed their recruitment process to ensure robust procedures were in place. The provider had made improvements.

- Robust recruitment processes were in place. Pre-employment checks had been completed including with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had started to involve people who lived in the home in the interview process. One person who had recently taken part told us, with a smile, how much they had enjoyed, "grilling the staff."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection people's nutritional needs were not always met. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People's nutritional needs were met.
- People told us they enjoyed the food. One person said, "I love the bacon sandwich best." Another person said how much they had enjoyed their 'crunchy salad'. We saw people were offered a choice of meals and provided with drinks and snacks throughout the day. Catering staff knew people's nutritional requirements and preferences.
- Mealtimes had improved significantly. The atmosphere was calm, relaxed and sociable with people chatting to each other and to staff. Staff supported and encouraged people with eating and drinking.
- Weights were monitored and food and fluid charts were completed for those who were nutritionally at risk.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

At our last inspection people did not have their care and support needs delivered in line with MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The service was working within the principles of the MCA.
- A DoLS tracker was in place which showed when applications had been made and granted and whether the authorisations had any conditions.
- One DoLS authorisation we checked had a condition and this was being met.
- Staff explained and asked people for consent before providing care and support.
- Staff carried out assessments and recorded best interest decisions where people did not have the capacity to make particular decisions. Records could be improved by providing more detail about how people were involved, discussions about least restrictive options and inclusion of families and other professionals where appropriate.

Staff support: induction, training, skills and experience

At our last inspection staff had not received the training they required to carry out their roles. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received the training and support they required to carry out their roles.
- Staff said training had improved and was kept updated. The training matrix confirmed this and highlighted where updates were required. There was evidence of induction for new staff.
- Staff said they felt supported and received regular supervision.
- Staff champions had been appointed to share and support best practice in the staff team. This included champions in areas such as infection control, nutrition and dignity and respect.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- People's needs and choices were reviewed and assessed. There had been no admissions to the home since the last inspection.
- The building was adapted to meet people's needs and parts of the environment were homely and comfortable. Many areas of the home required redecoration and refurbishment. The provider had plans in place to start this work in the near future and this included making the environment more dementia friendly.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access the healthcare support they needed.
- People's care records confirmed the involvement of other professionals in providing care such as the GP and district nurses.
- Monthly multi-disciplinary team meetings had been implemented to ensure good partnership working. A visiting healthcare professional said the management were working with them to make improvements, were receptive and responsive to any issues raised and acted on advice given.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection people were not always treated by staff with compassion, dignity and respect. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People were treated with kindness and compassion by staff and their privacy and dignity was maintained.
- People and relatives spoke highly of the staff and the care they provided. One person said, "The staff are very friendly and always helping me. We have a laugh. They're nice people." Another person said, "I feel wanted and needed. It's so much better here than the last place. At first I didn't come out of my room. These staff got me to come out of my room and I love it now." Another person described the staff as 'brilliant'.
- Relatives comments included; "[Family member] is so happy here. Just look at them, 96 and having a fantastic life" and "Staff are wonderful. [Family member] is well cared for here."
- Staff were kind and caring in their interactions with people and knew them well. Staff referred to people by name and were gentle and patient when supporting people.
- People looked well cared for. Staff supported people to maintain their appearance. Clothes were clean, people had appropriate footwear and looked well groomed.
- Both days we inspected the weather was hot and sunny and people enjoyed sitting out in the garden. Staff ensured people were protected from the sun and kept well hydrated with plentiful supplies of ice creams, lollies and cold drinks.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in decisions about their care and daily lives.
- Relatives said staff were good at keeping in touch and informing them of any changes. One relative said, "Senior staff are amazing, I can call and visit at any time. I'm kept fully informed about [family member] and involved in care planning and decisions."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

At our last inspection we found people were not receiving person-centred care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care needs were being met and a more individualised approach was being implemented.
- People and relatives told us they were happy with the care provided. One relative said, "[Family member's] always been well cared for here. I think the staff have improved as they work well together now."
- Care records had improved and this work was ongoing. Some care plans contained personalised information and clear support plans. However, others needed updating to reflect current needs. Daily records focused mainly on tasks
- People's social care needs were being met. An activity co-ordinator had been employed and an activity programme was in place.
- On both days of the inspection we saw people enjoying a variety of activities. This included visits from external entertainers as well as other activities such as painting, dominoes and bingo.
- People enjoyed socialising. Comments included; "I went in the garden yesterday and listened to the birds and had a lovely time with people"; "It's laid back here. We can do what we like. I enjoy having a beer" and "[Family member] gets up more now and goes in the lounge she likes to chat with people and loves playing bingo."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had communication plans which outlined their needs and the support they required.
- Information was displayed and available in large print or easy read formats such as the complaints procedure.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints.
- The complaints procedure was displayed in the home. A complaints log showed any complaints received and the action taken to address them. One relative said, "Anything I have raised has been dealt with."

End of life care and support

- People's wishes and preferences for end of life care had been discussed and were recorded in their care plans.
- We saw support being provided to one person in accordance with their wishes. Staff were caring, responsive and flexible ensuring everything was in place as the person requested.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection we found systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- We found improvements had been made to address the breaches identified at the last inspection.
- There was no registered manager in post. An external senior manager had recently been brought in by the provider to work alongside the deputy manager and staff team providing support and guidance. They had implemented effective communication systems including daily manager walk rounds and meetings with representatives from each department. Staff, people and relatives spoke positively about the improvements made.
- Staff were clear about their roles and responsibilities. They told us about improvements that had been made since the last inspection. This included more training and support, better communication, more activities for people. One staff member said, "Everything is better. Staff now work together as a team and help each other. [The external senior manager] has excellent ideas about how to make things better for people and also listens to what staff have to say. The home is cleaner."
- Quality assurance systems were in place. Regular audits were carried out by the management team covering all aspects of service provision. The audit process was thorough, identifying issues and actions to be taken. The audits were checked and verified by the provider and senior managers to make sure actions had been completed.
- The provider understood the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.
- The provider and management team were keen to ensure any improvements were embedded and sustained. They were proactive when issues came to light at the inspection. Following the inspection updated improvement plans were submitted.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff were involved in the running of the service and their views were sought and acted on.
- Minutes from recent meetings showed people who lived in the home and staff had opportunities to share their views about the service provided. For example, a 'You said, we did' poster showed actions taken in response to feedback from people about activities.
- Surveys had recently been sent out to relatives to gain their views of the service.

Working in partnership with others

- The service worked closely with other agencies. Care records showed other professionals were involved in people's care.