

*We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## Bartholamew Lodge Nursing Home Limited

1 Trowse Lane, Wednesbury, WS10 7HR

Tel: 01215021606

Date of Inspection: 02 November 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✓ Met this standard
<b>Safeguarding people who use services from abuse</b>	✓ Met this standard
<b>Requirements relating to workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓ Met this standard

## Details about this location

Registered Provider	Bartholamew Lodge Nursing Home Limited
Registered Managers	Ms. Veerpal Kaur Brar Mr. Aneesh Jacob Thomas
Overview of the service	Care home providing accommodation, nursing and personal care to a maximum of 30 older people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We reviewed all the information we have gathered about Bartholamew Lodge Nursing Home Limited, looked at the personal care or treatment records of people who use the service, reviewed information sent to us by other organisations and carried out a visit on 2 November 2012. We observed how people were being cared for, checked how people were cared for at each stage of their treatment and care, talked with people who use the service and talked with carers and / or family members. We talked with staff.

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### What people told us and what we found

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There were 20 people living at the home on the day of our inspection. No one knew we would be visiting. We spoke with ten people who lived at the home, two relatives, six staff and two external care workers.

All people we spoke with told us positive things about the home. One person told us "I have been in other homes before but this one is the best, we have good care and it is very friendly and homely". Another person said "I came here before for short stay care. When I needed long term care I insisted I came back here because I had liked it so much". A third person said "Everything here is wonderful, the staff, the food and the care". One relative said "It is excellent. I can not fault it they are very well looked after". An external care worker told us "I have never seen anything concerning here. This is one of the better places we go to".

We saw that staff were polite to people and showed them respect. People's needs had been assessed by external health professionals including the dietician and speech and language therapists. This meant that people's health care needs had been monitored and met.

Staff were able to give a good account of what they would do if they were concerned about anything or witnessed abuse.

Recruitment processes ensured that staff employed were suitable to work with the people living at the home which protected them from harm.

Records and staff both confirmed that systems had been used to monitor how the home had been run.

You can see our judgements on the front page of this report.

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### **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We saw that staff were polite and respectful to people. They called people by their chosen name and spoke to them in a polite and friendly manner. People told us that the name used by staff was their chosen name and we saw that they responded to staff by answering them and smiling.

Staff we spoke with gave a good account of how they maintain people's privacy and dignity. One staff member told us "When giving personal care we make sure people are covered to protect their dignity". Another staff member told us "We always knock people's doors before going into their bedrooms". A person who lived at the home told us "They always cover me up when I am being showered and close the door". This meant that staff were aware that it was important to people that their privacy and dignity were respected and maintained and they took action to honour that.

People expressed their views and had been involved in making decisions about their daily routines. We heard staff asking people what they wanted to do and where they wanted to sit. The majority of people told us that they got up when they wanted to and went to bed when they wanted to. One person told us "I always got up early when I lived at home. Once I am awake I hate to stay in bed". Another person said "When I was working I had to get up early and have done so since. I like to get up early and go to bed early".

People had their own individual bedrooms. We saw that people had their own belongings in their bedrooms such as pictures, photos, religious artefacts and ornaments. One person said "My family have brought in all the things I wanted. I like to have my things in my room". This meant that people were able to treat their bedroom as their own to suit their personal wishes and preferences.

People we spoke with told us that staff had encouraged them to remain independent. We heard staff encourage people to eat independently and to do small tasks for themselves.

Records showed that where people were able they had been involved in their care planning. Where appropriate, people's relatives were involved in their care planning and meetings that were held about the person's health and welfare.

People we spoke with told us that the staff enabled them to follow their chosen religion. Representatives from a church visited people on a regular basis and arrangements had been made for representatives from a second church to also visit. One person told us "We have a little church service often and I enjoy that". We saw that some people had displayed their religious artefacts in their bedrooms. This meant that the staff had recognised how important it was to people to practice their chosen religion and had supported them to do this.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

People experienced care, treatment and support that met their needs.

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**Reasons for our judgement**

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People's care and support had been planned and delivered in a way that had promoted their safety and welfare. Staff told us that there was good communication. They told us that they always had a handover between shifts and that this handover informed them about any events that had occurred, appointments that had been planned for that day, and any issues that they needed to be aware of. This meant that staff had been told up to date information about each person living at the home so that they were aware of the way people wanted to be cared for.

We spent time indirectly observing people and their interactions with staff. We saw that staff were kind and caring to the people who lived at the home. We observed that people were comfortable in the presence of staff, they did not hesitate to ask staff if they wanted something. One person told us "The staff are lovely, we can really talk to them. They are like friends to us".

We saw that people wore clothing that was appropriate for their age, gender and the weather. One person smiled when we spoke with them about their clothes showing that they were happy with what they were wearing. Staff we spoke with knew what clothes people liked and told us that they support people to choose the clothes they wore each day. One person told us "I choose what I wear each day, I like to do that". Care plans described how people liked their hair to be styled, we saw that their hair had been managed in the way they wanted it to be. Another person said "I had a shower this morning as I do most days, the staff help me. It is very important to me that I feel nice and clean". This meant that staff knew people's individual wishes and choices concerning their personal care and appearance and had supported them to achieve this.

We saw that people were seen by a range of health care professionals as they needed to. These included the GP, speech and language staff, the dentist and the optician. Records we looked at and staff we spoke with confirmed that where there was a health concern this had been addressed quickly. One person told us "I see the dentist and optician and they get the doctor if I need one". A relative told us "The staff act quickly if they are ill and get the doctor". This meant that people's health care needs had been monitored and met to keep them in good health.

The registered provider may wish to note that we saw one bed rail that did not give complete assurance of safety. Reassessment of this bedrail would give the person greater

confidence that they were safe and not at risk from injury.

Records we sampled showed that assessments had been undertaken to identify and prevent risks and other events. A number of people were at risk of developing sore skin; we saw that mattresses and cushions had been provided to prevent sores developing. Records confirmed that when staff were concerned about a person's skin they referred them to a nurse specialist for advice. We saw that weight monitoring processes were in place and that action had been taken to prevent people suffering from malnutrition such as giving them high calorie foods .This meant that staff knew the risks associated with individual people and had taken action to prevent ill health.

Relatives and staff we spoke with confirmed that there were good relationships between relatives and staff. Staff enabled and encouraged people to have contact with their family and friends. People's daily records confirmed that people had regular contact with their families. During our inspection we saw a number of relatives who had come to visit people who lived at the home. Relatives told us that they were made to feel welcome by the staff and could visit at any time. This meant that staff know how important it was to people that they had regular contact with their families and had enabled this.

**People should be protected from abuse and staff should respect their human rights**

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### **Our judgement**

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The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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### **Reasons for our judgement**

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Staff we spoke with and records we looked at confirmed that Mental Capacity Act and safeguarding training had been delivered. This training had given the staff knowledge so that they would recognise any concerning practice and would know what they should do and who they should report this to in order to prevent people suffering from harm and abuse. Staff we spoke with were all able to give us a good account of what they would do if they were concerned or witnessed abuse.

The majority of people living at the home had ongoing support and contact from family member's who spoke on their behalf and supported them in decision making where they were not able to. One relative told us "Because they have dementia the staff consult with me and involve me in decision making about their welfare".

We spoke with ten people who all confirmed that they had no problems with staff behaviour or conduct. One person said "The staff are kind." Another person said "I have never seen anything concerning like staff shouting. It is amazing really as some people who live here do get angry and shout but the staff are so nice and calm with them, they never shout back or anything like that". A relative told us "All the staff are nice I have never seen or heard anything concerning".

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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All people and relatives we spoke with were complimentary about the staff. They used words such as "Kind" and "Caring" to describe them.

We saw that recruitment and selection processes were in place. We looked at the files for four staff and found that appropriate checks were undertaken before they had begun work. These checks would help to keep people safe and prevent them from harm as they had prevented unsuitable people working for the service.

We saw that induction procedures were in place and asked new staff about induction processes. Both staff confirmed that they had received appropriate induction and told us what this had consisted of. One staff member said "I had a good induction and learnt a lot. Management are very supportive and have helped and guided me". This meant that people using the service had some assurance that new staff had knowledge of the service's policies and procedures and what was expected of them to make sure that they were cared for and were safe.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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People living at the home and their relatives had been asked their views about the service. Staff told us that surveys are undertaken each year. We looked at the surveys that had most recently been completed and saw that positive comments had been made. Staff shared with us examples of how the registered provider had listened to people and had taken action to meet people's requests. One person had asked to change bedrooms as they wanted a view of the church and that had been achieved. Other people had asked for changes to the menus. They had asked for a wider choice of cereals such as 'Cheerio's' and a wider choice of hot breakfast items; those requests had been addressed.

Records and staff we spoke with confirmed that people living at the home were well looked after and had a good quality of life. We saw that people living at the home looked happy and they told us that they were. This meant that the registered provider knew the importance of providing a good standard of service to the people who lived at the home and had provided the resources to enable this.

Staff told us about audits that are undertaken to make sure that the service is run as it should be. These included areas such as medication and health and safety. We saw that audits had been undertaken concerning risk assessments. This meant that the registered provider knew the importance of providing a safe service and had taken action to assess the safety of people using the service.

We saw that a complaints procedure was in place. Staff we spoke with were aware of complaints processes and what they should do if the people they cared for were unhappy. People we spoke with told us that although they had no complaints they knew who to speak to if they did. One relative said "I have no concerns or complaints. I would be happy to speak to the manager if I did".

The registered provider had recognised that improvements to the premises were needed. The current premises had a number of double bedrooms and en-suite facilities were not provided in all bedrooms. The registered provider had reduced the number of placements available to people. This was so that work could be undertaken for double bedrooms to be converted to single bedrooms and for en-suite facilities to be provided in the majority of bedrooms. This meant that the registered provider had made plans to improve the

premises to increase the quality of the service provided.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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