



Review of compliance

Bearwardcote Hall Residential Home Limited
Bearwardcote Hall Residential Home

Region:	East Midlands
Location address:	Bearwardcote Hall Heage Lane, Etwall Derby Derbyshire DE65 6LS
Type of service:	Care home service without nursing
Date of Publication:	April 2012
Overview of the service:	Bearwardcote Hall Residential Home is managed by Bearwardcote Hall Residential Home Limited. The service is in a rural location two miles from Etwall village in Derbyshire. It provides personal care and accommodation for 38 older people (male and females).

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Bearwardcote Hall Residential Home was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 March 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

We were supported on this review by an expert-by-experience who has personal experience of using or caring for someone who uses this type of care service.

What people told us

We spoke to nine people who use the service, seven relatives and eight members of staff.

Some people who use the service were unable to share their views with us. People able to express their views said they were happy with the care and support they received, and felt that their needs were being met. One person said "It's a lovely home." Another person told us "I am happy with the way they look after me. They get a doctor if I am ill."

Most people felt that they get the help and support they need as there is usually enough staff on duty. People felt that staff treated them with dignity and respected their privacy. People also felt safe and able to raise concerns with staff if they were unhappy.

Relatives we spoke with praised the care and support their family member received, and felt involved in decisions about their care and treatment.

What we found about the standards we reviewed and how well Bearwardcote Hall Residential Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People were involved in decisions about their care and treatment and their privacy, dignity and independence were respected.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People received care, treatment and support that met their needs and ensured their welfare.

Outcome 07: People should be protected from abuse and staff should respect their human rights

People who use the service were not protected from the risk of abuse, as procedures require strengthening to ensure that staff understand their responsibilities and respond appropriately under safeguarding procedures.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff have access to training and support to enable them to carry out their work effectively. This ensures that people's needs are met by competent staff.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

People who use services benefit from a service that is well managed and which seeks their views. Systems to effectively monitor the service and manage risk appropriately require strengthening.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

People said they had been given information about the services provided.

People said they were involved in making decisions about their care and treatment, and were aware of their rights to refuse care and treatment.

People who use the service felt that staff treated them with dignity and respected their privacy and independence. Relatives shared this view.

One person told us that following an assessment "they had a kettle in their room to enable them to make a drink when they wanted. They also helped with daily duties around the home including changing the menus, putting out the drinks at lunchtime, feeding the birds and keeping the notice board up-to-date".

People felt listened to and able to express their views about how the service is run.

Relatives said they felt involved in decisions about the care and treatment their family member received.

Other evidence

We saw that a copy of the information guide was available in people in the home. The registered manager planned to update this as it included some information that was inaccurate and out of date.

Staff we spoke with were knowledgeable about individual's needs and knew how best to communicate and support people to make choices for themselves.

Staff told us they promote independence by enabling people to do things for themselves, where able. We observed staff respecting people's privacy, dignity and independence during our visit. However we saw that people who used a zimmer to aid their mobility had difficulty gaining access through the two fire doors leading off the corridor into the hallway. This meant that people's independence was restricted. A fire guard was fitted to hold the doors open to enable people access, however these were not working. Restricted access also applied to visitors in wheelchairs. The manager agreed to urgently address this issue.

We saw that attention was generally paid to people's appearance. However one person did not appear to have had a shave that day, and had food and drink stains on their shirt. The person was unable to tell us the reason for this.

The manager confirmed that one of the activity staff holds regular meetings with people who use the service to enable them to voice their views. We saw that clear records were not kept of all meetings held to show that people's views and concerns were listened to and acted on. Staff and people who use the service assured us that issues and suggestions raised were acted on. For example people had asked for more activities and these were provided. The manager agreed to ensure that appropriate records are kept of meetings held.

Our judgement

People were involved in decisions about their care and treatment and their privacy, dignity and independence were respected.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

People able to express their views said they were happy with the care and support they received, and felt that their needs were being met. One person said "It's a lovely home." Another person told us "I am happy with the way they look after me. They get a doctor if I am ill."

Two people told us that importance is given to their religious needs.

Most people said they enjoyed the social and leisure activities provided, although two people felt that more outings were needed. One person told us "we play bingo twice a week, Jenny talks about bygone times. On Thursdays and Fridays, we have music and games and chair exercises."

Most people considered that the daily routines are flexible, taking into account their wishes. One person told us "I choose when to get up and go to bed; my preferences are listened to." However another told us "you cannot go to bed before 8pm".

People told us that they currently had a regular bath as the service does not have shower facilities. Two told us they would prefer a shower to a bath as they previously had a shower at home. The provider agreed to look at converting one of the bathrooms to provide a 'walk in' shower.

People said they received care and support from regular staff that are aware of their needs and preferences. This means that people can expect to receive consistent care. People felt there was usually enough staff on duty to meet their needs.

People told us that staff recognise when they are unwell and respond to their needs. One person said "the same doctor visits every week. If anyone is ill, they call for a doctor to come."

Relatives we spoke with praised the care and support their family member received. One relative told us "staff do everything they can to keep my family member in the home as this is in her best interests".

Other evidence

We observed and heard a good level of communication and contact between staff and people using the service. Staff approached people in a caring and appropriate manner.

Staff told us that people received consistent care as the shifts were covered by regular staff who knew their needs. Staff felt there was usually enough staff on duty to meet people's needs.

Discussions with staff and observations during the visit showed that the care and daily routines were mostly centred around people's needs and preferences. Staff told us that most people received a bath in the afternoon as staff had more time during this period. We saw that some people wore their night clothes after receiving a bath in the afternoon, which did not ensure their dignity. From talking to people who use the service the provider may find it useful to note that the practice of bathing people in the afternoon was not person led.

Staff told us that the level of social activities available to people who use the service had increased, after people had requested more activities. We saw that information about activities was available to people who use the service. Records showed that various activities were provided five days a week for people who choose to take part in these.

We saw that care staff wore latest gloves whilst serving people's drinks and meals, which is not in keeping with current guidance and necessary given that they did not handle and prepare food and drinks. The manager agreed to review this practice.

Discussions with staff and records showed that people were offered regular health checks. Staff responded appropriately to changes in people's needs. One person's care records we looked at included their wishes in regards to emergency resuscitation and in the event of their death. The provider may find it useful to note that a policy relating to cardiopulmonary resuscitation was not available to ensure that staff are clear about how decisions should be made.

Certain people's care records were not available for us to look during the visit as staff were unable to locate these. One person's care records we looked at included personal information about their needs and preferences and what is important to them. The records showed that their care and treatment was delivered in a way that ensured their safety and wellbeing. However clear care plans were not in place relating to all their needs to ensure their continued welfare. The manager agreed to urgently address this issue. The provider may find it useful to note that care staff had not received training on person centred care planning to ensure they understood the full care planning process.

Care records showed that staff regularly reviewed and reported on the effectiveness of people's care, treatment and support.

Our judgement

People received care, treatment and support that met their needs and ensured their welfare.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

There are minor concerns with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People told us they felt safe, and able to report any concerns they may have to staff or the person in charge. Relatives also felt able to report any concerns to staff.

Relatives we spoke with said they felt able to report any concerns to the person in charge and had confidence in staff to keep people safe.

Other evidence

The manager was aware of her responsibilities in regards to Derbyshire's partnership safe guarding procedure. A copy of the procedure was available to staff. Staff we spoke with were aware of the signs of abuse and who they should report this to, if abuse was alleged or suspected

Records show that there has been three alleged or suspected incidents of abuse relating to the service in the last 12 months, two of which were upheld under safeguarding procedures. The provider put action plans in place to prevent further incidents.

Staff told us that no forms of restraint were used on people using the service.

We saw that policies and procedures in place to safeguard people's welfare required strengthening. The provider's safeguarding policy did not include all essential information and was not in line with Derbyshire partnerships safeguarding procedure, as this did not include internal procedures in place, as to what action staff need to take

to make sure people are safe if abuse is alleged or suspected. This did not ensure that staff are clear as to the procedure they follow when abuse is suspected.

The policy relating to the use of restraint was not in line with current practice guidance, and was not signed or dated to show how long it had been in use. The policy was unclear if any form of restraint is permitted in the service.

The manager confirmed that one person using the service was subject to protection measures relating to the Deprivation of Liberty Safeguards (DOLs). Records supported that the DOLs restriction had been put in place in the person's best interests.

Our judgement

People who use the service were not protected from the risk of abuse, as procedures require strengthening to ensure that staff understand their responsibilities and respond appropriately under safeguarding procedures.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People able to express their views told us they liked the staff and felt that they did a good job. One person told us "the staff are very kind." Another person said "staff are always coming and talking to me."

Relatives we spoke with felt that staff had the skills and experience to meet people's needs. Relatives said they had good relationships with staff and could contact them at any time

Other evidence

Staff we spoke with said that they worked well as a team and they felt supported by the manager. Staff felt valued and enjoyed their work. Staff told us that they had opportunities to share information and to express their views, although this was mostly through informal discussions. This meant that records of staff meetings were not available to show the outcome of issues discussed and raised.

Discussions with staff and records showed that the service had a mix of staff with appropriate knowledge and skills to meet people's needs. Most of the staff had worked for the provider for many years. A supervision and an appraisal system were in place. Staff received appropriate support to carry out their work through regular supervision and an annual appraisal.

Staff felt they received appropriate training to carry out their work, and said they are encouraged to access National Vocational Qualification (NVQ) in health and social care. Records showed that 15 out of 29 staff had achieved NVQ level 2 or 3

qualification. Records showed that staff had attended various training to further their knowledge and skills including mandatory training updates.

Records showed that new staff received information about safeguarding during their induction to the service. Records showed that all staff had attended safeguarding training in the last three years.

The provider may find it useful to note that staff had not received training on how to manage people's behaviour that challenges, to ensure they apply a consistent and effective approach in managing individual's behaviour.

The manager confirmed that training for 2012 was not set out in a written plan. An annual training plan is important to ensure all essential training for staff is effectively planned and monitored.

The manager confirmed that a comprehensive induction has been put in place to ensure that new staff are properly trained to carry out their work. This included essential information including reference to people's privacy, dignity, independence, rights and safeguarding. A member of staff who had started work in August 2011 told us they had completed the induction training and received appropriate support to enable them to carry their work.

Our judgement

Staff have access to training and support to enable them to carry out their work effectively. This ensures that people's needs are met by competent staff.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

There are minor concerns with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People able to express their views told us they felt listened to and had a say in how the service is run. People also felt able to raise any concerns about the care and service with staff.

Relatives we spoke with felt the service is well run and had confidence in staff to run things properly. Relatives also felt able to raise any concerns about the care and service with staff.

Other evidence

We saw that measures were in place to obtain peoples' views about the care and service they receive, including care reviews and a recent satisfaction survey. Completed surveys from relatives and people using the service showed high levels of satisfaction with the care and service provided. The manager had taken action in response to issues raised; this information was made available to relatives and people who use the service.

Staff we spoke with felt that the service is well run. They also felt able to express their views and raise any concerns about the care and service with the manager, as she was approachable and responded to ideas and concerns raised.

A policy was not in place setting out how the quality of care and service is monitored. Bearwardcote Hall is a family run business where the directors are involved in the day to day running of the service. Our visit showed that the provider monitors the service

and oversees risks, although this was mostly through informal quality monitoring systems such as observing the care, overseeing accidents and incidents and asking relatives and people if they are happy with the service. Limited formal systems were in place to identify areas for improvement, to reduce risks and to show that the quality and safety of the service is effectively monitored.

The development plan for the service was dated 2011; this was brief and did not detail all areas for improvement and target dates for achieving the changes. The development plan did not show all improvements made in the last year.

Staff told us that they did not currently take on lead roles for specific practice areas such as end of life care, dignity champion, and nutrition, to further their knowledge and ensure best practice is followed.

Our judgement

People who use services benefit from a service that is well managed and which seeks their views. Systems to effectively monitor the service and manage risk appropriately require strengthening.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 07: Safeguarding people who use services from abuse
	How the regulation is not being met: People who use the service were not protected from the risk of abuse, as procedures require strengthening to ensure that staff understand their responsibilities and respond appropriately under safeguarding procedures.	
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 16: Assessing and monitoring the quality of service provision
	How the regulation is not being met: People who use services benefit from a service that is well managed and which seeks their views. Systems to effectively monitor the service and manage risk appropriately require strengthening.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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