Inspection Report

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

Bearwardcote Hall Residential Home

Bearwardcote Hall, Heage Lane, Etwall, Derby, DE65 6LS

Tel: 01283732810

Date of Inspection: 17 December 2012

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Meeting nutritional needs	✓ Met this standard
Management of medicines	✓ Met this standard
Staffing	✓ Met this standard

Details about this location

Registered Provider	Bearwardcote Hall Residential Home Limited
Registered Manager	Mrs. Jacqueline Thompson
Overview of the service	Bearwardcote Hall Residential Home 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). The service is managed by Bearwardcote Hall Residential Home Limited.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We reviewed all the information we have gathered about Bearwardcote Hall Residential Home, looked at the personal care or treatment records of people who use the service, carried out a visit on 17 December 2012 and observed how people were being cared for. We checked how people were cared for at each stage of their treatment and care, talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We spoke with twelve people who used the service, two relatives and a close friend.

People able to share their views told us they were happy with the care and service they received, and felt that their needs were being met. One person told us "there is nothing I would alter about the home; I am very happy living here." Another person told us "the staff are friendly and helpful and they can't do enough for you."

People told us they were involved in decisions and had agreed to their care and treatment.

People said they enjoyed their meals, which usually included a choice of home cooked foods. People were given enough to eat and drink. People felt that the meals included a good variety of foods, and were appetising and well presented.

People told us that they received their medicines at the times they needed them.

People said they liked the staff that supported them. People felt that they get the help they needed as there was usually enough staff on duty. Relatives shared this view.

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

More information about the provider

Please see our website 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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where able, people consented to the care, treatment and support they received.

Reasons for our judgement

People able to express their views told us they were involved in decisions and that they had agreed to their care and treatment. People knew how to change decisions they had previously agreed to. Where able, people had signed their care records to show that they had agreed to their care and treatment.

Relatives said they were involved in decisions in their family member's best interests, including where they were unable to make decisions.

Staff told us that people where able signed their care records to show that they had agreed to their care and treatment. The provider may wish to note that there were inconsistencies in people signing their care records to show that they had been discussed and agreed with them. For example, one persons records stated that they were unable to sign to say their care plan to show it had been discussed and agreed with them, yet the person had signed a sperate form to say they had agreed to staff giving them their medication. The above forms were not in place in regards to one person who was admitted in October 2012.

Staff told us that where people had difficulty in making decisions those acting on their behalf such as relatives or representatives were involved in making decisions in their best interests.

Care records we looked at where a person lacked the capacity to make certain decisions about their care and treatment, included limited information about their ability to make decisions about their care and welfare. Staff told us that where a person was unable to make certain decisions, a social worker usually completed a capacity assessment.

We saw that the provider had policy in place in regards to making decisions about peoples care and treatment and acting in their best interests, when the person is unable to make decisions and give consent. The policy was not dated or signed to show when this had been put in place, or was due to be reviewed. The provider may wish to note that the arrangements in practice to gain and review consent from people who lacked the capacity to make certain decisions, and to show that decisions were made in their best interests

required strengthening.

We saw that certain individuals had a completed 'do not attempt cardiopulmonary resuscitation' order in place in their care records. The records showed that the person and in some cases their relative, had been involved in the decision, where the doctor was unable to discuss this with the person. The orders had been recently reviewed to ensure this still applied. This showed that procedures were followed and that relevant person's were involved in the decision.

The deputy manager confirmed that no using the service was subject to protection measures relating to the Deprivation of Liberty Safeguards (DoLS).

Records showed that all staff with the exception of two new staff had received training on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS), to ensure staff understand the principles of the act and the safeguards.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People able to express their views told us they were happy with the care and support they received, and felt that their needs were being met. One person told us "there is nothing I would alter about the home; I am very happy living here." Another person told us "the staff are friendly and helpful and can't do enough for you."

People said they received care and support from regular staff who were aware of their needs and preferences. This means that people could expect to receive consistent care.

People felt that the daily routines were flexible, taking into account their wishes. For example one person told us "they liked to get up early and have some meals in their room, which staff respected."

People told us that they continued to receive a regular bath as the service does not have shower facilities. This meant that people did not have a choice of bathing facilities. The provider should look to convert one of the bathrooms to provide a 'walk in' shower.

People said they happy with the level of social activities provided. One person told us " they especially enjoyed the various Christmas events held in the home."

People told us that staff recognised when they were unwell and responded to changes in their needs. Three people's care records we looked at supported this.

Staff told us that effective shift handovers were in place to ensure that staff receive essential information about peoples needs. This enables staff to provide appropriate care to people.

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.

We saw that the care and daily routines were centred around individual's needs and preferences. People's care and treatment was planned and delivered in a way that ensured their welfare and safety.

Three people's care records we looked at included personal information about their needs

and preferences and what was important to them. The records showed that people's care and treatment was delivered in a way that ensured their safety and wellbeing, although the following issues were highlighted:
Certain care plans did not detail all care and support in place.
Senior staff acknowledged that required risk assessment and care plans had not been completed in regards to one person who had been in the home for seven weeks. The person was initially admitted for up to two weeks but their stay had been extended. Staff had completed detailed records to show that appropriate action had been taken in response to changes in the person's needs. However, the absence of appropriate risk assessments and care plans did not ensure that the person's needs had been properly assessed and were been met.
The deputy manager has since confirmed that the issues were being addressed.

We saw that various bedrooms that had been refurbished to a high standard since our last visit in March 2012; new televisions had been provided. A new large screen television was also due to be fitted in the main lounge.

Meeting nutritional needs ✓ Met this standard

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were supported to have adequate nutrition and hydration.

Reasons for our judgement

People told us they enjoyed their meals, which usually included a choice of home cooked foods. People were given enough to eat and drink. People felt that the meals included a good variety of foods, and were generally appetising and well presented. One person told us "I can't fault the meals; the cook provides an alternative meal if you don't like what is on the menu. " Another person told us "we have a good cook; I particularly enjoy my breakfast and lunch."

Relatives we spoke with felt that their family member had access to regular drinks and snacks, and were supported to have a well balanced diet and sufficient fluids.

Staff we spoke with including the cook, had a good awareness of people's likes and dislikes, and described how these were taken into account when providing the meals.

We observed the lunchtime and teatime meal. We saw that people were offered a choice of nutritious food and fluids, in sufficient quantities to meet their needs. Staff helped people that needed help to eat and drink. The provider should note that we heard several staff refer to people that needed help to eat their meals as "the feeders", which is not a respectful or acceptable term.

People chose where they ate their meals. Most people said that they preferred to have their breakfast and lunch in the dining room. During our visit several people had sandwiches and cake for their evening meal, and ate this seated in a lounge chair with their plate of food placed on their knee. Some people had difficulty eating and balancing their food on their knee. Not all people were seated next to a small table to rest their hot drink or plate on. The provider should note that suitable trays and tables were not available to enable people to eat their meal properly.

We saw that importance was given to ensuring that people received sufficient fluids. People were offered regular drinks during our visit. People were given time to finish their meal and were asked if they had enjoyed their meal.

We saw that the meals offered a choice of foods, including an alternative option at lunchtime. Records were not kept to show that people received an alternative choice at lunchtime.

We saw that one person required a pureed main meal at lunchtime; all foods were liquidised together and served in a standard desert dish. The provider should note that all

food portions should be liquidised separately and shaped to look like the actual food, and served on an appropriate serving dish. This will make the meal look more appetising and acceptable to the person.

Records showed that most peoples' weight was checked at weekly intervals, whilst certain individuals had refused to be weighed for some time. The provider may wish to note that the system for recording weights did not clearly show changes in a person's weight over a period of time.

Staff we spoke with were aware that one person had lost further weight since their admission to the home in October 2012, as their appetite and fluid intake was poor at times. Discussions with staff and entries in the person's care records provided assurances that appropriate action was been taken to minimise further weight loss. However, an appropriate care plan was not in place to show that the person's dietary needs were been met to minimise further weight loss. The deputy manager agreed to urgently address this matter.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

Appropriate arrangements were in place to ensure that peoples' medicines are handled safely and appropriately.

Reasons for our judgement

People told us that they received their medicines at the times they needed them.

We observed the senior care staff giving out people's lunchtime and teatime medicines. Staff followed appropriate procedures to ensure that people received their medicines correctly. Arrangements were in place to enable people to administer required medicines themselves, where able.

We looked at eight people's medication administration records (MAR) dated 3 to 30 December 2012. No discrepancies were found. Staff had recorded a code against several regular medicines people were taking, to show the reason why they had not been given. This showed that people were receiving the medicines they needed.

Three people's care records we looked at included a list of various medicines they were taking when they began to use the service. This meant that staff had access to information about the medicines people were taking.

Medicines that required storing in the fridge were kept in a separate secure medicines fridge. Records showed that the fridge temperatures were checked each day and these were within the required range. This meant that medicines stored in the fridge were kept securely at the correct temperature.

We saw that medicines were stored appropriately. Unwanted or expired medicines were returned to the dispensing pharmacist to ensure these were disposed of correctly and records were kept of this.

The deputy manager agreed to obtain an up-to-date medicines reference book as the information available to staff was out of date. Senior staff we spoke with were not aware of the guidance relating to the handling of medicines in social care. The deputy manager agreed to obtain a copy of the guidance and ensure that all relevant staff are aware of and follow this.

Eleven senior care staff gave people their medicines. Discussions with staff and records showed that senior staff had or were in the process of completing further training in the handling of medicines, to enable them to give out people's medicines correctly. Two staff

were awaiting a certificate to show that they had completed this, and four staff were due to complete the training. Records showed that staff's competency to safely administer people's medicines was formally assessed in 2012, except for one member of staff who was due to complete further training. Their competency would be assessed once they had completed the training.

The deputy manager told us that their community pharmacist carried out several audits each year, to check that people's medicines were handled properly. An audit was completed on 20 November 2012, which showed that peoples' medicines were handled appropriately.

We saw that the provider had an annual medication audit. The provider may wish to note that the internal quality assurance audit of peoples' medicines had not been completed to ensure that medicines were handled appropriately and safely.

We saw that policies and procedures were in place relating to the handling of medicines to ensure that medicines are handled appropriately and safely. The provider may wish to note that the medicine policies were not dated and signed to show when they were put in place and last reviewed. We have asked the deputy manager to review the policies to ensure these include all aspects of the handling of people's medicines.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough staff with the appropriate knowledge, experience and skills to meet people's needs.

Reasons for our judgement

People able to express their views said they liked the staff that supported them, and felt that staff have the skills and understanding to meet their needs. People described staff as caring and friendly and good at their job. One person told us "the staff are amazing; they can't do enough for you." Another person told us "the staff are very good although some staff tend to rush me."

People felt that they received the help they needed as there was usually enough staff on duty to meet their needs. .

Relatives we spoke with told us they had good relationships with staff and could contact them at any time. Relatives felt that the service had some caring and committed staff that work hard and do a good job. Relatives also felt that there was usually enough staff on duty to meet people's needs.

Staff we spoke with said that they worked well as a team, and felt well supported by senior staff.

The deputy manager told us that although there had been seven staff changes since we last visited in March 2012, most of the staff had worked at Bearwardcote Hall for several years. The shifts were covered by regular staff. This meant that people received consistent care from experienced staff who knew their needs.

Staff we spoke with felt that the numbers and skill mix of staff on duty was generally sufficient to meet people's needs. The deputy manager told us that the staffing levels were flexible depending on people's needs. For example, an additional carer was currently provided on most early shifts, to ensure that people received care and support in a timely way. The senior staff were also paid extra if they were needed to remain on duty to provide support or complete essential records.

Our visit showed that there were sufficient numbers of skilled and experienced staff to meet people's needs. The staffing rotas for December 2012 showed that staffing numbers and skill mix were provided in line with the planned staffing levels.

Due to illness the registered manager had been off work for over two months. One of the

company directors that worked in the home was covering the manager's absence with the support of the senior staff. Senior staff told us that they had taken on additional responsibilities to support the day to day running of the home.

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.

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.

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.

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

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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