

*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 Inspections: 18 October 2013  
08 October 2013

Date of Publication:  
November 2013

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

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Safety, availability and suitability of equipment</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✗	Action needed
<b>Assessing and monitoring the quality of service provision</b>	✗	Action needed

## Details about this location

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

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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 looked at the personal care or treatment records of people who use the service, carried out a visit on 8 October 2013 and 18 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We spoke with nine people who used the service and four relatives.

People told us they were happy with the care they received, and felt that their needs were being met. Comments included "I declared that I would not come into care but it's brilliant here; they are an incredible team of staff; it's as well run as it can be; they look after us well; I'm alright here."

People also said that they felt that they received the help they needed as there was usually enough staff on duty.

People's care and treatment was planned and delivered in a way that ensured their welfare and safety.

The premises were clean, safe and appropriately maintained. People said that they felt that the premises were decorated and furnished to a good standard.

The service had sufficient equipment to meet people's needs. The equipment was used correctly and was properly maintained.

People told us they liked the staff that supported them as they were honest and reliable, and they understood their needs. We found that the provider had not obtained all appropriate information before staff began work, to ensure that people were cared for by appropriate staff.

People said that they felt listened to and able to raise any concerns about the service with the staff. Systems were in place to monitor the service that people received, although not all risks relating to people's safety had been properly assessed and managed to ensure their continued welfare.

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

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### **What we have told the provider to do**

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We have asked the provider to send us a report by 07 December 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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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

### 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

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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 and protected their rights.

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### Reasons for our judgement

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People we spoke with told us they were happy with the care they received, and felt that their needs were being met. They also said that they felt that they received the help they needed as there was usually enough staff on duty.

People praised the commitment of staff in meeting their needs. Comments included "I declared that I would not come into care but it's brilliant here; they are an incredible team of staff; it's as well run as it can be; they look after us well; I'm alright here."

Relatives we spoke with told us they were happy with the care their family member received.

We found that the daily routines were flexible, taking into account people's wishes. People's care and treatment was planned and delivered in a way that ensured their welfare and safety.

We observed and heard a good level of communication and contact between staff and people who used the service. Staff approached people in a caring and respectful way. People received care and support from regular staff that were aware of their needs and preferences. This means that people could expect to receive consistent care.

Staff told us that they received a handover at each shift to ensure they were aware of essential information about people's needs.

Discussions with staff and records showed that people had opportunities to take part in various social activities. Most people said that they were happy with the level of activities provided. Whilst three people said that they felt that more local outings were needed. The deputy manager told us that they planned to provide more outings.

People told us that staff recognised when they were unwell and responded to changes in

their needs. Two people's care records we looked at supported this.

Records showed that people received regular health checks. Their weight was checked on admission to the service and at regular intervals. Weight loss or gain was communicated and followed up with relevant professionals. However the system for recording people's weight did not provide a clear picture of their weight over a period of time. The deputy manager agreed to address this issue.

At our previous inspection we found that people's care plans did not detail all care and treatment. Also, appropriate risk assessments had not been completed to ensure that people's needs had been fully assessed and were been met.

At this inspection we saw that people's care records had been updated to include appropriate risk assessments. The records were detailed and ensured that people's care and treatment was delivered in a way that ensured their welfare, although clear care plans were not in place relating to all needs. The deputy manager agreed to address this issue.

People should be cared for in safe and accessible surroundings that support their health and welfare

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## Our judgement

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The provider was meeting this standard.

The premises were clean, safe and adequately maintained to protect people who used the service against the risks of unsafe or unsuitable premises.

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## Reasons for our judgement

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People we spoke with said that they were encouraged to personalise their room. They also said that they felt that the premises were decorated and furnished to a good standard. One person told us "My room was decorated in my preferred colour and a new carpet was fitted before I moved into the home."

People told us that they continued to receive a regular bath as the service does not have suitable shower facilities. This meant that people did not have a choice of bathing facilities. Also two bathrooms on the first floor were not used as the facilities were not suitable for people's needs. The provider may wish to convert one of the bathrooms to provide a suitable 'walk in' shower, to accommodate people's diverse needs and preferences.

Checks carried out during our visit showed that the premises were clean, safe and appropriately maintained. Daily domestic cover was provided to ensure the home was kept clean and to prevent offensive odours. Relatives and people we spoke with who used the service felt that the standards of cleanliness were very good.

We saw that further bedrooms had been refurbished to a high standard since our last visit in December 2012. The provider confirmed that various communal areas were being redecorated including the corridors, main lounge and dining rooms. A new carpet had been fitted in one of the dining rooms, and a large screen television had been provided in the main lounge. This showed that the provider had an on-going refurbishment plan to ensure that the building is properly maintained.

Discussions with staff and people who used the service assured us that items requiring maintenance were usually promptly attended to. Whilst systems were in place to ensure that the premises were adequately maintained, we initially found that records were not kept to clearly show this. However when we returned to the service to complete the inspection, a new maintenance book had been put in place to show that items were duly attended to.

We noted that the sash window cord in one bedroom was broken, which meant that the

window could only be opened if it was wedged with an item, as was the case at the time of our visit. This meant there was a risk of the window closing suddenly and trapping a person's hand. The person who occupied the room told us "They were aware of the risk relating to the window, and made sure that staff opened and closed it." The provider agreed to duly replace the broken window cord to address the above risk.

Three people told us that they enjoyed spending time outside on the terraced area when the weather was warm. The home has spacious gardens with attractive views. The provider acknowledged that not all outside areas were well maintained and accessible to people who used the service, including those in a wheelchair. The provider informed us of plans to lay a suitable path and to make the outside areas more attractive, to improve access and enable people to spend time outside. The work would be completed during Spring 2014.

**People should be safe from harm from unsafe or unsuitable equipment**

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**Our judgement**

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The provider was meeting this standard.

The service provided sufficient equipment to meet people's needs. The equipment was used correctly and was properly maintained and safe to use.

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**Reasons for our judgement**

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Discussions with staff and observations showed that the service provided sufficient equipment to meet people's needs. The provider had purchased further alarm mats and a profiling bed to meet people's needs.

We saw that staff used equipment such as hoists and wheelchairs correctly. Footrests were used when transferring people in wheelchairs to minimise the risk of injuries.

The deputy manager confirmed that six people who required a hoist to transfer now had their own individual sling/s. The service also had four hoists. This showed that suitable equipment was available to meet people's needs.

We saw that people seated in a wheelchair had a cushion in place to aid their comfort and to help relieve pressure. This ensured that people were protected from the risk of tissue damage by the use of suitable equipment.

Several people required a safety mat by their bed at night in view of their risk of falls, which alerted staff in the event of an incident. The safety mat was connected to the staff call point in the room. An adapter had been fitted to the call point to enable people to also use their call system to request staff assistance.

Records showed that equipment in use had been properly maintained and serviced, at the required intervals and was safe to use.

The deputy manager told us that no single use items were reused. This meant that medical devices were used safely and properly.

**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 not meeting this standard.

Not all appropriate checks were obtained before staff began work to ensure that people were cared for by suitably qualified and experienced staff.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## **Reasons for our judgement**

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People we spoke with told us they liked the staff that supported them as they were honest and reliable, and they understood their needs.

We checked the files of the last three staff employed. The records showed that appropriate checks were carried out before they began work, except for the following issues, which the deputy manager agreed to urgently address.

The application form did not enable people applying for a position to record all essential information, including the date they left education, details of relevant qualifications, and a full employment history. The form also provided limited space to enable people to record sufficient information about their experience, skills and training. This meant it was difficult to establish if a person applying for a job had the skills, experience and training to carry out the work.

Two application forms did not include a full employment history, including an explanation of any gaps in employment. Not all entries relating to previous employment included sufficient details of their employer, start and leaving dates and the reason for leaving previous positions. Also, two application forms did not record when the person had left education. This meant it was difficult to check a person's full employment history, any gaps in employment and the reason for leaving previous positions. Following our visit the deputy manager assured us that she had taken action to obtain a full employment history in regards to the above staff.

The application form asked people to record if they had any health problems including mental illness. They were also required to sign to say that they agreed to the provider requesting a report of their health from their GP. The deputy manager stated that they would only request such information in exceptional circumstances. The provider may wish to review the information it requests from potential new staff, to ensure they obtain satisfactory information about any health conditions, which are relevant to a person's ability to carry out the work.

One file showed that the provider had obtained an initial disclosure and barring First check (DBS), before the person started work. The person had previously worked for the service. However their file did not show that a satisfactory DBS check had been obtained before they started work, to ensure they were suitable to work with vulnerable people. We were sent evidence of this following our visit.

The deputy manager told us that she interviewed all potential new staff, although she did not use set questions or record a summary of the interview. The lack of records did not show that potential new staff had gone through a formal interview process, and had the skills experience and, training to carry out the work.

Staff files contained a job description and terms and conditions of employment. They had also signed to say that they had received a copy of the staff handbook and the code of practice for workers. This ensured that staff were clear about their role and what was expected of them.

The provider's recruitment policy did not detail all stages of the recruitment process and information obtained, in regards to people applying to work with vulnerable adults. The policy had not been reviewed since 2007. This meant that the policy was not up-to-date and in line with current legislation, to ensure that staff employed are suitable to carry out the work.

**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 not meeting this standard.

Systems were in place to monitor the service that people received, although not all risks relating to people's safety had been properly assessed and managed to ensure their continued welfare.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

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## Reasons for our judgement

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People we spoke with told us they were happy with the care and service. They also said that they felt listened to and able to raise any concerns about the service with the staff.

Records showed that resident meetings were held and that people received an annual satisfaction survey, which ensured that people were asked for their views about the service. The latest survey showed high levels of satisfaction with the service. The provider completed a report of the findings and action taken, to show that comments and suggestions were considered and acted on.

We saw that the provider had systems in place for managing complaints about the service. The deputy manager confirmed that the service had received no complaints since our last visit in December 2012.

Staff we spoke with told us that they had opportunities to share information and to express their views through staff meetings and daily handovers. They also said that they felt able to raise any concerns about the care and service with senior staff, as they were approachable and responded to concerns raised.

Bearwardcote Hall is a family run business. Due to circumstances the registered manager has been off work since October 2012. The manager planned to return to work in the New Year. The directors and staff team had taken on additional responsibilities to ensure the service was well run during the manager's absence. The deputy manager and a director who worked in the home each day were overseeing the day to day running of the service.

The findings from this visit showed that the service was well managed, and that clear lines of responsibility were not in place. The effect on people using the service was that people were not receiving consistent standards of care and service.

We saw that the provider had systems in place to monitor the quality of the care and service provided, and to assess and manage risks to ensure the service was run safely. The deputy manager completed a monthly audit of people's medicines to ensure they were managed properly. Consideration should be given to completing further audits of the care and service, to enable the provider to come to an informed decision about the quality of the service provided.

Whilst systems were in place to assess and manage risks to ensure the service was run safely we noted the following issues:

The risk assessment of the premises did not include all potential risks within the home and the grounds, and control measures in place to minimise the risks. For example, the risk of falls from the open stairway and hazards in the kitchen.

We saw that a number of radiators throughout the home were not guarded, or of low surface temperature to minimise the risk of scalding to people who used the service. Several bedrooms contained a separate electric heater, to enable people to control the room temperature more easily. The provider's risk assessment relating to the premises, included the use of radiators. No risks were highlighted. The deputy manager assured us that the electric heaters were safe to use. She agreed to update the risk assessment to include the use of portable heaters.

Records showed that various hot water temperatures were checked each month in regards to the prevention of Legionella. However not all hot water temperatures including the baths were regularly checked, to ensure they remained within safe limits to minimise the risk of scalding to people who used the service.

This section is primarily information for the provider

✘ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Requirements relating to workers</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>The registered person must ensure that information specified in Schedule 3 of the Health and Social Care Act (Regulated Activities) Regulations 2010 is available in respect of people employed to work for the service.</p> <p>Regulation 21 (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p><b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Assessing and monitoring the quality of service provision</b></p>
	<p><b>How the regulation was not being met:</b></p> <p>Systems were in place to monitor the service that people received, although not all risks relating to people's safety had been properly assessed and managed to ensure their continued welfare.</p> <p>Regulation 10(1)(b)</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008

**This section is primarily information for the provider**

(Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 07 December 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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