

Bedale Grange (T F P) Limited

Bedale Grange Care Home

Inspection report

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16 October 2018
17 October 2018
22 October 2018
25 October 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out a comprehensive inspection of Bedale Grange Care Home on 16, 17, 22 and 25 October 2018. The first day of the inspection was unannounced. At our last inspection in September 2017 we rated the service requires improvement. This was because improvements were required to ensure all environmental risks were identified and the provider's quality monitoring systems were effective in monitoring and improving the quality and safety of the service. At this inspection, we found the service had improved and we rated it good overall.

The service is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Bedale Grange Care Home provides nursing and personal care in one adapted building for up to 20 older people, some of whom are living with dementia. The property has been refurbished and is set over two floors. The first floor is accessed either by stairs or a passenger lift. At the time of this inspection 13 people were living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe and well-led to at least good. At this inspection, the provider had improved their systems to ensure any environmental risks were identified. The provider had also improved their quality assurance processes to ensure they were effective in monitoring and improving the quality and safety of the service.

There were systems and processes in place to protect people from the risk of harm. Risk assessments had been completed to reduce the risk of harm. Accidents and incidents were analysed to reduce the risk of reoccurrence. Staff understood the signs people may be being abused and how to respond to keep people safe.

Staffing levels were sufficient to meet people's needs. There were safe recruitment and selection procedures in place and appropriate checks had been undertaken before staff began work. Staff received the support and training they needed to give them the necessary skills and knowledge to meet people's assessed needs. The registered manager made sure people were involved and received effective care that met their needs and wishes. People were protected from discrimination and harassment.

People received food and drink of their choice. Staff responded quickly to people's changing needs and

appropriate action was taken to ensure people's wellbeing was protected.

People received care in line with the Mental Capacity Act 2005 and received choice in relation to their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Person-centred care was provided by kind and caring staff who promoted people's independence. People were supported to maintain contact with family and friends and take an active part in recreational and leisure activities.

There were regular opportunities for people, relatives and staff to give their feedback on the service and the registered manager and provider had systems in place to monitor the quality of people's care and make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks were identified and systems put in place to ensure people were supported as safely as possible.

People received their medicines as prescribed.

Staff understood how to protect people from abuse and neglect.

There were enough staff deployed to support people. Staff were safely recruited.

Is the service effective?

Good ●

The service was effective.

Staff received training, supervision and appraisals to enable them to fulfil their role.

People were supported to make choices in relation to their food and drink and to maintain good health.

The staff and registered manager understood the principles of the Mental Capacity Act 2005 and acted in people's best interests when required. Appropriate applications to deprive people of their liberty had been made.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

People who used the service and their relatives were involved in decisions about their care and support needs.

Staff were able to describe the likes, dislikes and preferences of people who used the service. Care and support was individualised to meet people's needs.

Is the service responsive?

Good 

The service was responsive.

People received personalised care and support, which was responsive to their changing needs.

People knew how to make a complaint and were confident if they raised any concerns, that these would be listened to.

People were consulted and involved in the running of the service, their views were sought and acted upon.

Is the service well-led?

Good 

The service was well-led.

We received positive comments from staff and families about the way the service was run.

Staff worked with other healthcare professionals involved in people's care.

Systems and processes for quality assurance were used effectively to identify short falls in the service. Audits were completed and used to drive improvement. Action plans were completed to address issues.

Bedale Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16, 17, 22 and 25 October 2018 and was unannounced on the first day. The inspection was carried out by one inspector.

Before our inspection, we looked at information we held about the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received. A notification is information about important events, which the service is required to send us by law. We also sought feedback from the commissioners of the service prior to our visit. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

At the time of our inspection there were 13 people who used the service. During the inspection we spoke with three people, two of their relatives and two friends. We spoke with the registered manager, a nurse, two staff members, the human resources manager and the quality assurance and compliance manager. We also spoke with the activities co-ordinator, the cook, the cleaner and the person responsible for maintenance of the building. During the inspection we spoke with one health care professional for their views on the service.

We looked at a range of documents and records related to people's care and the management of the service. We looked at four care plans, four staff recruitment and training records, quality assurance audits, minutes of staff meetings, complaints records, policies and procedures.

Is the service safe?

Our findings

At our last inspection in September 2017, improvements were needed to make sure systems were being effectively operated to ensure environmental risks were identified. At this inspection, improvements had been made. For example, unoccupied rooms, which contained hazardous substances that may pose a risk to people's health and safety were locked. A room with an external door was locked which prevented people who may be vulnerable from leaving the building unnoticed. The building had been refurbished and external audits and room audits were undertaken. Any faults or repairs were reported and signed off when completed.

At the last inspection, improvements were needed in relation to how accidents and incidents were recorded. The registered manager had developed records which showed when the person was last seen, where the accident had taken place and the actions taken to reduce the risk of reoccurrence. The registered manager analysed any slips or falls and we could see that incidences had reduced.

People told us they felt safe living at the service and relatives said they felt their family members were safe there. One person said, "I feel very safe here and well looked after." A relative told us, "[Name] is checked though the night and looked after well."

Staff assessed risks relating to people's care such as those involved with moving and handling, nutrition and diabetes. Personalised care plans had been developed, which provided staff with the guidance they needed to help people to remain safe. During our inspection staff reminded people to use their walking frames correctly to ensure they moved safely around the building.

Arrangements were in place for the safe management, storage, recording and administration of people's medicines. Staff followed good practice guidelines when administering medicines. For example, the nurse gained consent and ensured people had access to a drink after each administration. Interaction with people was good, especially with one person who did not always want to take their medication. The nurse understood how the person would be more accepting of their medication. They gave them time to respond and went at their pace.

People were protected from the risk of abuse and harm. Staff had received safeguarding training and could tell us about the types and signs of abuse. They were confident action would be taken if they reported any concerns. One staff member told us, "I make sure everything is ok and no one is hurting or abused, like from a verbal or racist remark. I take responsibility to look after people very seriously." The registered manager understood their role in relation to protecting people from abuse. They had completed additional safeguarding training and liaised with the local authority safeguarding team when they needed advice or to raise a concern.

During our inspection, there were sufficient staff deployed to meet people's needs. The registered manager had established how many nurses and care staff were needed on each shift based on the care each person required. People's care records were checked and their needs were discussed at handovers. The registered

manager and the nurse on duty reassessed staffing levels when people's needs changed. People's feedback and our observations showed that staff took time to speak with people. One person said, "We have banter and a laugh and a joke."

Staff were recruited safely and were suitable to work with vulnerable people. Disclosure and Barring Service checks (DBS) were carried out before staff started working at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with adults who may be vulnerable. The provider ensured previous employers references had been obtained and a full work history was provided within the application form. We found that the nurses employed at the service held valid and up to date registrations with the Nursing and Midwifery Council.

At the time of our inspection, the service occasionally used an agency nurse when there was a gap in the rota. We checked their staff file and could see they had been provided with an induction and the necessary checks had been completed to ensure they were safe to work with vulnerable people.

Records confirmed checks of the building and equipment were completed. These included for example, checks on the fire alarm, fire extinguishers, manual handling equipment, gas safety, electrical installation and portable electrical equipment. Personal emergency evacuation plans were in place to ensure people would be supported to leave the building safely during an emergency.

Risks relating to infection control were reduced and the home was clean. Staff recognised the importance of preventing cross infection and used personal protective equipment such as gloves and aprons when providing personal care. One relative said, "The place is very clean, it's spotless."

Is the service effective?

Our findings

Arrangements were in place to assess people's needs and choices so that nursing and personal care was provided effectively. People's needs were assessed before they started to use the service. Assessments considered issues in relation to equality and diversity, such as religion and included information about special wishes or requests.

People received effective care from staff who had the skills and knowledge to support them. One person told us, "I am sure staff know what they are doing when they look after me." New staff completed an induction which included training in key topics and they shadowed more experienced staff. Records showed when new staff members had received a probation review. Nurses were encouraged to attend training to support their continued professional development and maintain their professional registration.

Staff had received training in topics which included dementia care, equality and diversity, safeguarding, manual handling, fire and first aid. Fire training was out of date for two staff. We spoke with the registered manager who immediately arranged for this to be completed.

People were cared for by staff who received supervision and appraisals to enable them to meet their assessed needs. Supervision and appraisal is a process, usually a meeting, by which an organisation provides guidance and support to staff. Before our inspection, the registered manager had requested and received support to complete six staff appraisals they had identified were out-of-date. Dates to undertake these had been planned and were completed by the manager and the human resource manager during our inspection. Staff told us their supervisors were approachable and supportive.

People were supported to maintain a healthy diet. One person said, "This food is delicious." Staff monitored people's weight when it was part of their agreed care plan. The dietician had been contacted when staff had been concerned about a person's weight and their nutritional needs had been reviewed. During meal times staff supported people who needed assistance and the dining room experience was relaxed and pleasant.

The provider used an external company to deliver main meals and the food was ready prepared. The cook made additional snacks and cakes and was aware of people's dietary needs. The provider had arranged for them to receive extra training in food hygiene to ensure they were up-to-date with best practice guidelines. Drinks were available in the lounge throughout the day and available in people's bedrooms. The cook asked people their preferences before meals were provided.

People were supported to maintain their health and their well-being was promoted. For example, one record showed a GP had been asked to review a person's health needs. Another recorded when an appointment had been made for a person to see the dentist and they were supported by staff to attend.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We observed staff gained consent before offering support and had received MCA and DoLS training. Documentation evidenced how decisions in people's best interests had been made. The provider had followed the requirements of the DoLS and submitted appropriate applications to the supervisory body where necessary. This showed us systems were in place to ensure that people were not being unnecessarily or unlawfully deprived of their liberty.

The environment met people's needs. There was a lift and the building was accessible for people with mobility difficulties. Although we observed people independently navigated around the building, one person needed to be reminded where their bedroom was. When we spoke about this with the registered manager they had already identified that signage could be improved and were arranging to personalise people's bedroom doors.

Is the service caring?

Our findings

People were positive about the care and support they received. Staff supported people in a kind manner and responded to them in a friendly and patient way. One person said, "The staff are great and lovely." Another told us, "Staff are wonderful. I am not just saying it. I am saying it from the bottom of my heart. I am really happy here." Relatives were also complimentary about the staff. One said, "The staff are very kind and helpful. We can hear them laughing with other residents." A health care professional told us, "The staff are very caring and kind."

Staff told us they would treat people equally regardless of their race, gender or sexual status. Comments from staff included, "It is about the person. We make sure they are well looked after" and "If I didn't know about someone's faith, I would find out. I would ask them."

Staff promoted people's independence. They recognised the importance of supporting people to maintain their independence by encouraging people to do as much for themselves as they could. One staff member said, "Even if someone is being nursed in bed, I don't want to take their independence away from them." Another staff member explained that, if a person could, they would encourage them to wash their own face. One person confirmed they were encouraged to be independent. They told us, "The staff don't do everything for me. I dress and wash myself. They help me to have a bath though and wash my hair." One person was being supported to order and buy their clothes by shopping on the internet.

People and their relatives told us they were involved with decisions about their care and how they preferred to be supported. One person said, "I am involved in everything." A relative explained that they were kept up-to-date if there were any changes to their family member's needs.

People were supported to maintain relationships with family members and people who were important to them. Families and friends were invited to events and celebrations held at the service. A relative said, "We are made to feel welcome." One staff member explained they supported a person to keep in touch with family abroad by using social media.

Information was displayed about the local advocacy service. An advocate is someone who supports the person to have an independent voice if they do not have family or friends to advocate for them. The registered manager was aware of the service and would support people if they needed to be referred.

Staff maintained people's privacy and dignity. They knocked on people's doors before entering bedrooms. Staff ensured people were not too exposed and doors and curtains were closed when supporting people with personal care. People's personal information was kept securely and their confidentiality and privacy was maintained.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs as staff had a good knowledge of the people who lived at the service. They could tell us about people's current needs as well as their backgrounds. A health-care professional told us, "The staff know people really well."

People's care plans were person-centred and specific to their individual needs. They guided staff on the support required and how this was to be provided. For example, one record reminded staff to ensure the person had their glasses close to hand and that they were cleaned. Another gave details about how a person communicated and staff needed to give them time to explain what they wanted as their speech was not clear.

Care plans were reviewed each month and updated as and when necessary. As far as possible, people and their relatives were involved in planning their care and in developing their care plans. One relative confirmed that when there had been a review their family member was involved. Review records showed what had been discussed and if any action was needed.

Staff used electronic 'tablets' to update people's daily notes and records. They also informed the nurse on duty of any changes in people's needs or their general well-being. People had their health monitored so staff were aware if there was any decline in people's health, which might change how their care was provided. This meant people's changing needs were met. A health-care professional said, "The staff are competent, they contact us appropriately and in a timely way."

Arrangements were in place to meet people's social and recreational needs. The provider employed an activity coordinator who told us, "I love my job. I make things with people that they are interested in and bring things in I know they like. I discuss how things are going with the registered manager when I am supervised." We were shown records of the activities on offer and if people had benefited from them. During our inspection people joined in with activities such as games and a quiz and we could see people enjoyed the activities provided. One person told us, "They bring me the quiz to my room as I stay in my bed." Another said, "A lady comes in and does activities like painting and making things which is very nice."

One staff member explained that some people had requested to go out for a pub meal and this had been organised. Another staff member explained how they encouraged people to be involved in activities to prevent them being isolated. They said, "I know it's people's choice, but I understand the impact. I would encourage them to do things in stages."

The registered manager was aware information had to be accessible for as outlined in the principles of the Accessible Information Standard (AIS). This standard was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way they can understand. The registered manager explained they would make arrangements to have a care plan written in braille if necessary or talk through a care plan with someone with memory difficulties when appropriate.

People and families were provided with accessible information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. The registered manager explained they wanted to know if people had concerns and would always make themselves available to listen and act on any issues raised.

We read a number of compliments about the service. These included, 'Thank you to all the staff for your time and dedication in looking after [Name]' and 'The staff show great warmth, kindness and thoughtfulness.'

During our inspection, two friends of a person who had recently passed away visited the service with gifts for the staff. They were very complimentary about the end of life care that was given to their friend. One said, "We could come at any time. Staff were really good. When they noticed changes they contacted the doctor."

At the time of our inspection, nobody was receiving end of life care. The registered manager explained end of life care plans were written and updated to reflect people's wishes and needs when this level of support was required.

Is the service well-led?

Our findings

At our last inspection, the provider did not have effective systems and processes to monitor and improve the quality and safety of the service and to mitigate risks. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improvements had been made at this inspection. This meant the provider had achieved compliance with Regulation 17.

At this inspection, we could see the registered manager had a schedule of audits they or other staff members had responsibility for completing. These covered areas such as infection control, hydration and nutrition and medication administration. The provider had also arranged for an independent medicines audit to be completed and had acted to address shortfalls which had been identified. This showed a positive and more robust approach to monitoring and improving the quality and safety of the service provided.

The provider had completed audits to check the quality of care. For example, they had checked all risks assessment were in place and any person who was at risk of choking had a care plan to reflect their needs. Where shortfalls had been identified the action needed was recorded and, when completed, had been signed off. For example, they had recognised that end of care life training needed to be scheduled and this was being arranged. They noticed that information for visitors to the building about protecting people from abuse and harm needed to be updated and displayed in communal areas.

During our inspection, we were told there were four people who lived at the service who had a diagnosis of dementia. We could see that the needs of these people were met and staff had received training in dementia care. One staff member explained how they were dedicated to looking after people with dementia and understood the importance of supporting them to make choices. We have asked the provider to submit a notification to ensure that the dementia care provided is reflected in the 'service user band' records we hold about this service.

A registered manager was in post who had registered with CQC in January 2018. They understood and had carried out their responsibilities with regards to submitting statutory notifications as required by law for incidents such as serious injury and incidences of abuse.

The registered manager kept up-to-date with important changes in legislation and guidance on best practice. They subscribed to a variety of magazines relating to specific medical conditions and new developments and were attending the next Independent Care Group (ICG) meeting. The ICG is a recognised representative body for independent care providers.

The home was well managed. Staff had the knowledge and skills required to provide care and support appropriate to people's individual needs. The registered manager felt the culture of the home was one of honesty and being 'open'. They spoke positively about the support they received from the registered

manager of the provider's 'sister' home which was close by. They also acknowledged the support received from the human resources manager and the quality assurance and compliance manager. They were receptive and willing to listen to staff for ideas to consistently improve the service. They said, "We want to be the best and give really good care." A staff member told us, "I feel very much part of the team. We all work well together." Staff had opportunities to speak up in regular staff meetings. Agenda items included standards of care, training, policy and procedures.

Staff were complimentary about the registered manager. One said, "The registered manager is open to suggestions and it feels like a family home." Another said, "The registered manager is a fantastic nurse. They are honest, approachable and very supportive."

A health-care professional explained that the registered manager was knowledgeable about people's needs, worked well and developed positive relations with them.

People and their relatives were asked for their views on the care provided. For example, people were asked for feedback about the meals provided and any comments or suggestions were listened to. The registered manager had acted on people's request for the occasional 'take away' meal and these had been provided. We could see from the providers 'Living in the Home' questionnaires that people and their relatives were satisfied with the care provided.