Bedale Grange (T F P) Limited

Bedale Grange Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Bedale Grange Nursing Home on 13 and 18 September 2017. The first day was unannounced and we told the provider we would be visiting on the second day.

Bedale Grange Nursing Home provides nursing and personal care for up to 20 older people, some of whom are living with dementia. The property is set over two floors and the first floor is accessed either by stairs or a passenger lift. At the time of this inspection 12 people were living at the service, ten permanently and two receiving a temporary respite service.

The provider is required to ensure a registered manager is in post as part of their registration. A manager was new in post and they had commenced the process to register. A registered manager is a person who has registered with the Care Quality Commission 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.

At the last inspection on 10 and 15 September 2015 the service was rated good. We asked the provider to take action to make improvements to assess and monitor the quality and safety of the service.

At this inspection we found the service required improvement. Quality assurance and governance processes were not yet fully established or sufficiently robust to ensure the safety and quality of the service. While staff received verbal handovers at the start of their shifts, there were some gaps in care records, which meant staff did not always have up to date written information to ensure they met people's needs effectively. In addition to their management role the manager also worked in the home as a nurse to support continuity of care within the care home. This did impact on the time available to them to focus on making improvements.

People were placed at potential risk of harm because the provider had not taken action to identify and minimise certain environmental health and safety risks. For example, on the first day of inspection we observed one person had their call bell out of reach, which meant that they could not call for assistance. Hazardous substances that required secure storage were seen in unlocked areas, which could be accessed by vulnerable people. The manager did take action when shortfalls were raised with them. However, we felt these issues should have been picked up earlier through the provider's own audit and management systems, to ensure people's health and safety was protected at all times.

We have found one breach of regulation during this inspection in relation to the governance of the service. You can see what action we told the provider to take at the back of the full version of the report.

We saw safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

The management of medicines was safe and people received their medications as planned.

Individual care plans and risk assessments reflected people's needs and staff knew people well. People and relatives told us they were happy with the care provided and we saw staff treated people with dignity and respect. 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 support this practice.

People said they had a good choice of food and enjoyed their meals. Their weights were monitored and we saw professionals were contacted for advice if staff had any concerns.

A good range of recreational activities were organised and we saw these being provided and really enjoyed by most people. It was clear that individual independence and choice was encouraged.

People told us they were confident to raise any concerns and felt that the new manager was very approachable.

Appropriate maintenance checks of the building and maintenance systems were undertaken to ensure the health and safety of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Systems were not always being effectively operated to ensure that all environmental risks were identified.

Staff we spoke with could explain indicators of abuse and the action they would take to ensure people's safety was maintained.

Staff were recruited safely and there were enough staff to look after people safely.

Is the service effective?

Good

The service was effective.

Staff received training and supervision 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 manager understood the principles of the Mental Capacity Act 2005 and acted in people's best interests where 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.

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

People had opportunities to take part in activities of their choice.

People told us they felt confident to tell the manager and staff if they were unhappy.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider's quality monitoring systems were not sufficiently effective in monitoring and improving the quality and safety of the service.

The manager was not yet registered. This fact is a national determiner for rating this domain as requires improvement.

The manager was impressive throughout the inspection and feedback about her performance was all positive.

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 checked 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 site visit took place on 13 and 18 September 2017. The first day of the inspection was unannounced. On day one, the inspection team consisted of one adult social care inspector, an inspection manager, a specialist advisor and an expert by experience. A specialist advisor is someone who can provide expert advice to ensure that our judgements are informed by up to date clinical and professional knowledge. The specialist advisor who supported this inspection was a specialist in nursing care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert-by-experience who assisted with this inspection had knowledge and experience relating to older people. They supported this inspection by speaking to people and their relatives to seek their views and experiences of the service. The inspector and inspection manager visited on day two.

Before our inspection, we looked at information we held about the service. The provider completed a Provider Information Return (PIR). This is a form that asks the provider 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 from the manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the commissioners of the service and Healthwatch prior to our visit. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We planned the inspection using this information.

At the time of our inspection there were12 people who used the service. During the inspection we spoke with six people and six of their relatives. We spoke with the manager, the operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two nurses, two care workers, the activities co-ordinator, the cook and the cleaner.

We looked at a range of documents and records held on the office computer or on paper, related to people's care and the management of the service. We looked at six care plans, four staff recruitment and training records, quality assurance audits, minutes of staff meetings, complaints, records and policies and procedures. We also looked at findings from questionnaires that the provider had sent to people. Following the inspection we spoke with four health and social care professionals to gather their feedback about the service.

Requires Improvement

Is the service safe?

Our findings

On day one of our inspection we observed a vulnerable person in their room who did not have their call bell within reach. This meant they could not call for assistance and we identified that they had just recently had a serious fall. We brought this to the attention of the manager who immediately placed the call bell next to the person and said they would remind all staff of their responsibilities.

During our inspection some maintenance work was being completed. We saw an unlocked room where work was being undertaken and a dust sheet partly covering a communal corridor. Although this was a small area it posed a risk and needed to be secured. We brought this to the attention of the manager who said in future they would assess risks whilst maintenance work was being completed.

On the first day of our inspection we found that the laundry room was unoccupied and the door was unlocked. The sluice room door could not be locked. Both of these areas contained substances which could be hazardous to people's health. We brought this to the attention of the manager. On the second day of our inspection a new lock had been fitted and both doors were locked and secure.

We had mixed feedback from health and social care professionals regarding the safety of people who lived at the service. One we spoke with felt people were safely looked after and that they were contacted promptly and appropriately for advice. However, another explained that for one person, a safeguarding referral had not been made as required. This meant the provider had failed to follow local protocols to safeguard people. We spoke to the manager about this who said they would seek advice from the local authority in the future.

Systems were in place to monitor incidents, accidents and safeguarding concerns. However, we observed that accident records would benefit from more specific detail such as the time last seen or exactly how equipment in use at the time was being operated. We shared our observations with the manager who planned to review both the record format and staff awareness of what detail was needed.

Staff we spoke with were knowledgeable about the signs of abuse and were confident in reporting any safeguarding concerns. They told us they had received training to recognise and understand types of abuse. Records we saw confirmed this. However, one safeguarding concern relating to a fall had not initially been reported to the local authority. This meant that concerns about this person had not been promptly identified and actions taken to reduce risks. We spoke with the local authority who confirmed they had later been made aware. We spoke with the manager who reassured us that they would seek advice if there was any doubt about raising safeguarding concerns in the future.

Overall, we found the new manager was very receptive to our observations regarding safety and took swift action to address the issues we identified.

People who used the service and their relatives told us they felt safe. One person told us, "I am safe in here." A relative said, "On the whole, I think [Name] is very safe. When they are in bed the bed sides are always up."

On day one of our inspection we looked at the arrangements in place for medicines. We saw they were stored and recorded correctly and observed good practice by the nurses during administration. One person received oxygen therapy overnight. This was stored, marked and checked appropriately, but had not been prescribed as necessary. We brought this to the attention of the manager and on day two of our inspection a prescription had been obtained. People we spoke with had no concerns about receiving their medication. One told us, "The carers come in during the night and ask if I want pain relief and a cup of tea."

We looked at staff files and found that most of the information was stored electronically. This system was relatively new but the senior staff were able to navigate the information quickly to provide us with information. We saw the staff recruitment process included completion of an application form, a formal interview, previous employer reference, medical questionnaire and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruitment decisions.

We found that the nurses employed at the service held valid and up to date registrations with the Nursing and Midwifery Council.

People we spoke with said there was enough staff to meet their needs. One person told us, "I just press the buzzer and wait for the nurses, sometimes I have to wait a short time, but this doesn't bother me." Another said, "Staff come and talk to me, but not very often because they are always busy." Relatives we spoke with said, "Staff generally come straight away when my relative wants any help." Another told us, "I think they could do with more staff, but they are always in and out of [Name's] room, they are good to them."

We looked at the arrangements in place to ensure safe staffing levels and found numbers throughout the 24 hour period were appropriate and effectively managed. The manager used a dependency tool to ensure there were sufficient staff on duty according to numbers of people living at the service and their care and support needs. The service did not use agency staff which ensured that good continuity of care was provided. The manager explained if additional support was needed or if there were gaps in the rota staff covered for each other. A member of staff told us that additional staff had recently been needed to support a person who had lived at the home on a temporary basis. They said, "The manager was very approachable when I needed to talk to them about this. The manager arranged for extra staff cover."

Records we looked at showed risks to people were assessed and measures put in place for staff to follow to keep people safe from risk of harm. For example, we saw risks assessments for moving and handling, mobility and pressure area care which had been reviewed and updated as necessary. We observed bed rails and pressure relieving mattresses in use for people who needed them.

We looked at records which confirmed checks on the building were carried out and maintenance certificates were in place and up to date for gas, fire and equipment. Records showed there was a fire evacuation plan and a practice had been undertaken. Personal emergency evacuation plans (PEEPs) were in place which recorded the support each person would need to leave the home in an emergency.

We found that the home was very clean and fresh smelling throughout including items in regular use such as commodes. No environmental concerns were identified in relation to control of infection.

Good

Is the service effective?

Our findings

People told us the support they received was effective. One person we spoke with said, "I am unable to walk so I use a hoist, there are always two members of staff." A relative told us, "Staff are very confident," another said, "I firmly believe the staff are very good and do what's best for [Name].

We saw that staff induction arrangements were comprehensive and new starters were provided with helpful and relevant guidance plus a clear outline of what their induction programme covered. There was reference to reasonable adjustments and offers of support from colleagues throughout the process.

A care worker who had commenced in spring 2017 spoke highly of the support she had received from all designations of staff including the training input from the provider in the areas of fire safety and first aid. She told us, "They are a good team who help me to really enjoy my work and love my job".

We looked at the training matrix and could see staff received training and refresher training in subjects which included, manual handling, safeguarding adults, fire, health and safety, equality and diversity, first aid, dementia and pressure area care.

At the last inspection in September 2015, a new supervision and appraisal system was in the process of being introduced. Supervision and appraisal is a process, usually a meeting, by which an organisation provides guidance and support to staff. At this inspection, we looked at documentation, which showed staff had regular supervisions and appraisals and when they were due. A member of staff we spoke with said, "I am supervised regularly and feel very supported."

We viewed the manager's supervision and personal development plan, which showed how the provider had supported them in their new role through effective review of their performance. The manager told us they felt supported and could approach the provider if they needed additional advice or guidance. We established that suitable mentorship and clinical supervision arrangements were in place for all of the nursing team as were revalidation procedures to maintain their nurse registrations. Nurses were able to pursue and act as champions for their areas of interest such as nutrition.

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 Act requires 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the time of this inspection, the manager had appropriately highlighted and applied to the local authority to assess six people to deprive them of their liberty. The manager had received training and was aware of their responsibilities in relation to DoLS. Staff we spoke with understood the principles of the MCA, but not

all had received training. We brought this to the attention of the manager who agreed to ensure this training would be completed.

We observed staff asking for people's consent before assisting them. A relative told us, "[Name] is totally dependent on the carers; they always ask his permission if they are going to do anything for him. They ask him if he wants to get out of bed but he has a choice if he wants to stay in bed." Another told us, "Even though [Name] doesn't understand what the carers are doing they always talk to them and explain what they are doing."

People we spoke with and their relatives were complimentary about the food and how they were supported to eat and drink to maintain a balanced diet. Meals were provided by an external supplier, but snacks were prepared on site. One person said, "The food is better than any restaurant, I get a choice of two or three dishes. The chef comes round every day and asks me what I want to eat." Another said, "I lost my appetite but staff encouraged me to eat a bit at a time." A relative told us, "[Name] has liquid food in a cup with a spout, they can feed themselves, but staff make sure that they always sit up."

We saw records to confirm people had access to and received visits from health care professionals. A health care professional we spoke with said, "Staff contact me appropriately and when needed. I have no concerns about this."

Since the last inspection a passenger lift had been installed which meant people were not restricted to one part of the building and the home had been refurbished and redecorated to a good standard. The manager told us that the refurbishments were almost complete.

Good

Is the service caring?

Our findings

People and their relatives were very complimentary about the care provided at Bedale Grange. A person we spoke with said, "Staff are very kind and good to me." Another told us, "Staff are good, they are caring, work hard and always cheerful." Relatives we spoke with said, "No one in here doesn't care" and "Staff are always nice and friendly, all of them. You can have a laugh with them; they are all very pleasant and cheerful." A health care professional told us, "The staff are very caring and are very good to the residents and their relatives."

Records we looked at showed people were involved in the planning of their care and were invited to participate in review meetings. One relative told us, "We are kept informed of everything."

We observed that all staff were polite, kind and caring. They spoke to people in a respectful manner and always addressed them by their name.

People told us that their privacy was respected and they were treated with dignity and respect. We observed staff knocking on people's doors before entering and during the administration of their medicines. This meant people's rights were upheld.

People's independence was promoted. For example, we observed staff asking a person if they wanted to go downstairs for lunch. They supported them to be mobile by using their wheelchair in the lift but then encouraged them to use their walking frame to the dining area. A person told us, "I cannot manage very good by myself when washing, but the carers let me be as independent as possible. They give me a flannel to wash my face, but wash me where I cannot reach." This meant staff gave people the opportunity to do as much as they could for themselves.

Information about the advocacy service was available for people who used the service and their relatives and we saw that one person had been visited by an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights.

We saw that staff used a mapping tool to ensure that pain relief skin patches were regularly repositioned to ensure they were fully effective. We spoke to a health care professional regarding the care provided to people at the end of their lives. They told us, "The end of life care has been very good as the staff know people's needs well."

We established from our individual reviews of people using the service that several had varying degrees of dementia and some displayed behaviours that challenged such as nipping. Our discussions with the manager regarding caring for people living with dementia and developing mental health conditions demonstrated her passion and focus on these vulnerable people. Also, her commitment to train and support staff in how best to understand and meet their diverse and complex needs.

Good

Is the service responsive?

Our findings

We saw care plans that demonstrated people and their relatives had been involved in the planning and review of their care. Relatives told us care was centred around people. A relative we spoke with told us, "[Name] has a chest infection at the moment and the carers always make sure that they are sitting up as long as they can." Another relative said, "I have been involved in all of [Name's] care, if there are any changes in their care they always contact me. Everything is in their best interests." Documentation we looked at showed how people liked to be referred to and that their beliefs and preferences had been taken into account.

We saw staff using hand held electronic devices to record information about people. For example, what they had eaten or activities undertaken. This information would then be updated immediately on to peoples individual care records. Staff received handovers at the start of each shift. They also had access to person centred software care plans and a written handover sheet.

We examined a selection of care records and saw that these were comprehensive and contained relevant information specific to the individual and their needs and preferences. We saw the manager had undertaken pre admission assessments. Consideration had been given to people's end of life wishes and information was readily available. Although we identified some gaps, daily entries were clear and referred to changing needs and what action to take. For example, when someone had sore skin or was experiencing pain. We saw clear reference to the use of specialist equipment such as profiling beds and pressure relieving mattresses.

People had an opportunity to join in the activities available and these included arts and crafts, exercise, ball games, armchair exercise, word games, bingo and reminiscing. There was a selection of jigsaws and games available in the lounge. One person we spoke with said, "I play bingo, skittles and hoopla, the activities vary each week. There is a lady that comes around with a dog." Another told us, "Yes, my relative has been involved in a couple of games, but they prefer to listen to their music."

There were no activities taking place on the first day of our inspection. We observed the activities co-ordinator having a reminiscing discussion with people in the afternoon of the second day. We spoke to the co-ordinator who explained that as they worked part time the care team helped with activities when they were not there. They explained how they used a flexible approach and asked what people wanted to do on the day. If people were not able to leave their rooms they would be offered one to one activities such as a hand massage, looking at photographs or just chatting. Weekly pet therapy was also very popular as were visits from a group of Morris Dancers and a glass of wine or beer with lunch.

During our inspection the atmosphere within the care home was quiet; however people using the service had a good rapport and engaged well with staff. We observed that they could move around the home freely and choose where to sit in the lounge area. We saw relatives being welcomed by staff who knew them well. One relative told us, "We can visit whenever we want."

People and relatives felt confident in raising any issues they had with staff and management. A person we

spoke with said, "I would feel comfortable in complaining if I had to." A relative told us, "I know who to go to to complain, I would take any concerns to the manager who is very kind." One relative explained, "There was a draught in [Name] bedroom and I informed the manager immediately. They are trying to do something about this, but in the meantime his chair has been turned to avoid the draught." Information about how to complain was available. The manager told us they had an open door policy and encouraged people to speak with them if they had any concerns.

We saw records which showed that people and their relatives were asked their opinion on the service provided. This included feedback from a questionnaire sent to relatives in January 2017 and how this had been acted upon. For example, a person had said they wanted staff to take them into the local village and arrangements were made to facilitate this.

The provider had sought the views of relatives; only three responses had been returned. The manager told us they received regular feedback from relatives. The manager told us they would consider how to improve this process.

After our visit the provider told us that review cards were offered to people and their relatives to complete if they wanted to. Reviews were held yearly with people and their families. This helped to provide feedback on how the service could be improved.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was not in post, but action was underway for the new manager to become registered.

At the last inspection the provider was in breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014: Good governance. This was because although staff told us checks undertaken to ensure people's safety had been completed, documents had not been available to evidence this.

At this inspection we looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services.

Although the provider had made some improvements since the last inspection, we found an on-going breach of Regulation 17 at this inspection. This was due to several shortfalls in governance and oversight of the service.

When we looked at the last three month's audits for accidents we found the analysis was not completed fully to ensure themes, trends or other contributing factors were identified. When we spoke to the manager they had identified that the analysis had not been comprehensive and told us in future this audit was going to be completed with the support of the provider.

We discussed the approach to accident and incident recording with the manager and operations manager. In particular some shortfalls were identified in relation to specific incidents that had occurred. For example, times last seen were not recorded for unwitnessed accidents. Diagrams and evidence, such as photographs, of equipment involved when a serious incident had occurred were not in place. The manager agreed that these were essential to provide clear and accurate evidence if required.

We found areas for improvement relating to record keeping. There were some gaps in daily recordings and some missed signatures on medicine administration records.

In relation to staff records we found gaps within induction review sign offs and details of which trainers had completed what sections of training. The manager acknowledged this and gave assurances that they would ensure these were updated to provide an accurate audit trail of the support new staff had been given.

Staff supervision records contained basic details only in the summary and key outcomes sections and there was no section for the person being supervised to self-evaluate or reflect on their progress. The manager agreed these could be improved to provide written evidence of the good 121 staff support that was being provided.

During our inspection we noticed that some staff were not adhering to the provider's own dress code policy which could contribute to poor infection control or a risk of injury to people using the service. The manager

stated she had been raising this with staff and had introduced infection control as 'Policy of The Month' following our inspection.

The provider's statement of purpose and complaints procedure both needed updating. For example, the provision of care to people living with dementia was to be added and the specific steps to take and with who if any concerns were raised.

At our previous inspection managerial staff had told us how they struggled to implement full management systems in the supernumerary time available. The new manager had been in post for three months when we inspected and it was the first time they had held such a position. Two days each week were allocated for them to complete administration tasks, audits and activities associated with the general running of the service. When not undertaking these tasks the manager worked as a nurse in the service. The manager demonstrated their enthusiasm and commitment to provide a good quality of care, but said that it was difficult to fulfil all their duties in this time as they were frequently interrupted.

We looked at the manager's supervision records and saw the provider was aware of the need to provide additional support and were actively recruiting for an additional nurse. We felt that despite support from the senior management team the new manager did not have sufficient dedicated time to ensure that all elements of good governance of the service could be achieved.

Our findings show that this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

The manager was able to show us documents that evidenced regular audits were now being completed. These audits covered areas such as infection control, medicines management and individual care plans.

The manager explained that a new computer software programme and quality compliance systems had been introduced with the aim of ensuring care plans and people's needs were always up to date and the care provided was relevant to individual needs. Staff we spoke with had embraced this technology and were keen to show us the hand held i-pods they used to record people's food and fluid intake for example.

People and relatives we spoke with had no issues surrounding the management and leadership of the service. They knew who the manager was and would feel comfortable if they needed to raise any concerns. One person told us, "The manager comes and talks to me and is very nice. I am very lucky to be in here." One relative said, "The manager is super, they are approachable and we feel comfortable when talking with them. They are visible around the care home." Another said, "The manager is very kind, they give their 100% best for everyone."

All the staff we spoke with said that the manager was very approachable and had made changes to improve the care provided to people. We saw staff were regularly invited to staff meetings where relevant topics and areas for improvement were discussed and agreed For example, some recent errors in medicines checks and the frequency of checks to be made on personal care. This showed team work and a willingness to reflect and act on lessons learned.

The staff had just developed a newsletter that was going to be published every three months. The newsletters we looked at gave the reader information about the service and local news. The manager realised the information was not in an accessible format for people who, for example had visual impairments, and planned to pursue this further with the activities co-ordinator.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems and processes had not been operated to assess, monitor and improve the quality and safety of the service provided and to mitigate risks relating to the health, safety and welfare of service users. Regulation 17 (2)(a)(b) and (c).