

Our Family Care Home Ltd

# Bescot Lodge Care Home

## Inspection report

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Tel: 01922648917

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Bescot Lodge is a residential care home providing accommodation and personal care for up to 26 people in one adapted building. At the time of the inspection the service was supporting 25 older people some who were living with dementia.

### People's experience of using this service and what we found

A lack of oversight meant systems to monitor the quality and safety of the service were not always effective and had not identified the areas for improvement found at this inspection.

We found medicines were not always stored safely and medicine stocks were not always accurate. Systems and processes for safeguarding and whistleblowing to keep people safe were effective. We found people's needs and preferences were met by a sufficient number of staff who were recruited safely. Infection control measures were in line with current government guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was requires improvement (published 14 November 2019).

The last rating for this service was requires improvement (published 14 November 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

We received concerns in relation to abuse, medicines storage and movement alarms. As a result, we undertook a focused inspection to review the key questions safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained the same.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bescot

Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to a lack of oversight in relation to safe storage of medicines.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Bescot Lodge Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector, one Specialist Advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with nine people who used the service and eight relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, area manager, registered manager, care workers and the chef. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always stored safely.
- We found the medicine room temperature was above the maximum recommended temperature of 25 degrees for 13 of the 15 days prior to the day of inspection. The registered manager immediately took action to reduce the temperature of the room when alerted to this and contacted their pharmacist.
- Multiple sharps boxes were stored on the floor and these that were not always labelled correctly with open and close dates which was not in line with current NICE guidance. The registered manager took immediate action to address this.
- The control drug cabinet was not secured to the wall as it should be. The registered manager took immediate action to have the cabinet secured.
- Medicine stock numbers were not always correct. For example, we found records showed there should have been four of one medicine in stock however there was none of this medicine in stock as this person was no longer at the service.
- We saw people were safely administered their medicines by staff who had received training and had their practice observed to ensure they were competent.

### Assessing risk, safety monitoring and management

- Risks from both people and the environment were identified by the registered manager and clear person-centred assessments of how these risks affected people were recorded.
- Individual risk assessments were regularly reviewed and met the specific needs of people to keep them safe. For example, we saw assessments to manage the risk of falls and choking risks.
- Staff were visible throughout the home and were able to describe the identified risks and how to safely manage them in line with the individual risk assessments in place. A relative told us, "[Person] is never left unaided."

### Systems and processes to safeguard people from the risk of abuse

- The provider had clear safeguarding and whistleblowing systems in which staff had received training and knew how to effectively use. One staff member told us, "We have safeguarding training, if I see anything I would report this to the manager, area manager or the nominated individual. I would also report externally and submit a safeguarding myself if I needed to."
- We found no evidence to support the information received regarding abuse. People living in the service told us they were safe in their home. One person told us, "I feel safe, at night time I sleep well and [staff] check me". Another person told us, "[Staff] are more than carers they are like friends".

- Relatives we spoke to told us they felt their loved ones were safe and happy in the home. A relative told us, "I have peace of mind knowing they are safe, got no qualms at all". Another told us, "I feel my [relative] is as safe as they could be".

#### Staffing and recruitment

- Staff were visible and available to people when required to meet their needs. A relative told us, "They seem to have enough staff they have put extra in at times when needed."
- People told us there was a sufficient number of staff to meet their needs and keep them safe. One person told us, "The staff do everything for us they are ever so good. We are very well looked after." Another told us, "I ring the bell, they come within 5 minutes." A third person said, "I don't need a bell, I can see [staff] all the time, if I need anything I can ask them."
- The provider continued to recruit staff safely through the requirement of references and application to the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they were suitable for employment.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The provider demonstrated they learned lessons when things went wrong. Since our last inspection improvements had been made to assessing and acting on identified risks especially in relation to nutrition and choking risks.
- Accidents and incidents were recorded by staff when they occurred, and these were reviewed regularly by the management team in the home. We saw appropriate action had been taken to refer concerns to professionals when required.
- Staff understood their responsibilities to raise and report concerns.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had updated their policies and procedures since our last inspection and had systems in place to check the quality of the service people received. However, we found these were not sufficient to ensure oversight of medicines and failed to identify concerns and drive improvement.
- Medicine audits failed to identify that medicine stock counts were not always consistent with records and the control drugs cabinet was not secured to the wall.
- The registered manager lacked oversight of sharps container storage and the absence of open and close date recording on the containers, which was not in line with NICE guidance.
- The registered managers quality checks had not identified the temperature of the medicine room was above the maximum recommended temperature of 25 degrees for 13 of the 15 days prior to the day of inspection.

The lack of governance systems and oversight meant medicines were not always stored safely This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had sent us notifications in relation to significant events that had occurred in the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager was visible and available to all staff and people living in the service which prompted an open inclusive and empowering culture. A member of staff told us, "The manager and area manager are very good they are very supportive."
- There was a positive culture in the home. People, relatives and staff were complimentary about the home and the management team. One relative said, " Manager is excellent, personable. There is a cheerful atmosphere, I hear laughter between the staff and residents, a jovial atmosphere." A person told us, "The people who work here they are brilliant."
- Systems were in place to ensure the home operated a person-centred culture. Our observations and conversations with people supported this.

Engaging and involving people using the service, the public and staff, fully considering their equality

## characteristics

- We saw staff and relatives completed questionnaires asking for their views on the service people received. We saw the response was positive and where there were constructive comments the registered manager responded to these.
- People and relatives were involved in sharing their experience of the service. We saw people requested meals they remembered from their childhood and more fruit in their last meeting and the menu was amended to reflect this. A relative told us, "The manager is relatively new, but we get on extremely well; feels like we are living next door and not 200 miles away."
- Staff told us they received supervision and there were regular staff meetings where they could feedback and share their views of the service with the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was working in accordance with this regulation within their practice.
- The registered manager worked in a very open and honest way. A relative told us, "I feel they manage falls fantastically well. They always inform me when [relative] has had a fall and they will call in further help if needed. I don't worry about my [relative] living in this home."

Continuous learning and improving care

- The provider had introduced a digital system for care plans risk assessments and daily records which allowed staff to easily refer to care records. A staff member told us, "Now that our plans are digital we have greater access to the care plans and risk assessments."
- The provider had invested in the development of their staff to continually improve care. This included further training to continually build on staff skills and knowledge.
- The registered manager ensured a range of quality assurance tools were in place to continually assess the care provided was person-centred to individuals developing needs.

Working in partnership with others

- The registered manager worked closely with healthcare professionals to meet people's needs and achieve positive outcomes.

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  Oversight of medicines storage was not always sufficient