

# Barchester Healthcare Homes Limited

## Bedewell Grange

### Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Bedewell Grange is a residential care home providing nursing and personal care to up to 52 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 46 people using the service.

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

People, as well as relatives and staff, gave positive feedback about the care provided at Bedewell Grange. Staff knew how to raise concerns and felt confident to do so.

The provider carried out checks and risk assessments to help maintain a safe environment. Staff followed IPC practices to help prevent the spread of infections. Medicines were managed safely. There were sufficient staff to meet people's needs and new staff were recruited safely. People confirmed staff responded quickly when they needed help.

Staff supported people to have enough to eat and drink. People were happy with the meals they were offered. People's needs were assessed and the information gathered used to develop care plans. Staff received good support and accessed the training they needed. People were also helped to access healthcare services when required.

The provider had a structured approach to quality assurance. Regular audits and checks were done. These were used to identify relevant action and lessons learnt. People, relatives, staff and professionals were offered opportunities to provide feedback about the care provided at the home.

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 good (published 27 November 2019).

### Why we inspected

The inspection was prompted in part due to concerns received about managing medicines and access to external healthcare services. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Bedewell Grange

## 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 Health and Social Care Act 2008.

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

One inspector carried out this inspection.

#### Service and service type

Bedewell Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people and five relatives of people using the service. We spoke with four staff including the registered manager, senior care worker and care staff.

We reviewed a range of records including care records and medication records. We looked at four staff files in relation to recruitment and staff supervision, as well as a variety of records relating to the management of the service were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems aimed at keeping people safe. People, relatives and staff told us the home was safe. One person commented, "It is really safe, there is always someone [care staff] on the floor for you."
- Staff were aware of the safeguarding and whistle blowing procedures. They felt confident to raise concerns if required. One staff member commented, "I have not used it [whistle blowing] procedure, I have not needed to. If I had concerns though I would raise them."
- When required, the provider made safeguarding referrals and these were fully investigated.

Assessing risk, safety monitoring and management

- Staff assessed and managed risks appropriately. Health and safety related risk assessments had been completed, such as fire safety. In addition, regular checks were carried out and action taken to address any issues identified.
- Additional risk assessments had been carried out, for example where people had specific needs.
- The provider had up-to-date procedures to deal with emergency situations. This included how to evacuate people safely in an emergency.

Staffing and recruitment

- Sufficient staff were on duty to meet people's needs. People and relatives confirmed staff responded quickly when people needed help. Most staff told us staffing levels were appropriate. One relative said, "Carers are very visible. I always see carers around when I visit [family member]."
- The provider regularly monitored staffing levels to ensure they remained safe.
- New staff were recruited safely. All appropriate checks were carried out and the information was used to make safer recruitment decisions.

Using medicines safely

- Staff managed medicines safely. One person said, "I take loads of tablets. She [care worker] brings them and then I take them. In know what I am taking."
- Staff kept accurate records showing which medicines people were given. These showed people received their medicines on-time.
- The provider completed medicines audits to check staff followed the correct procedures. This included identifying issues and acting to address them.

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.
- There were no restrictions on visits to the home. The provider had screening measures to ensure visits took place safely. This included visitors showing proof of a negative COVID-19 test. One relative commented, "We have been able to visit throughout [COVID 19 pandemic]."

#### Learning lessons when things go wrong

- The provider's audit systems were used to learn from incidents and accidents. Incidents and accidents, such as falls, were investigated with action taken to address any concerns identified.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's need had been assessed to determine their care and support needs. This included considering any religious, cultural and lifestyle choices.

Staff support: induction, training, skills and experience

- Staff had good support and accessed the training they needed. Records confirmed training and supervision were up to date.
- Staff told us they were supported well. One staff member commented, "[Registered manager] is very supportive. I feel I can approach her with any suggestions."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to have enough to eat and drink. One person commented, "The food is lovely. If you don't like something, they get you something different."
- Staff used different approaches to encourage independence and choice. This included showing plated up meals to choose from.
- Where required, staff monitored how much people ate and drank. They also referred them to health professionals for additional advice, such as speech and language therapists and dieticians.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services when required.
- Care records showed which healthcare professionals had been involved in people's care. They also included details of the recommendations made from health professionals to ensure people received the care they needed.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests

and legally authorised under the MCA.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider followed the requirements of the MCA; DoLS authorisations had been granted for all relevant people. The registered manager monitored DoLS authorisations to ensure they remained valid.
- Where people were unable to consent to restrictions placed on them, an MCA assessment and best interest decision was completed first.

# 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 our last inspection we rated this key question good. At this inspection the rating has for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff team aimed to promote good outcomes for people. One person commented, "It is the best place I have ever been. It is like home from home, like how family look after you."
- The home had a welcoming and friendly atmosphere. One person told us, "I get on great with everyone. I am well treated here. I wouldn't go anywhere else."

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

- The registered manager submitted the required notifications following significant events at the service, such as for incidents and accidents.
- The registered manager was supportive and approachable. One relative told us, "[Registered manager] is very approachable. You can go to her anytime, she will do what she can to put things right. She has been very hands-on."

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

- People, relatives and staff had regular opportunities to be involved and share their views about the service. This included meetings and surveys.
- People and relatives gave positive feedback about the home. One person told us, "It is absolutely marvellous, excellent. They are helping me in every way."
- Staff could attend regular meetings to share their views about the service. One staff member said, "Team meetings are usually monthly. We can speak up, we can speak freely. We are due one [team meeting] soon."
- The most recent consultation with people and relatives took place between January and March 2022. Feedback was mostly positive with some areas for improvement suggested.

Continuous learning and improving care; Working in partnership with others

- The provider had effective quality assurance systems; these had been effective in identifying areas for improvement and learning. Where areas for improvement had been identified, action plans were developed and progress monitored.
- The provider worked in partnership with local commissioners to improve outcome for people using the service.

