

Calendula (Bebington) Limited

# Bebington 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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Bebington Care Home is a residential care home providing personal and nursing care to up to 87 people. The service provides support to people in need of nursing support, respite care, end of life care and general assistance with everyday living for people with dementia. At the time of inspection there were 57 people living at the home.

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

Medicines were not managed safely and records used to monitor people's care was not always completed fully. Risks in relation to people's care had not been properly assessed. The systems in place to monitor the quality and safety of the service were not always used effectively to identify and mitigate risks.

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.

Feedback we received from staff, people and relatives was positive in regard to the new manager and provider. We observed staff supporting people in a caring, responsive and patient manner. We saw that people were comfortable in the presence of staff and positive relationships had developed between them.

Staff were recruited safely and received regular training, supervisions and attended staff meetings and there were enough staff on duty on the day of inspection to meet people's needs.

Equipment had been serviced and maintained and accidents and incidents were recorded and reviewed to help minimise the risk of reoccurrence. The environment was clean and welcoming, and it was undergoing a significant refurbishment.

Complaints, accidents and incidents were managed appropriately, and referrals were made to other professionals in a timely way for people when required. People were provided with opportunities to engage in a variety of activities to meet their needs. People's dietary needs were catered for.

### Rating at last inspection

The last rating for the service under the previous provider was requires improvement, published on 16 December 2020.

### Why we inspected

The inspection was prompted in part due to concerns received about medicines and governance of the service. 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.

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

The provider took immediate action to mitigate risks to people.

#### Enforcement and Recommendations

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 and will take further action if needed.

We have identified breaches in relation to medicines management, risk management and governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from 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 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive 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** ●

# Bebington 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 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

This inspection was carried out by an inspector, a medicines inspector 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

Bebington Care Home 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. Bebington Care Home is a care home with 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 not a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service.

We used all this information to plan our inspection.

### During the inspection

We spoke with 13 members of staff and home manager. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two 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.

# 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 that was carried out when the service was under a different provider, this key question was rated as requires improvement. At this inspection this key question stayed 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 used safely.
- The required time interval between doses of medicines, for example paracetamol, was not always safely observed.
- One person's insulin for their diabetes was not always given at the prescribed dose. This placed them at unnecessary risk.
- Medicines were not always available in the home to be administered to people; one person had not had one of their medicines for two weeks. Quantities of remaining medicines did not always match the records of doses administered, so we could not be assured medicines were administered safely as prescribed.
- Thickening powder, to be added to drinks, for people who have difficulty swallowing, was not always stored safely. Therefore, there was a risk people could be harmed due to accidental ingestion.
- Records for the application of topical preparations such as creams were not always completed to show the application site, and topical preparations were not always applied as prescribed. Therefore, we were not assured people's skin was cared for properly.
- Information to support staff to safely administer 'when required' medicines were not always available.
- Medicines with an expiry date once opened, were not always dated to show when they were opened. Therefore, there was a risk they might be used beyond their expiry dates.
- Information regarding people's allergies was not always recorded on relevant documentation, there was a risk people may be given medicines which they have previously reacted to.

The provider failed to manage medicines safely placing people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Risks to people were not always assessed, monitored and managed.
- Care files did not always hold appropriate information regarding people's health needs. Health conditions known to present a risk to people were not always assessed and planned for. There was a lack of information and guidance for staff on how certain health conditions, impact on the person's day to day life, the support they needed to minimise any risk to them and early warning signs to observe which may indicate a decline in the persons health.
- People's daily records did not always show they had received the care they needed. For example, fluid

intake monitoring to mitigate dehydration risks.

- Personal evacuation plans (PEEPs) did not always match the information held in people's care files. This meant we could not be certain that staff were aware of how to safely support someone in an emergency.

The provider had not ensured risks in relation to people's care were properly managed to prevent avoidable harm. This is a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Regular health and safety checks of the environment had been completed. Service agreements and safety certificates were all in date.

#### Staffing and recruitment

- Staff files held the appropriate information needed to ensure fit and proper persons were employed.
- All staff had had a criminal background check carried out.
- During the inspection we saw there appeared to be an appropriate number of staff on duty.
- The service had stabilised staffing with the use of regular agency staff. One person said, "There were a lot of bank/agency staff but recently the new manager has introduced some new staff and they are of a higher standard."

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

- People were protected from the risk of abuse, as the provider has systems in place that were effective in identifying and responding to any concerns identified.
- The overwhelming comments from both relatives and people living in the home was that they felt they/their loved one was safe.
- One relative told us, "[Person] is safe there even though now [person] isn't mobile anymore, that's because the staff look after her well and the unit manager is very good." Another relative told us, "I have confidence in the staff, there have been a lot of changes, but I think the environment is a safe one."

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with current governance guidance.

#### Learning lessons when things go wrong

- Appropriate systems were in place to monitor and review accidents and incidents.



- These were reviewed regular to establish patterns and to minimise future occurrence.

# 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 the last inspection that was carried out when the service was under a different provider, this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed by the appropriate person prior to them receiving care to ensure the service was able to meet their needs. However, long term care plans had not always been completed.
- The provider ensured there were up to date policies and procedures in place to offer guidance for staff and reflect best practice.

Staff support: induction, training, skills and experience

- New staff completed an induction before starting work. This ensured care staff had the fundamental skills and knowledge expected within a care environment.
- Training deemed mandatory by the provider had been attended by staff. We reviewed training matrices and documentation that confirmed the required competencies had been achieved.
- Records confirmed supervision and support was being provided to staff. Staff told us they were appropriately supported.

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

- Some care plans held conflicting information regarding nutritional supplements, this was raised with the manager who immediately actioned this.
- The manager and staff had made significant improvements to the existing menus following the change of provider.
- One relative told us, "I would say the food has improved." Another told us, "They have recently introduced offering snacks and that's good as [relative] will often eat them." We were also told "Drinks are always available."
- People were also happy with the support regarding their diet. Their comments included, "The food is lovely, it's something different every day," "There are always snacks and drinks offered and you only have to ask if you want something" and "I have a hiatus hernia and so can't go long stretches without food but they know that and offer me snacks and if I fancy a slice of toast I only have to ask."

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

- People were supported to attend a range of healthcare appointments including visiting their GP, dentist, optician and chiropodist. A family member told us, "The Dr and the podiatrist come in regularly, the optician came very recently and [relative] has a new pair of glasses."

Adapting service, design, decoration to meet people's needs

- The home was undergoing significant refurbishment and one of the units was unoccupied.
- People were encouraged to personalise their rooms with pictures and personal furniture when they moved in.

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.

- People were supported by staff to make choices and decisions about their care. This support was based on the MCA and its key principles of always assuming people could make decisions unless assessed as otherwise.
- Staff received training in applying the principles of the MCA and understood their responsibility in providing choice and gaining consent.
- Staff advocated for the rights of people in the home to make their own decisions. An example being one senior staff member being able to be the persons voice as they did not want a medical intervention to take place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection that was carried out when the service was under a different provider, this key question was rated as good. The rating for this key question has remained the same. This meant people always felt well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- People's wishes had not always been documented appropriately. However, conversations with people and their relatives indicated that they were happy with the care being delivered by staff.
- People were supported to make decisions about their daily life. With family involved when appropriate. Relatives comments included "I am fully involved in [relative] care, they contact me if there is anything to discuss and I feel well informed", "We along with [relative] are involved in what care is given and how it's given, we have a few things we want to discuss so I am going today ask for a meeting with the manager." A person living in the home also told us, "The staff sit on my bed and talk over everything which I love, I wouldn't pick anywhere else to live."
- We observed those who could not consent or make their own decisions were supported by staff patiently in the communal areas of the home.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and family members spoke positively about the service. One person said, "Staff are always respectful in how they speak to me, they ask me for instance if I would like a shower, if I don't, they don't make me." Another told us, "If staff didn't treat me nicely, I wouldn't stay." A family member said, "[relative] is shown kindness and respect from staff especially the regular staff who know her well."
- The manager and staff were considerate, kind and responsive in their actions and spoke about people warmly and knowledgeably.
- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).
- Staff were respectful of people's privacy and dignity. We saw staff support a person who was eating. They were patient and encouraging. A relative told us, "From what I see [relative] is treated with dignity but I am not there when personal care is given."
- People were supported to maintain their independence. One person told us, "When I am having a shower they always ask if I need a hand but leave me to do what I can myself."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection that was carried out when the service was under a different provider, this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans had not consistently been completed to identify people's needs, likes, dislikes and preferences. The information obtained through discussions with people and their relatives, had not been appropriately recorded in care plans. For example, guidance in regard to catheter care had not been completed.
- Care plans did not always match the outcomes of risk assessments. This meant that staff did not have the correct guidance on how to support people appropriately.
- People we spoke with did not know about their own plan of care, however relatives were aware but we were told some had not been reviewed for a while.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's sensory and communication needs had been considered during the assessment process. Although this had not always been recorded, we observed staff effectively communicating with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The new provider and manager had made changes to the activities arrangements to ensure they were suited to the needs of the people living in the home.
- People had the opportunity to access the available activities. We were told, "I don't usually want to join in, but I did bingo recently and there was some fancy dress event" and "Most evenings there is a quiz that we can join in with, sometimes cards and also we can get our nails painted, I enjoy these." People were also supported if they did not want to participate. One person said, "I get involved in activities if I want but they are happy if I don't want to."
- Family visits were taking place in line with current government guidelines.

Improving care quality in response to complaints or concerns

- There was a complaints procedure available to people and visitors.
- The provider and manager maintained a log of any complaints received and records of how they were investigated and responded to..

- People and their relatives confirmed they would complain if needed to. One person told us, "I can't think I have had concerns but I wouldn't hesitate to talk to staff if I did" and another person said, "If we have concerns we raise them and the majority of them are addressed straight away."

#### End of life care and support

- Systems were in place to support people during the end of their life.
- Staff received training to enable them to be responsive to people's changing needs at the end of their life.

# 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 that was carried out when the service was under a different provider, 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; Continuous learning and improving care

- The provider had employed a new manager who had implemented improved systems and processes. However, prior to this there had been a number of home managers in a short space of time which contributed to inconsistent oversight of the service.
- Audits were in place in the home but not all were effective. The audits for the medicines and the record keeping had failed to identify the issues found during the inspection.
- Care plans and monitoring records were in place; however, they were not always completed to reflect the care people needed and received.

The governance arrangements in place were not robust and record keeping was not always adequately maintained. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager understood the expectations of their role and was transparent and very receptive and responsive to the feedback given during the inspection. Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
- The staff spoke very positively about the new manager and felt they were part of a team. Comments included, "[Manager] listens to you now, whatever the residents need now they get." Another staff member said, "Confidential means confidential now, there is more trust is in the home."
- We asked if people and their families knew who the manager was and most did. Comments included "Both the manager and the unit manager are around all the time, "The manager is hands on part of the team" and "Oh we know who the manager is, on my way into see [person] today she stopped and said hello."
- People felt that the home had become more person centred, everyone we spoke with was very positive. Comments included, "I was terrified of coming here but I have made my room like my home so am settled," and "It's a friendly place and very homely, even the cleaners know the residents names."

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 provider and manager was aware of their responsibility to be honest with people when things went

wrong. They undertook investigations if any incidents and accidents happened to try to prevent them happening in the future.

- The manager had reported notifiable events when required to the CQC and maintained records of actions which had been taken. This was to help ensure changes made were effective.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People felt the new provider and manager were committed to engaging and involving people. We were told, "There haven't been any relative meetings since Covid, but I think that's understandable. There was a questionnaire a couple of months ago asking different things about the standard of care," "Before Covid there were family meetings, we had a questionnaire recently. The new owner had a telephone conference with us" and "[Relative] hasn't been here long but we have already had a questionnaire asking us how things are going."

- The staff were extremely positive about the changes that had been implemented since the change of provider and new manager. All staff said they now felt valued. One staff member told how they were now able to progress in their role as this had not previously happened.

- The manager and staff worked with external professionals to ensure outcomes were achieved for people.



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
Treatment of disease, disorder or injury	The governance arrangements in place were not robust and record keeping was not always adequately maintained.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider failed to manage medicines safely and not ensured risks in relation to people's care were properly managed so people were placed at risk of harm.

### **The enforcement action we took:**

Warning notice