

Four Seasons 2000 Limited

# Bishopsmead Lodge

## Inspection report

Vicarage Road  
Bishopsworth  
Bristol  
Avon  
BS13 8ES

Date of inspection visit:  
21 July 2022

Date of publication:  
18 August 2022

Tel: 01179359414

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Bishopsmead Lodge provides personal and nursing care for up to 51 people. At the time of the inspection, 40 people were living at the home.

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

There had been significant improvements following the inspection of 9 May 2019. Positive changes had been made to the management team. The registered manager had been in post for three years. A deputy manager worked alongside the registered manager. The regional manager visited the home regularly to provide good oversight. Governance audits had improved and had helped to address any shortfalls within the home.

Changes had been made in relation to the medicines system. The registered manager and deputy monitored the medicines systems and addressed any shortfalls. The home had a steadfast team of nurses and care staff employed. There was enough staff to safely provide care and support. We received good feedback about staffing levels at the home. All staff understood their responsibility to keep people safe from harm. Risks to people had been assessed with actions in place to help keep people safe. Checks were carried out on staff before they started work to assess their suitability.

Staff were enthusiastic and happy in their work. They felt supported within their roles. Staff described working together as a team, they provided person-centred care and helped people to achieve their potential.

Rating at last inspection

The last rating for this service was Requires Improvement (published 20 June 2019). At our last inspection we found further improvements were needed to the medicines system. We received mixed views about staffing levels at the home. Further improvements were needed to the quality monitoring audit process to help address shortfalls. The home needed to demonstrate that changes and improvements were consistent, embedded and sustained. We carried out an infection prevention and control inspection on 3 March 2022. We found that staff were not always wearing PPE such as surgical masks safely and gloves were not disposed of within clinical bins. At this inspection we found improvements had been made.

Why we inspected

We carried out an inspection of this service on 9 May 2019. We rated the service requires improvement in Safe and Well Led due to the shortfalls, which we identified. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bishopsmead Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

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

**Good** ●

The service was safe.

Details are in our safe findings below.

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

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Bishopsmead Lodge

## 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

The inspection was carried out by one Inspector.

#### Service and service type

Bishopsmead Lodge is a nursing 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.

#### Registered manager

The home had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

Before the inspection we reviewed all of the information available to us, including any information of concern, notifications and the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with the registered manager, regional manager, four staff, five people who lived at the home and one relative. We observed how staff interacted with people. We considered all this information to help us to make a judgement about the home. We looked at a range of records relating to the management of the home. This included recruitment records, risk assessments, medicines records, infection control practices and quality assurance records.

We continued to review the information we received from the inspection to help us make judgements about the home.

# 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 requires improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

At the inspection of 9 May 2019 we received mixed views from people about staffing levels. Improvements were needed to ensure consistency in the numbers of staff on duty each day. At the inspection of 3 March 2022, we found that staff were not always wearing PPE such as surgical masks safely and gloves were not disposed of within clinical bins. The cleaning of keypads required improving and where staff were working across different floors there was a risk of cross contamination due to poor PPE practices. At this inspection we found improvements had been made.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt protected from the risk of abuse. One person told us, "I do feel very safe here. I wear my pendent and will press this if I need anything". Another person told us, "I do feel safe knowing the staff are around. They are all very nice and treat me well".
- Staff knew how to recognise abuse and reduce the risk of people suffering abuse. Staff had received training and had a good understanding of the provider's safeguarding systems and procedures. They were confident the management team would address any concerns and make the required referrals to the local authority.
- The registered manager understood their safeguarding responsibilities and had made safeguarding referrals to external professionals when necessary.

Assessing risk, safety monitoring and management

- Risk assessments were reviewed and updated regularly, which helped to ensure staff were provided with the most up to date information on how best to support people safely.
- People had up to date Personal Emergency Evacuation Plans (PEEPs) in place, these described the support people would require in the event of a fire or similar emergency. Checks of fire equipment such as alarms, door, lighting and fire extinguishers were completed regularly.
- Environmental risk assessments, general audit checks and health and safety audits were completed. Action had been taken where needed, to help ensure the safety of the environment.
- Water temperatures were regularly checked and recorded by staff. Records showed temperatures were in the recommended range of 42 and 44 degrees centigrade. If the temperatures were out of range, then this was reported to the maintenance team.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- We received good feedback from people about staffing levels. Comments included, "I think we have enough staff. I do not wait very long for any help" and "Yes, I have no concerns with staffing levels here".
- Staff spoke positively about staffing levels at the home. Comments included, "I think we have enough staff. The only time we go short is if we have late sickness to cover and if nobody can cover and agency do not show up" and "We all help to pick up shifts but recruitment is a lot better with less to cover".
- The registered manager used a dependency tool to identify required staffing levels but also carried out observations of staff practice to ensure staffing levels remained safe. They were mindful of the needs of the people they cared for to ensure they could safely meet their needs with safe staffing levels.
- There was sufficient staff on duty to provide the care and support people needed.
- Staff acknowledged that the staffing situation had improved, and they were less reliant on the use of agency staff. The registered manager continued to recruit for care staff as some staff had left health and social care during the COVID-19 pandemic. Staff helped to cover annual leave and sickness. Outstanding shifts were passed to agency staff to help cover.
- Recruitment procedures were safe. For example, pre-employment references were obtained and Disclosure and Barring Service (DBS) checks undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Improvements implemented before the last inspection of June 2019 had now been fully embedded by the staff who administered medicines. People were supported to take their medicines safely and as prescribed.
- A checking system remained in place and identified shortfalls. There were no gaps in the medicines records, which we checked. People's records and levels of stock tallied to show that people received their medication as prescribed.
- Medicines were administered by staff who had completed training and their competency checked.
- The medicines room was clean and tidy; fridge temperatures were recorded daily and were up to date.
- PRN (As required) protocols were in place so that staff knew when to give medication that was not prescribed to take on a regular basis.

#### Preventing and controlling infection

- At this inspection we found all staff were wearing PPE such as surgical masks safely. Gloves were disposed of safely within clinical waste bins. The cleaning of keypads had improved and were regularly cleaned throughout the day. Where possible staff no longer worked across different floors to help minimise the risk of cross contamination.
- 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.

#### Visiting in care homes

There were no restrictions on people welcoming visitors to their home and the provider was following currently published visiting guidance by the Department of Health and Social Care.

#### Learning lessons when things go wrong

- Accidents, incidents and near misses were reported to the nurse and the registered manager. Information relating to accidents and incidents was recorded on a computer system. The registered manager was sent an alert when they occurred. They reviewed the information and the actions taken before this was closed.
- The registered manager regularly reviewed the number of accidents and incidents that took place. This helped to identify patterns and trends and to make changes to people's care as needed.
- The registered manager and regional manager monitored the statistics of infections within the home and pressure sore injury's, which had occurred. This provided them with a good oversight of the home.

# 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 requires improvement. At this inspection the rating for this key question has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection we found further improvements were still needed to be ensure improvements were sustained and fully embedded within the service. At this inspection we found improvements had been made.

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

- Since the last inspection we found improvements remained consistent, had been embedded and sustained. The home had a stable registered manager and deputy who had been in post for three years. They were supported by a consistent regional team of managers.
- Improvements had been made to the governance systems that the home had in place. Monthly audits of the home were effective and helped to identify any shortfalls. Regular infection control checks of the home were carried out.
- The management team clearly valued each staff member and were proud of what the home had achieved. The registered manager considered the wider well-being of the staff.
- The registered manager had informed the CQC of significant events in a timely way, such as where there had been suspected abuse and any significant injury.

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

- There was a positive culture within the home. All staff were observed to be approachable and relaxed around people. Staff were keen to speak with the inspector to discuss their roles. Staff were open and proactive to provide answers and act where needed.
- The registered manager's approach to care was person-centred. It was clear from our conversations with them that they keen to empower people to reach their true potential. They supported people to achieve their goals and aspirations. One person the home cared for wanted to renew their wedding vowels as they were unwell. The registered manager and staff helped to arrange this. The ceremony took place in the home's garden surrounded by loved ones.
- A wish tree was displayed within the home where people could write down things that they wanted to do. One person for example wanted a reggae evening. The staff helped the person to achieved this and threw them a reggae party.
- Staff described the management team as supportive. Their comments included, "Yes I do find the registered manager supportive. She has a firm but fair management style" and "She wants the best for the home. She is supportive of us and her door is open if we need to see her".

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

- Regular meetings were held for people who lived at the home. The last meeting was held on 19 July 2022 and a number of subjects were discussed. This included the hot weather and staying safe, activities, exercise and planning for future outings.
- Staff meetings were held to keep staff up to date with any changes at the home and provided them with an opportunity to discuss any ideas they had. As well as full staff meetings the registered manager held meeting with each staff department. For example, meetings with the registered nurses, housekeeping staff and activity staff.
- Staff also received one to one meetings with the management team to discuss their work and areas that needed further development.
- Annual quality monitoring surveys were sent out to people, staff and relatives by the provider. This gave people an opportunity to give feedback about the home and regarding the care and support people received. The registered manager told us surveys had just been sent out and they were awaiting the results.

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. Continuous learning and improving care. Working in partnership with others

- There was an open and transparent culture within the home. People and staff were confident that if they raised any issues or concerns with the management team, they would be listened to and these would be acted on.
- The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.
- The registered manager recognised the importance of regularly monitoring the quality of the home. The home was trialing a new electronic system to monitor people's wellbeing each day. The staff carried around mobile devices. This contained information about people's current weights, when they had received personal care, when wellbeing checks had been undertaken and call bells responded to. The information collated helped the registered manager monitor and improve the quality of care and support for people.
- The registered manager and staff worked in partnership with other agencies to ensure people received safe and effective care. This included the GP surgery, dementia wellbeing team, tissue viability nurse, physiotherapists and speech and language therapists.
- The home had good links with the local school. They held regular lunch time clubs over zoom and Spanish clubs. The home had a close link to the local Royal British Legion and the local church.