

Bupa Care Homes (ANS) Limited

# Pebble Mill Care Home

## 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Pebble Mill Care Home is a care home providing personal and nursing care to up to 62 people. The service provides support to younger and older adults and people with physical disability. At the time of our inspection there were 29 people using the service.

Pebble Mill Care Home accommodates people across 2 floors of the purpose-built building. People had en suite facilities in their own rooms and access to lounges and dining areas as well as an enclosed shared garden.

Staff used systems to monitor and maintain health and safety and manage risks effectively. People were supported by adequate numbers of trained staff. People were supported to take their medicines safely. People lived in a clean and well-maintained home. They told us they felt safe.

Care records were accurate and up to date and guided staff as to how people wanted to be supported. Staff received inductions tailored to their experience and ongoing training to keep them updated. Adaptions were made to take account of people's individual needs. People had plenty of food to eat and could have snacks and drinks when they wanted them.

Staff treated people with respect and dignity. People were encouraged to do what they could for themselves to retain independence. People's equality and diversity were respected, and care was offered in line with their cultural and religious needs.

Some people and their relatives felt there was not enough for them to do. People described a range of events and activities they had participated in previously. Two full time activity coordinators were recruited to support the existing part time activity coordinator during our inspection. People were supported by staff who knew about their individual needs and preferences.

There was no registered manager in place at the time of our inspection. A home manager was recruited during the inspection. Regional managers had supported the service during the absence of a registered manager. Staff told us although they had not received appraisals they felt well supported by the regional manager.

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 and update

The last rating for this service was requires improvement (published 11 January 2020) The service was found

to be in breach of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

#### 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 caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

Requires Improvement ●

# Pebble Mill 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

The inspection was completed by an inspector, an assistant inspector and a Nurse specialist.

#### Service and service type

Pebble Mill 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. Pebble Mill 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. A new registered manager had been recruited during the inspection and was receiving their induction. The inspection was facilitated by a regional manager who had been supporting the service in the absence of a registered manager.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who were living at Pebble Mill Care Home and 5 relatives of people residing there. We spoke with 11 staff including regional managers, nursing staff, the head chef, the maintenance technician and care team. We reviewed a range of records. These included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We also contacted 2 professionals who work regularly with the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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 has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure people had received their prescribed medications. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12

- At our last inspection we saw some people had not received their medicines when required. We also found staff did not always understand fully how to give people their medicines safely. At this inspection we found people received support to take their medicines safely. People received their medicines when needed and staff understood how people needed to be supported with their medicines.
- We saw that a person who was prescribed a patch for pain management, did not have recorded checks to confirm the patch was in the correct position. However, the nursing staff reported regular visual checks were made and there was no evidence a failure to check had resulted in someone not receiving their pain management effectively. The regional manager advised a reminder to staff to record they had checks daily would be added to the electronic care system.
- People told us they were happy with the way they were supported with their medicines. One person told us, "Yes the nurse always gives [my medicines] to me."
- We saw people were supported to take 'as needed' medicines and staff were given clear guidance on how and when this could be given.
- People were supported to have prescribed creams which were stored safely and clearly marked with the date they were opened and when they should be used by.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People told us they felt safe living at Pebble Mill Care Home. Relatives also told us they felt their loved ones were safely cared for. One relative said, "We have no concerns about safety."
- The management team used the systems in place to work effectively alongside other health and social care professionals to monitor and investigate any identified concerns.

### Assessing risk, safety monitoring and management

- People's care records helped them get the support they needed because it was easy for staff to access and keep good quality clinical and care records. Staff kept accurate, complete and up-to-date records, and stored them securely.
- Staff managed the safety of the living environment and equipment in it well through checks and took action to minimise risk. For example, fire drills were regularly carried out and staff understood what action they needed to take in an emergency.
- Staff we spoke with knew about key risks for people and how to support them to minimise these.

#### Staffing and recruitment

- The service had struggled to recruit nursing staff but had enough care staff to support people safely. At the time of the inspection the service was relying on regular agency nurses. The senior management team described a number of ways in which they were working to recruit permanent nurses. The same agency nurses were covering the shifts and therefore knew people and understood their needs. Additional support and monitoring were being provided by the regional management team to mitigate possible risks. For example, the regional manager was personally managing the medicines stock intake each month.
- We noted a gap in an employment record which had not been explored during the recruitment process. The regional manager took action to ensure there was no risk associated with the unexplained time period. Aside from this we saw appropriate checks were made to ensure safe and appropriate recruitment. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Every person's care record contained a clear profile page with essential information about their care needs to ensure new or temporary staff could see quickly how best to support 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 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

- People were receiving visitors in line with government guidance.

#### Learning lessons when things go wrong

- People received safe care because staff learned from safety alerts and incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

# 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 requires improvement. At this inspection the rating has changed to 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 care records contained personalised holistic information about how they wanted to receive support. However, some relatives told us they had not been included in reviews of their loved one's care. The regional manager explained changes in management had meant they had fallen behind with arranging meetings with relatives to review care records. They explained these meetings were underway, and plans were in place to give relatives [where appropriate] access to people's electronic case records.
- A comprehensive assessment of people's physical and mental health needs was completed either on admission or soon afterwards.
- Staff ensured people's care records were kept up to date.

Staff support: induction, training, skills and experience

- At our last inspection we found many staff had not received regular supervision. At this inspection staff told us they received regular supervision in line with the provider's policies and procedures. They had not all received an annual appraisal. The regional manager explained these were being scheduled for those who had not had them yet. Staff told us although changes in management had been challenging, they did feel supported by the regional manager and the wider team.
- Staff were offered an induction tailored to their level of experience when joining the service.
- People and their loved ones told us they felt staff had the right skills and experience to provide good care.
- Staff received updated training and refresher training to help them stay up to date with best practice guidance.

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

- Overall the home was well designed and maintained to a high standard. However, people gave mixed views about the décor in their own rooms. Some liked their rooms very much; some felt the décor was plain. The regional manager advised people could choose from a range of rooms when moving in and décor could be changed if so desired. Rooms were decorated to a high standard and many had personalised their rooms to make them feel homely.
- Signage helped people to find their way around their home. We noted that something to show people the day and date could be useful for people living with dementia. The regional manager agreed this could be arranged.
- There were separate dining and lounge areas, including space for families to dine privately.
- People could enjoy a well-maintained enclosed garden at the rear of the home as well as a newly completed front garden area.

- The regional manager had overseen a review of people's needs who were being cared for in bed. Assessments and equipment had been ordered and, in some cases, obtained. This enabled people to leave their rooms safely and spend time in shared areas of their home as they wished.

#### 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.

- Staff had completed mental capacity assessments appropriately. For people who were not able to consent to their own care, DoLS applications had been made in a timely way.
- People were supported by staff who had received training in the MCA and DoLS. Staff understood how to apply this training to support people who may struggle with their decision making.
- Care records showed best interests' decisions had been made for people appropriately. These included the views of professionals and loved ones helping to represent those who could not make their own decisions.

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

- People were supported to have access to food and drink when they wanted it. At our last inspection we found people did not always get a drink when they needed or wanted one. At this inspection we found this was no longer a concern. We saw people could have a drink or snack at any time.
- Choices were offered to people and they were supported with specific dietary requirements.
- People were able to eat and drink in line with their cultural preferences.
- People told us they enjoyed the food offered to them. One person told us they had told the staff about their favourite food and they had put it on the menu as a regular option for them. Others told us they were regularly able to eat their favourite foods.
- Menu options included regular fresh fruit and vegetables as part of a balanced diet.

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

- People had health passports which could be used by health and social care professionals to support them as needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. For example, when a person was at risk of choking, they had been referred to the Speech and Language Therapy (SALT) team.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At our last inspection we saw many interactions between staff and people were task focused, when opportunities for a chat could have been taken. At this inspection we saw staff were unrushed and spent time talking with people, as well as helping them to engage in activities.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded to well.
- Staff were patient and used appropriate styles of interaction with people.
- People and their loved ones spoke positively about the staff team. One person told us, "The staff are very good." A relative said, "Staff are brilliant I could not fault them." Another said, "[The staff] are absolutely lovely."
- People's care records detailed their cultural and religious needs. They also contained details about their life history to assist staff in understanding the people they were supporting.

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

- At our last inspection people told us they were not always asked to make choices and staff did not always respect their wishes. At this inspection this was no longer a concern for people, they told us their consent was sought and they were offered choices about how they received their care.
- People were given time to listen, process information and respond to staff. Staff took the time to understand people's individual communication styles and develop a rapport with them.
- We saw people being asked about how they wanted to receive care. A relative told us, "[The staff] are skillful communicators. They are careful to make sure [my relative] has heard them."

Respecting and promoting people's privacy, dignity and independence

- At our last inspection we saw people's independence was not always respected or promoted. At this inspection we saw this was no longer a concern. For example, we saw an example of a person who had been unable to mobilise independently when moving into Pebble Mill. With support from staff they had been encouraged and supported to walk independently again.
- People were treated with respect and encouraged to do what they could for themselves.
- People's care records gave guidance to staff on what people needed support with and what they could do for themselves, to promote their independence.
- We saw staff respecting people's privacy and people told us they felt their privacy and dignity were respected.

- Relatives told us they felt their loved ones were given the respect and privacy they needed. One relative described the staff team as, "Very respectful."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- Although some people told us they were happy with the events and activities available to them, others said they felt there had not been enough for them to do recently. Some relatives also shared the view there was not enough for people to do. One relative told us, "Sometimes they are sat in their rooms all day." A weekly newsletter offered people 2 activities each day, but some people told us they didn't see these being offered in practice.
- We saw some activities happening in shared lounges during our visit. People told us about various events and activities they had been involved in, for example gardening and baking. We saw the home being decorated to celebrate Valentine's day which people were enjoying.
- The management team had explained there were two full time vacancies for activities coordinators. These posts had been recruited to by the time the inspection was completed. The regional manager explained the care staff were supporting the existing part time activity coordinator to engage people in activities.
- There were no restrictions on visiting arrangements. Relatives told us they were happy to be able to visit their loved ones when they wanted to.

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

- At our last inspection we saw people's care was not always given in line with their preferences. At this inspection overall we saw people being supported to make choices and maintain as much independence as they could. However, we saw during a mealtime one person struggled to make a choice about their drink. The person was living with dementia and could have benefited from being offered visual aids. We saw others who were living with dementia were shown pictures of the choices available to them. We spoke with the regional manager about this. They explained photographs of various meal choices were available in all dining areas and advised they would remind staff to ensure they were used as needed.
- People's care records provided staff with information about people's needs and preferences. Staff generally showed a good knowledge of people's likes and dislikes and described ways in which they supported people to respect these. For example, we saw a person living with dementia was feeling agitated and wanted to walk all around the building. Staff were patient and supportive and assisted the person to ensure they could access areas of their home which they would not have been able to do without help.

- Staff described different ways in which people liked or needed to communicate. We saw staff using short simple sentences when needed. We saw staff making good eye contact with people and positioning themselves to eye level to ensure people understood and had their attention.

#### Improving care quality in response to complaints or concerns

- Systems were in place to analyse and respond to complaints and concerns. The regional manager showed us examples of how they had responded to concerns raised and ensured lessons learned were then put into practice.
- We saw posters around the building giving clear and simple guidance about how to make a complaint or raise a concern.
- People and their loved ones told us they felt confident if they raised concerns they would be listened to and acted upon. No one we spoke with had raised a formal complaint, but some had identified issues which had then been addressed.
- Staff told us they felt confident to raise concerns if they had any.

#### End of life care and support

- At the time of our inspection, no one was receiving end of life care. However, the staff team were able to provide this care if needed. They had worked previously with the local palliative care team to support people receiving end of life care. Staff (including agency staff) had received some specialist training to help ensure people could receive appropriate pain management as needed.
- The regional manager shared plans to create an end of life champion role in the staff team. They also explained they had approached a local hospice about possible further specialist training.

# 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. The rating for this key question has remained requires improvement. 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

At our last inspection the provider had failed to monitor the quality and safety of the care provided to people. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17

- Although the management team had recruited new activity coordinators during the inspection and had drafted in care staff to support with this in the interim. The management team were not aware the activity programme which was being advertised to people in a weekly newsletter was not being followed. Some people and relatives told us there were some days when although 2 activities were planned, nothing was being provided. The regional manager told us this would be addressed to ensure what people were told would be available would be offered to them.
- At our last inspection we found quality and safety checks had failed to identify some of the concerns noted during the inspection. At this inspection we saw a range of checks on for example, health and safety in the home, staff competence and medicines management had successfully noted and addressed any concerns. For example, regular maintenance and checks had ensured the home was maintained to a high standard with a constant programme of monitoring and improvements. Regular reviews of people's care records ensured they were relevant and timely.
- At our last inspection we also found the service had failed to notify CQC of some Deprivation of Liberty (DoLS) which had been granted. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulation 2014. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 18.
- At the time of our inspection there was no registered manager in post. It is a condition of registration that Pebble Mill Care Home must have a registered manager. We found the provider had taken satisfactory steps to recruit one within a reasonable time frame. A new home manager had just been recruited with a view to undertaking the registration process.

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

outcomes for people

- The regional manager told us staff had not all received an annual appraisal in line with the policy and practice of the provider. They explained changes in management had meant this had not been provided to staff, but confirmed they were being scheduled. Some appraisals for staff had been completed.
- The management team were visible in the service. Staff told us the regional manager was approachable and supportive. One staff member told us what they did if they had any concerns, "I would speak to [the regional manager] who is lovely." Another said, "[The regional manager] is easy to speak to and if I have a personal issue [they are] very supportive."

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

- Relatives told us they had not been involved in reviews of the care of their loved ones. This meant opportunities to increase staff understanding of people's wishes and preferences could have been missed. We spoke with the regional manager about this. They explained plans were underway to meet with relatives and if appropriate grant them access to the electronic care records for their loved ones. This would enable them to have a much more detailed view of the guidance for staff and contribute as needed.
- We received mixed views from relatives about communication with the management team. Some relatives felt communication was good. Some told us they felt communication could be improved. They stated for example they did not find out for some weeks the previous manager had left and were unsure about what the longer-term plans for the management of the home were. We spoke with the regional manager about this who agreed communication of the previous registered managers departure could have been improved. They advised they planned to ensure all people and their relatives would be updated about the newly recruited home manager and would arrange opportunities for meeting with them.
- Relatives told us they were confident the team would communicate any concerns or updates regarding their loved ones and that this was done regularly.
- Staff took part in an annual review of the service and their role in it to seek their feedback and thoughts. The most recent staff review had shown they felt there were improvements in all areas considered.

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

- A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a person using the service, severe or moderate physical harm or prolonged psychosocial harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The provider understood their duty of candour responsibilities and apologised when mistakes had been made.

Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service.
- The provider invested in the service, delivering improvements and embracing change.

Working in partnership with others

- We saw evidence of the service working alongside other health professionals and services, such as occupational therapists and specialist consultants.
- The regional manager told us the service was well supported by 2 local GP Practices. People had access to their GP regularly via face to face weekly visits to the home.
- We received positive feedback from professionals who worked alongside the staff team. One professional told us, "Staff interact with residents in a very positive manner and I currently do not have any concerns in

regard to the residents or staff at Pebble Mill."