

Four Seasons (No 10) Limited

# Bamford Grange Care Home

## Inspection report

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31 May 2017

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

# Summary of findings

## Overall summary

We carried out this inspection on 24, 26, 30 and 31 May 2017 and the first day of the inspection was unannounced.

We last inspected Bamford Grange Care Home in December 2016 and rated the service overall. We found the service was in breach of one of the regulations. This was in relation to formal staff supervision which had not consistently been taking place.

Prior to this inspection, we received some concerns about the way in which safeguarding matters were managed and the lack of consistent, responsive and proactive management and leadership of the service. Details were provided of incidents and concerns that had taken place since our last inspection of the service. These incidents included lack of timely responses to sharing safeguarding information with the local authority, lack of compliance with the safeguarding policy and lack of follow up on actions taken.

This inspection was to check improvements had been made following the last inspection, to check how the home managed safeguarding concerns, how the home was being led and to review the ratings.

During this inspection we identified one continuing breach and a further two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Bamford Grange Care Home is purpose built offering accommodation for up to 79 people. The home is set out in five units with all bedrooms being single with en-suite facilities.

The service had a registered manager in place. A registered manager is a person who has been registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During our inspection we found the atmosphere in the home to be unsettled with a number of care workers telling us about a divide between the registered manager and deputy manager.

Safeguarding matters were not always managed appropriately or in a timely manner. The local authority had raised a number of concerns and, at the time of the inspection, the matters had still not been satisfactorily resolved. We also found that staff training in safeguarding vulnerable adults had not taken place for all staff, with some staff requiring refresher training.

People living in the home and their relatives who we spoke with, said that they felt safe and well looked after.

Medicines were safely managed.

Some staff personnel files did not contain all the required details including a recent photograph of the person.

At the time of the inspection sufficient numbers of care staff and qualified nursing staff were available to support people and help meet their assessed needs.

Each person using the service had an up-to-date care plan, risk assessment and other associated documentation in place.

All areas of the home seen were found to be clean and tidy and we observed domestic staff carrying out routine daily cleaning duties.

We observed some good interaction communication between staff and people who used the service.

Systems were in place to monitor the quality of service people received. However due to the shortfalls we found during our inspection they require improvements.

## 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.

People told us they felt safe living in the home and that staff looked after them well.

Some staff recruitment and personnel files did not contain all the required documentation.

Medicines were managed safely.

Not all staff had completed up to date safeguarding training.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not receive formal supervision on a consistent basis.

People had access to external health and social care professionals that supported and provided them with appropriate treatments when required.

Nutritional assessments had been carried out and people received meals they liked or preferred.

### Is the service caring?

Good ●

The service was caring.

We observed care workers delivering care in a kind and caring manner. They demonstrated a good understanding of the individual needs of the people they were supporting and looking after.

People's relatives told us that they found the staff team to be very caring towards all the people using the service.

### Is the service responsive?

Good ●

The service was responsive.

Records seen indicated support and interventions had been provided by other healthcare professionals.

Care plans and risk assessments were in place to support staff with the information they needed to meet people's care needs.

Activities were made available for people to participate in on a daily basis.

**Is the service well-led?**

The service was not always well-led.

The service was currently led by a manager who was registered with the Care Quality Commission (CQC) since September 2014.

There were systems in place to consult with and gain the views of the people who used the service.

We found there was a lack of timely responses to sharing safeguarding information with the local authority and lack of compliance with the local authority safeguarding policy.

We found the management team of the service lacked cohesiveness. This was having a detrimental effect on both staff and overall management of the service.

**Requires Improvement** 

# Bamford Grange Care Home

## Detailed findings

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24, 26, 30 and 31 May 2017 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR) prior to the inspection taking place.

Before the inspection took place we reviewed the information we held about the service. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

The planned date for the inspection of the service was brought forward due to some concerning information that was shared with the Care Quality Commission by the Adult Safeguarding and Quality Service team from Stockport local authority.

Some of the people living at the home were unable to give their verbal opinion about the care and support they received therefore we used a short observational framework for inspection (SOFI). This is a tool used by CQC inspectors to help capture the experiences of people who use services who may not be able to express this for themselves.

During the inspection we spoke with four people who used the service, three relatives, the registered manager, deputy manager, the acting regional manager, the regional manager for Greater Manchester and the regional support manager for the North West. We also spoke with two qualified nurses, two Care Home Assistant Practitioners (CHAPS), two senior care workers and six care workers.

We walked around the home and looked in some bedrooms. We looked in all communal areas, toilets and

bathrooms. We reviewed a range of records about people's care which included five files relating to the care needs of individual people using the service, six staff personnel files and a sample of medicines management records. Following the inspection, the registered manager sent the inspector emails with attachments relating to staff training and supervision.

# Is the service safe?

## Our findings

Before the inspection took place, we received concerns raised by the Stockport local authority adult safeguarding and quality team. These concerns related to the poor management of safeguarding concerns and lack of compliance by the registered manager and senior team at Bamford Grange in adhering to and following the local authority's safeguarding policy. These concerns have been addressed in with well-led section of this report.

One person living in the home invited us to speak with them in their bedroom. They told us that they were very happy with the care and support they received and their comments included, "The staff look after me very well" and "I've always felt safe living here, staff are very kind and make you feel you are safe and well cared for."

We asked one regular visitor if they felt their relative was kept safe whilst living in Bamford Grange. They told us, "I come most dinner times and [name] is always nice and clean and has been given drinks and medicines and things like that. I can settle when I go home knowing [name] is safe."

We looked at the recruitment and selection process for the service and examined six staff personnel files. Each had a full and satisfactory Disclosure and Barring Service (DBS) check. The DBS checks aim to help and support employers to make safer recruitment decisions when employing new staff. This also helps to minimise the risk of unsuitable people being employed to work with vulnerable groups of people. However, we found that three of the six files we reviewed did not contain a recent photograph of the person as required and one file contained only one reference. In our discussion with the registered manager, immediate action was taken to obtain photographs and to follow up on the missing reference.

There were five separate units in Bamford Grange, Balmoral, Windsor, Highgrove, Clarence and Buckingham. We chose to look at how medicines were managed on Windsor unit and also observed medicines being administered on Clarence unit. The Management of Medicines Policy for the service identified that Registered Nurses / Care Home Assistant Practitioners (CHAP) and Senior Care Assistants will have the responsibility for the medicines management in the home. The policy also identifies that the 'Home Managers will ensure that all training undertaken is recorded on the Learning Management system as evidence of completion.'

During our review of medicines management nurses and care workers with the responsibility for administering medicines confirmed they had completed the relevant training and had received an annual competency check carried out by the deputy manager of the service. The training matrix seen identified this training had taken place and, at the time of the inspection, the latest competency checks were underway.

We looked at how medicines were managed on Windsor unit and spoke with the nurse in charge who took us through the process for medicines management. A monitored dosage system (MDS) was in operation. This is a system where the supplying pharmacist places prescribed medicines into a cassette containing



separate compartments according to the time of day the medication is to be offered. Some medication was not included in this system and was dispensed from separate bottles or individual boxes. Medication administration records (MAR's) were used to record when medicines had been administered to people and we randomly selected six of these records and found that relevant information such as any known allergies, name of general practitioner, date of birth and a current photograph of the person was displayed on the front cover. Each record we checked had been appropriately signed was up to date and was legible with details of all prescribed medicines.

Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These are called 'controlled drugs'. Controlled drugs (CDs) are prescribed medicines that are usually used to treat severe pain, induce anaesthesia or treat drug dependence. Some people abuse CDs by taking them when there is no clinical reason to do so. We saw that controlled drugs were stored securely in a locked metal cupboard. We randomly selected some controlled drugs and checked both records and amounts and found that the balances recorded in the records corresponded with the balances of medicines checked.

The medicines trolley was locked when not in use and was attached by a security wire to the wall in the clinic room for added security. Both medicine fridge and room temperatures were checked and logged on a daily basis and we found records to be up to date and appropriately recorded. We observed medicines being administered on Clarence unit and the nurse in charge carried out this process safely, only signing the medication administration records (MAR) when she had observed the person take their medicine(s). All people living in the home were registered with a general practitioner (GP) from a local practice who attended the home on a weekly basis to provide advice and consultations to people who may be unable to physically attend the GP surgery.

Procedures were in place to minimise the risk of abuse or unsafe care and care workers we spoke with understood what types of abuse and examples of poor care could place people using the service at risk.

Care workers had access to a Safeguarding Adults Policy dated 04/07/16 which outlined the organisations approach to Safeguarding Adults in all of their homes and business units. Care workers we spoke with confirmed they had received safeguarding vulnerable adults training but in the training records provided there was indication that some staffs training in this subject had 'expired' and others had yet to complete this training.

Policies and procedures were in place for staff to follow in order to reduce and minimise the risks of infection to people. There were hand washing facilities and suitable personal protective equipment (PPE) available, such as disposable gloves and aprons. Throughout the inspection we observed care workers accessing and wearing PPE when supporting people with care related tasks and when carrying out other duties when such equipment was required to be used.

During the inspection we undertook a tour of the home including viewing some bedrooms on each unit, communal toilets and bathrooms and all the communal areas of the home. All areas were found to be clean and tidy and we observed domestic staff carrying out routine daily cleaning duties. Cleaning schedules were in place on each unit and had been completed by domestic staff to confirm the relevant cleaning tasks had been completed. A member of the management team completed a daily walk around of the home and recorded their findings on an iPad system. Where shortfalls had been identified we found that appropriate action had been taken to remedy these.

We saw from records that arrangements were in place for the on-going maintenance of the building and a

maintenance person was employed. Routine safety checks and repairs were carried out, such as checking water temperatures, the fire alarm system and carrying out fire drills with staff. External contractors carried out regular inspections and servicing of utilities such as gas appliances and electrical installations and we saw that regular servicing and maintenance of equipment used in the home was also taking place.

Staffing levels in the home were monitored on a day-to-day basis and we were provided with copies of the staffing rotas for each unit within the home. Rotas indicated that the home was fully staffed, however, on some days where nursing cover was not available on a particular unit; the shift was allocated to be covered by a CHAP (Care Home Assistant Practitioners) or SNCA (Senior Nursing Care Assistant). The expectation would be that the CHAP or SNCA would access support from a registered nurse from another unit if required. At the time of our inspection there was some conflict taking place about staffing issues within the home and these issues are detailed in the well-led section of this report. A member of staff told us, "We usually have enough staff, but some staff work better together than others."

We discussed the matter of CHAPS taking charge of units when nursing cover was not available with the registered manager. This again was causing some conflict between the nursing staff, especially when having to support CHAPS as well as manage their own unit. The registered manager told us that the service had recently recruited four nurses and were awaiting the clearance of their DBS and reference checks before giving them a starting date. The registered manager said that this would mean all units requiring a nurse to manage the unit would be covered, resulting in a reduction in the need to use CHAPS to manage units.

People who used the service told us that there was enough staff on duty to meet their needs and respond to the call bells in a timely manner. One person said, "Most staff are really very nice and help me when I ask for it, I don't have to wait long." Another person said, "The staff work very hard, some more than others, but on the whole they are very good." One regular visiting relative told us, "There always appears to be enough staff to help the people, and I find them all very nice." During the days of the inspection sufficient numbers of staff were on duty to meet people's assessed needs and the rotas we reviewed also indicated that full staff cover had been maintained and all shifts, including sickness and annual leave had been covered.

We saw that accidents and incidents which had occurred were recorded. The registered manager told us, and the acting regional manager confirmed, that all incidents and accidents were analysed when entered onto the 'Datix' system (electronic recording system). We saw examples of incidents that had been recorded on this system.

# Is the service effective?

## Our findings

Following our last inspection of the service in December 2016 we found that the management and provision of providing staff with formal supervision was inconsistent. Staff spoken with confirmed that they had not received formal supervision at all or not 'for quite some time'.

These findings resulted in a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we checked what action had been taken for the service to become compliant with Regulation 18.

We reviewed six staff personnel files and found limited supervision records, with one only containing supervision details from one session of formal supervision carried out in January 2015. We asked the registered manager to provide a copy of all staffs supervision details to date. This information was sent through via email following the end of the inspection process.

We were provided with a copy of the current staff supervision policy for the organisation. On the second page of this policy it states; 'Supervision shall take place every three months or four times per year.' It also states, 'The Home Manager retains the responsibility for the quality of Staff Supervision and therefore must review and sign any Staff Supervision produced by others as part of the quality assurance procedure.'

Staff spoken with during the inspection told us that supervision was still very 'ad-hoc' with some staff receiving the support of supervision more frequently depending on which unit they worked on. We examined and worked through the supervision spreadsheet provided by the registered manager and the following information was gained.

The spreadsheet was planned from January to December 2017 inclusive and was divided into the individual units with the managers identified as responsible for providing the staff team with formal supervision.

On Highgrove unit, of ten staff identified as working on a consistent basis on that unit, six, including two registered nurses, had received no formal supervision to date and four had received one formal supervision session in January 2017. No evidence was available to demonstrate that clinical supervision had been provided to the nursing staff.

On Windsor unit, of seventeen staff identified as working on a consistent basis on that unit, fifteen staff had received formal supervision, two staff were showing as having no formal supervision to date, including one registered nurse. No evidence was available to demonstrate that clinical supervision had been provided to the nursing staff.

On Balmoral unit, of thirteen staff identified as working on a consistent basis on that unit, eleven had received formal supervision in line with the organisations staff supervision policy dated July 2015. Two staff

were showing as having no formal supervision to date, including one registered nurse. No evidence was available to demonstrate that clinical supervision had been provided to the nursing staff.

On Clarence unit, of twelve staff identified as working on a consistent basis on that unit, four staff had received formal supervision, eight staff were showing as having no formal supervision to date, including one registered nurse. No evidence was available to demonstrate that clinical supervision had been provided to the nursing staff.

On Buckingham unit, of sixteen staff identified as working on a consistent basis on that unit, five staff had received formal supervision, nine staff were showing as having no formal supervision to date, with two staff having received only one formal supervision session in January 2017.

The registered manager was identified as having responsibility for providing formal supervision to six members of the staff team, three of which are registered nurses. It was recorded that one nurse had received one supervision session in March 2017, one nurse had received two formal supervision sessions, one in March and one in April 2017 and one nurse had received no formal supervision to date. The other three members of staff had yet to receive formal supervision. No evidence was available to demonstrate that clinical supervision had been provided to the nursing staff.

Also on the supervision matrix spreadsheet was listed the names and job roles of three laundry assistant and six domestic assistants, none of which had received formal supervision to date.

Of a total of 80 staff who should have received formal supervision, records indicated that 44 had at least one formal session, with a further 36 staff having no formal supervision to date.

The above evidence demonstrates that, although some improvements had been made in providing staff with formal supervision, further improvements were still required in order for the service to become fully compliant in this area.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing

When we examined people's individual care records we found evidence that people using the service had access to multiple external health care professionals, including General Practitioners (GP), Dieticians, District Nursing service, Podiatrist, Speech and Language Therapists (SALT) and health and social care workers. Of those care plans we reviewed we saw that where advice or guidance had been provided by a health care professional the care plan and associated records had been updated to reflect this. On the care files we looked at, we saw information about meeting people's individual nutritional needs. This included checking the nutritional risk of the person on a monthly basis and monitoring people's weight on a monthly basis, and where any concerns about weight loss or too much weight gain was identified, weighing then took place on a weekly basis. We also saw that referrals had been made to health care professionals, for example, speech and language therapists (SALT) when concerns had been raised about a person's nutritional health.

The registered manager provided us with a training matrix that listed all the training staff had completed, both e-learning (via computer) and face to face. This training included, basic life support, equality and diversity, food safety, moving and handling, dementia framework, mental capacity, safeguarding vulnerable adults, first aid, infection control and medicines management. Staff we spoke with confirmed they had

received regular training from external and internal resources and included the details we had seen in the training matrix. As there had previously been some concerns raised by the Adults Safeguarding and Quality Service regarding catheter care management and nurse's lack of up to date training in this topic, we asked the nursing staff on duty to confirm they had received such training and that they felt competent in catheter care. All the nursing staff we spoke with confirmed that this training had taken place and were confident in providing appropriate catheter care when necessary. At the time of the inspection, one person was receiving support with catheter care. There was evidence that, since nursing staff had received catheter care training; there had been a reduction in the need for the person to attend the accident and emergency department for catheter care treatment.

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

We checked whether the service was working within the principles of the MCA. We looked at five people's care plans of which three indicated the person was subject to a current DoLS. Details of the DoLS were in place and we found that two contained conditions. The conditions related to certain 'agreed' requirements that must be adhered to maintain the best interests of the person that the DoLS related to. We asked one particular care worker to tell us what they knew about one person who had a DoLS with conditions in place. They told us about the background of the person, the reason for the DoLS and why conditions were place and how they should be met.

As part of our inspection we checked to see if people were being provided with a choice of nutritious and healthy foods that met their health care needs as well as any cultural needs. To do this we observed the meal time experience on the Clarence unit. Meals were prepared and provided by a subcontracted catering company. All food was delivered in pre-packed containers and remained in the freezers until required.

Menus were based on people's likes and dislikes and, most people living on the Clarence unit needed the support of the care workers to make decisions about their choice of meal. Most people required their meals to be pureed and the meals were delivered to the unit in individual covered containers. Each meal then had to be microwaved individually, which took time and also meant that people did not always have the chance to enjoy the social aspect of the meal time due to having to wait whilst meals were heated. Those people not on pureed diets were offered cheese on toast, sandwiches or 'thick' tomato soup. The pureed meals were nicely presented and, from our observation, people enjoyed them. We did suggest however, that at least one meal container should have a label on informing care workers what the meal was as some people had severe allergy's to certain food products, such as fish. The next day the kitchen staff ensured that one 'sample' meal had a label on describing what the meal was. We observed care workers support people throughout the meal time in an unhurried, kind and dignified manner. We observed that each care worker spoke with the person during assisting them with their meal.

## Is the service caring?

### Our findings

People told us, "The staff are very, very good, they really look after me", "Some [staff] are better than others, but on the whole they are all very caring."

One visiting relative told us that they found the staff team to be very caring towards all the people using the service. They also told us, "My [Person's name] is very happy here, all [Person's name] needs seem to be taken care of. It gives me peace of mind when I'm at home; I'm not constantly worrying about [Person's name]." Another relative told us, "Overall [Person's name] is looked after well, the only thing is, I wish they [staff] would take [Person's name] out when the weather is fine." The person themselves told us that they would like to be taken out as they got bored being inside most of the time. They also told us that "Most staff are caring, some more caring than others, but I am well looked after." Following our conversation with this person we spoke with the registered manager who confirmed that discussions had already been had within the management team about arranging outings for the person as part of an updated care plan.

During our time spent on each of the five units we observed the interactions taking place between people who use the service and care workers. We found the care workers to be kind and caring towards people, taking time to speak with people as they walked around the units. We found that the regular nursing staff and care workers knew people well and could describe to us people's backgrounds, likes, dislikes and preferred daily routines. We observed care workers treating people with dignity, especially when taking them to their rooms to undertake personal care.

We looked at a number of bedrooms on each unit and all were found to be personalised to varying degrees depending on the choices of the person whose room it was. Many of the people using the service were living with dementia and we saw that family members had brought in familiar items from the person's home to provide some recognition of the person's past life. Things like personal photographs, ornaments, clocks and mementos from special events such as weddings, anniversaries and birthday celebrations.

In one care file we looked at we found there had been discussions held with the person using the service and their relatives about their wishes for their care at the end of life. A care plan had been put in place which was person centred and detailed. This information informed care workers what the person's preferences were when the time came and what they needed to do to observe the person's final wishes. Although people were being supported with end of life care, care workers had yet to complete training in this subject. The provider therefore could not be sure that all care workers could provide such care in a person centred way. The registered manager told us that they had tried to arrange this training with the local authority, but to date had been unsuccessful.

People were provided with information about Bamford Grange in the form of a brochure and a Service User Guide on admission into the home. Information on how to access the support of an independent advocate was displayed in the hallway of the home. An advocate is an independent person who speaks for and acts in the best interests of the person, advocates can be relatives or independent mental capacity advocates who are employed to assist people who require support.

Care workers spoken with were clear about maintaining people's confidentiality and keeping information safe. Care files and daily notes were kept in the office on each of the units, either in locked cupboards or filing cabinets.

## Is the service responsive?

### Our findings

People we spoke with told us that they were happy that care workers responded to their requests for help and assistance in a timely manner. One person told us, "The staff are always busy but they do come quickly when I ask for some help. Sometimes it can take a bit longer, but that's because they are usually dealing with something like someone having a fall, then you have to be patient." One visiting relative said, "Yes, I'm happy that [relative] is looked after well and the girls [care workers] look after all the residents with kindness."

We assessed the details included in people's care plans and found that there was a variation in how the care plans were developed. Some care plans were more detailed than others and contained information about the person's past life, family connections, their current health status and gave clear advice about the person's preferred routines, including their personal abilities and the support required to maintain as much independence as possible. Other care plans however, were less person centred, for example, with past life history details being incomplete, and no update being carried out since July 2015 of the document entitled 'My Choices.' In one file, a Deprivation of Liberty Safeguards authorisation was in place and there was evidence that the person's relative was very much involved in their care plan development and reviews but had not been requested to sign the care plan agreement / consent form. It is important that all documentation that is required to be completed as part of the care planning process is done so in the best interests of the person concerned and in line with the initial capacity assessments and agreement.

In the care files examined we saw records that indicated support and interventions had been provided by other healthcare professionals, for example, general practitioners, district nursing service and speech and language therapists (SALT). Such multi-disciplinary working helped people living in Bamford Grange to receive a service that met their needs and respected their choices and wishes.

The care plans we reviewed were detailed and a lot of information was focused around the person and their individual needs and wants. Information shared by other health and social care professionals had been used to develop the care plans and reviews had been taking place on a monthly basis.

The daily log (notes) that nurses and care workers updated on each shift to identify how a person had been, the care they had received and any interventions that had taken place from visiting health care professionals varied in their contents from lots of relevant detail to just very basic details being recorded. The method used to record that a person's daily care plan had been met was by using the number of the care plan within the daily log for example, in one daily record we reviewed it stated 'care plan 4 – assisted with diet and fluids', 'care plan 2 – medication administered as prescribed' and 'care plan 3 & 7 – pressure relief monitored, assisted to bed, hoisted for all transfers.' Very little was being recorded about the person as an individual, for example, what they had done throughout the day, what activities (if any) they had participated in, had they enjoyed their meals and how they had been when being assisted to bed. We discussed this with the registered manager who said they would consider finding an appropriate training course in 'person centred' report writing for the staff.



As part of our inspection, we looked at how the service actively sought and acted on feedback from people who use the service. We saw evidence of one resident meeting that was held in February 2017 that had been attended by eight people and the agenda included; new flooring, food, activities and improvements at Bamford Grange.

A range of activities were made available for people to participate in on a daily basis, but at the time of the inspection only one activities coordinator was in post, which limited their time to provide a full range of activities on a regular basis. Wherever possible, staff supported activities to take place and the registered manager confirmed that the service was in the process of recruiting a second activities coordinator to further enhance the number of activities being made available on a regular and consistent basis. One person living in the home told us, "There are activities like bingo, the gardening club and a few other things, but not a lot of activities take place. I usually stay in my room and other resident's come in to see me and we have a chat, or I visit them." Another person said, "The staff try hard to get people to join in with things, but most people are not interested, it can be boring in here sometimes."

People and their relatives told us they knew how to complain and that they would inform a member of the staff team or the deputy manager if they were unhappy with their care. We reviewed the formal complaints received since our last inspection of the service in December 2016. We found there had been five complaints, all of which had been investigated, resolved and responded to in line with the service's policy. However, one regular visiting relative told us that they had raised a number of concerns and were not always satisfied with the response or outcome received. The complaints policy for the organisation gave details of how to escalate concerns or complaints if unsatisfied with the response received from the service.

## Is the service well-led?

### Our findings

Bamford Grange was managed by a registered manager who had been in post since September 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service who we spoke with told us, ""The manager is okay but I see more of [deputy manager], she is always around and about." One regular visitor said, "I find the atmosphere on this unit to be friendly and sociable, the staff are very good in their support of the residents."

During the inspection the registered manager was supported by the acting regional manager, the regional manager for Greater Manchester and the regional support manager for the North West.

Before the inspection took place we had been made aware by managers from the Adults Safeguarding and Quality Service based in Stockport of numerous concerns they had raised with the registered manager and regional manager about the lack of consistent, responsive and proactive management and leadership of the service. They provided details of incidents and concerns that had taken place since our last inspection of the service. These incidents included lack of timely responses to sharing safeguarding information with the local authority and lack of compliance with the safeguarding policy and lack of follow up on actions agreed. At the time of our inspection some of these issues were still unresolved.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

During our inspection we found the atmosphere in the home to be unsettled with a number of care workers telling us about a divide between the registered manager and deputy manager and that effectively, team work was non-existent in the home. Care Workers we spoke with told us they found it difficult to trust the senior management staff and that matters some care workers had discussed of a confidential nature either with the registered or deputy manager were later, allegedly, shared with other staff in the home, causing conflict and unsettlement. Care workers spoken with also raised concerns about alleged favouritism which was causing conflict and upset with some other care workers. Both managers were aware of these allegations and a meeting was arranged during the inspection by the acting regional manager and both managers to discuss these concerns. In addition to this, the acting regional manager confirmed that any employee concerns had been appropriately addressed using the organisations disciplinary procedures.

Although some staff meetings had taken place, these were infrequent and staff felt that this was one reason why there were sometimes inconsistent messages being received from the registered and deputy manager. We also noted that there were few meetings that had been held with night staff. The regional manager told us that discussions had been taking place with the registered manager and that it had been arranged that night staff meetings would take place on a monthly basis in future.

The registered manager told us they carried out night-time checks where they would visit the service unannounced to check nurses and care workers on duty were carrying out appropriate care and support to the people using the service. The last recorded visit was on 24 January 2017 at 5am. We were provided with a copy of the completed Night Visit record which showed the registered manager had found a number of issues that required action, including disciplinary actions to be taken. It was confirmed that any actions required from that visit had been addressed.

We asked the registered manager about the systems that were in place to monitor and regularly assess the quality of service that people received. There were a range of daily, weekly and monthly audits that included medicines management, food safety, wound analysis, bed rail safety, and observation of staff practice and health and safety matters. The auditing system involved the use of i Pads to record all the information which could then be transferred electronically to a centralised system (Datix), with both the registered manager and acting regional manager having direct access to this information. The registered manager told us that the audit process for care files was that one care file would be fully audited, from 'start to finish' on each unit every week, again with the results being electronically recorded. Care plans, risk assessments and other associated documentation were reviewed on a monthly basis.

Feedback was also sought from people's relatives and we were provided with overall summary feedback details of monthly surveys conducted between June 2016 and May 2017 inclusive. The monthly volume of completed questionnaires ranged from a top score of 27 in April 2017 to the lowest score of nil in June 2016. Relatives were also provided with an opportunity to speak with the registered manager using a 'drop in clinic' held on a monthly basis. The acting regional manager for the service also provided a 'drop in clinic' for staff, people using the service, relatives or other healthcare professionals every Wednesday between 11am and 2pm.

Before the inspection we checked the records we held about the service. We found that the service had notified the Care Quality Commission of events such as accidents, incidents, safeguarding matters and DoLS authorisations.

Although auditing processes were in place and being used to monitor the quality of the service, the system had failed to identify the shortfalls found during this inspection relating to incomplete documentation in some staff personnel files, and lack of consistent staff supervision,

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance

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
Diagnostic and screening procedures	Poor management of safeguarding matters including lack of timely responses to sharing safeguarding information with the local authority, lack of compliance with the safeguarding policy and lack of follow up on any actions agreed.
Treatment of disease, disorder or injury	Regulation 17 (1) (2) (a) (e) and (f)
	The systems in place to monitor and evaluate the quality of service provided to people were not robust enough.
	Regulation 17 (1) (2) (a) (b)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	People employed by the service were not receiving consistent formal supervision.
Treatment of disease, disorder or injury	Regulation 18 (2)(a)