

Springcare (Knutsford) Limited

Bucklow Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bucklow Manor Care Home is a residential care home providing personal care to 46 people aged 65 and over at the time of the inspection. The service can support up to 56 people over two floors and has recently been refurbished.

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

There were systems in place to identify and manage risks, but these were not always effective. Staff were not always fully aware of aspects of people's care, especially in relation to the management of risk.

There had been a high number of staff vacancies at the home for a significant period. The provider sourced staff from recruitment agencies to ensure they maintained the right staffing levels. Some of the staff from the agency regularly worked at the home, however others were not familiar with the home and people's needs, despite information being made available to them. The provider's priority was to recruit new staff. Safe recruitment processes were being followed

The provider had systems in place to monitor, manage and to improve the care and support provided to people but these were not always effective and had not always addressed areas where improvements were identified. Records were not always completed in a timely way to demonstrate people had received appropriate care.

The provider had systems in place to safeguard people from the risk of abuse and staff knew how to respond to possible safeguarding concerns. We have made a recommendation about further staff training in relation to their understanding of local safeguarding procedures.

People were positive about the care and support they received at Bucklow Manor. People were treated well by staff who were observed to be kind and caring. However, we found some examples where people's dignity, privacy and independence had not been respected. The management team told us their focus was on providing dignified care.

Medicines were managed safely, and the home was clean and well maintained. Some remedial work was being undertaken following a fire risk assessment.

Bucklow Manor had a homely feel, was well furnished and suitable for the needs of the people living there. Specific consideration had been given to meeting the needs of people living with dementia.

People were happy with the food available and told us they had plenty to eat and drink.

People were supported to have 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. Staff ensure they sought people's consent and complied with The Mental Capacity Act 2005 (MCA)

People's care was planned in a person-centred way and care plans were detailed and reviewed on a regular basis. People were supported to take part in activities and maintain their interests, regular outings were arranged using the home's minibus. Staff had undertaken training to provide effective end of life care.

Staff were very complimentary about the management team and told us they felt well supported.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 October 2018) and there was one 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 not enough improvement had been made and the provider was still in breach of the regulation identified at the October 2018 inspection and was found to be in breach of a further regulation. This is the second time the service has been rated requires improvement.

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, caring and well led sections of this full report. We spoke about the above concerns with the registered manager and operations manager who agreed to act to address these issues. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to the safe care and treatment of people and governance at this inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

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 ●

Bucklow Manor 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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bucklow Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service, about their experience of the care provided. We spoke with

12 members of staff including the registered manager, operations manager, deputy manager, care staff, agency care staff, the activities coordinator, domestic staff and the maintenance person. We observed interactions between staff and people in communal areas. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider was not doing all that was reasonably practicable to mitigate risks posed to people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection.

- Risks to people had been assessed and these were linked to their care plans. Appropriate actions had been identified to reduce risks to people. For example, where a person had experienced some falls, measures had been put in place to help reduce this risk. However, staff were not always fully aware of aspects of people's care, especially in relation to the management of risk.
- The management team provided staff with a handover sheet, which contained information about each person's care needs and any risks, however, this was not always effective, and several agency staff did not know the names of people they were supporting.
- Staff had not always followed people's care or risk management plans to ensure they received safe care. For example, a person had fallen from their bed because staff had not followed the guidance around the appropriate bed setting.
- There was a system to ensure agency staff underwent an initial induction. However, communication between staff was not always effective. For example, we found a person in bed but not in their own bedroom. Night staff had mistakenly assisted them to a different room and we saw the person's sensor alarm was not switched on. One staff member was aware of the person's whereabouts however senior staff were unaware. Records were inaccurate, and this could have delayed procedures in the event of an emergency.
- Staff had scored a person's malnutrition risk assessment incorrectly and had not identified the correct level of risk to the person becoming malnourished. They had gradually lost weight since admission and whilst more recently the GP had been contacted, their care plan did not demonstrate the issue had been quickly identified and acted upon. They registered manager advised us new training includes the use of this tool and they would ensure staff undertook this.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risks associated with the safety of the environment and equipment were managed appropriately. This included regular servicing for gas and electrical safety. Health and safety checks were completed.

- Following a recent inspection by the fire service, the provider had arranged for a fire assessment to be carried out, which identified the need for some remedial work. We asked the provider to confirm the timescales for completing these actions, which were satisfactorily confirmed.

Staffing and recruitment

- We saw there were enough staff on duty at the home to support people safely. A dependency assessment tool was used to establish the staffing levels required. People told us, overall staff responded to their needs.
- There had been a high number of staff vacancies at the home for a significant period. The provider sourced staff from recruitment agencies to ensure they maintained the right staffing levels. Some of the staff from the agency regularly worked at the home, however others were not familiar with the home.
- Due to wider circumstances, there had been several new admissions to the home over a short period of time. Staffing levels had been increased, which meant more agency staff were being used to cover the increased need. Whilst assessments had been carried out prior to people arriving, staff told us they were unfamiliar with people's needs and this had been a difficult period. One person commented, "We need more of our own staff."
- The operations manager explained the provider was working hard to recruit new staff and this was a priority. A few new initiatives were being tried to encourage recruitment. Two new staff were due to start shortly at the home.
- The provider followed safe recruitment practices to ensure staff were suitable to work with adults at risk.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to safeguard people from abuse. Staff received training regarding safeguarding adults and understood how to identify and report any concerns.
- The management team were aware of their responsibility to report safeguarding incidents to the local authority. Whilst all concerns had been reported, some safeguarding concerns had been incorrectly reported as lower level care concerns, which could delay the response to these concerns and any follow up action.

We recommend that the service seeks additional training in relation to local safeguarding procedures and adjust their practice accordingly.

Using medicines safely

- Overall the systems for the management of people's medicines were safe and well-managed.
- Systems were in place which ensured the safe ordering, storage and disposal of medicines.
- Minor improvements were required in relation to "as required" medicine records. The registered manager agreed to address this as soon as possible.

Preventing and controlling infection

- The home was visibly clean, and effective cleaning schedules were in place.
- Staff were aware of best practice and how to prevent and control the risk of infection.
- Staff had access to personal protective equipment (PPE), such as gloves and aprons.

Learning lessons when things go wrong

- Accidents and incidents were recorded, with clear information about what happened and what action was taken, so that staff and people could learn from them.
- These were reviewed to identify any trends and advice had been sought from health and social care professionals, including occupational therapist when needed.
- We saw an example where an incident had resulted in a new procedure being implemented, with a regular

audit put in place.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 needs were assessed before they moved into the home to ensure they could be met.
- Staff used nationally recognised assessment tools to assess people's needs in line with guidance and best practice, such as an assessment for the risk of pressure ulcers.
- Care plans had been developed with people and their relatives and contained details of people's diverse needs and preferences.

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

- People were positive about the food available. They were offered a nutritional diet with choices and alternatives, to ensure they had something they liked.
- People's nutritional needs were assessed and reviewed. This included monitoring people's weights and the registered manager undertook a monthly audit. Overall, we found changes in needs were responded to. We noted an issue with the correct use of the MUST as described in the Safe section of this report.

Staff support: induction, training, skills and experience

- People told staff generally looked after them well, one person commented, "I think the staff are good".
- The provider had recently introduced a new training programme. Other bespoke training had also been arranged such as safeguarding awareness, end of life support and oral hygiene.
- Each new member of staff undertook an induction when they started, and staff told us they received effective training and felt well supported.
- Staff received regular supervision to review their individual work and development needs.

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

- People had access to healthcare services when they needed. Staff worked with other agencies and made referrals where necessary to provide support to people and effective care.
- An optician was visiting the home to provide this service during the inspection.
- A community matron from the local GP surgery visited the home weekly to help ensure people's health needs were reviewed promptly.
- Oral hygiene was considered and supported by staff. Assessments had been carried out and care plans included details about people's oral hygiene needs, people had access to a dentist as needed.

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

- The design of the home was suitable for the needs of the people living there.
- The home had been refurbished under the current registered provider. There was a modern and bright feel to the home. There were several lounge areas and a sensory room where people could relax.
- People had access to a large well-maintained garden, which had been designed to be dementia friendly.
- People's bedrooms were personalised, there were memory boxes outside of people's doors with personal memorabilia. There was suitable signage in place to offer guidance around the building.

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 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. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Assessments had been completed when people lacked capacity and best interest decisions were recorded as required. Records were detailed and demonstrated the management team understood and complied with the MCA.
- Staff had received training in MCA and asked people for consent to ensure they were able to make daily choices. We saw staff explaining to people what they were about to do and sought consent.
- Where required appropriate DoLS applications had been made in people's best interests to ensure their rights were protected.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence.

- Dignity and independence was not always fully respected. Although staff and the management team told us they focused on dignity, we observed incidents which impacted on people's dignity. For example, we observed staff standing whilst supporting people with their meals rather than sitting and taking time with them. During a meal time a staff member was task focused and consistently moved from one person to another to deliver support.
- Staff were not always discreet, for example they spoke publicly in the dining room about people's specific dietary requirements and didn't always consider people's right to privacy.
- One person was attempting to eat their lunch independently and a staff member started to assist them without checking first whether they wanted any support.
- However, we also saw examples where staff promoted dignity, such as knocking on doors or adjusting people's clothing.

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

- At times, the lack of consistent staff impacted on how familiar they were with people living at the home. For example, we spoke with a member of agency staff who was supporting a person living with dementia, however they did not know the person's name.
- Overall people felt well treated and supported, one person told us, "It's nice here."
- During the inspection visit we observed some positive and sensitive interactions between staff and people. Staff spent time chatting with people and were interested in their well-being. Staff had taken time to support people's specific needs, such as supporting a person to buy presents for their relatives.
- The home had received numerous compliments and positive comments about the care provided. There was a welcoming and homely feel to the home.
- Equality and diversity was promoted within the home and staff had undertaken relevant training. Spiritual assessments were carried out with each person and diverse needs were considered and respected by the staff.

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

- People were able to express their views and be involved in making decisions about their care.
- Staff worked closely and communicated well with relatives. A relative's support group had been created and established at the home.
- People had access to advocacy services and some people had regular support from a visiting advocate.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care had been planned around their individual needs and their likes and preferences were considered.
- People looked well presented, clean and comfortable during the inspection
- Each person had a care plan in place which was reviewed regularly. Care plans were detailed and contained individualised information to guide staff about how to support people effectively. These included information about people's life histories and preferences. However, some staff told us they did not always have the opportunity to read the care plans.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood people's right to have information presented to them in an accessible manner, such as larger print documents or use of pictures.
- People's communication needs were clearly assessed and detailed in their care plans. For example, information had been translated and pictures used to aid a person's understanding.

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

- An activity coordinator was employed at the home and people were supported to take part in a range of activities. Regular outings took place using the home's mini bus.
- One person particularly enjoyed opera singing and staff were organising the formation of a choir for the person to take part in.
- Chickens were kept in the garden, as well as rabbits. One person told us how much they enjoyed seeing the rabbits and people were able to collect freshly laid eggs.
- The home provided namaste sessions for people, where they received therapeutic interventions designed specifically for people living with the advanced stages of dementia..
- Games and exercises were taking place during the inspection and we saw how people particularly enjoyed choosing sweets from a tuck shop organised by the activities coordinator.
- Visitors were able to visit at any time and coffee making facilities were freely available for them to use.

Improving care quality in response to complaints or concerns

- There were systems in place to record and respond to complaints following a complaints procedure, which was available and on display. A suggestions box was also available in the front entrance area.
- Records confirmed complaints had been responded to appropriately. Areas for improvement were identified and implemented.

End of life care and support

- People had been consulted about their wishes if they should need end of life care. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders were in place for people who had expressed a wish not to be resuscitated.
- The home had close links with the local end of life partnership. At the request of relatives, they attended a relative's meeting, which people found informative and supportive.
- Information was provided for people about end of life care, and support offered to families following a person's death. A family room was available to use, when people were at the end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There was a registered manager in post, who was supported by a deputy manager, operations manager and the provider's quality assurance team.
- Previously the provider did not have robust systems in place to recognise and act upon the breach of regulation found. The provider had a quality assurance system in place. Some issues found at this inspection had been identified by the provider's own quality assurance. However, measures had not been effective in addressing all the issues and the safe management of risk.
- The management team told us they were focused on providing high quality care and monitored staff approach and performance. However, observations found aspects of staff practice required further improvement, to ensure people were always treated in a dignified way.
- Records in relation to the care provision were not always recorded at the time the care was provided. In one example, a person required two hourly positional turns to help keep their skin healthy, however turns had not been recorded for at least five hours. Staff told us this care had been provided and would later be recorded. This was also the case for the fluid intake charts. The provider's quality team had identified this issue previously, however this had not been rectified.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014. The provider did not operate effective systems to assess, monitor and improve the quality of the service.

- Whilst most notifiable incidents had been reported to the CQC, a small number of safeguarding concerns had not been reported to us as required. This had been an oversight and following the inspection these were submitted.
- The provider had their latest CQC rating on display in the home and on their website as legally required.

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

- The registered manager was dedicated to providing person centred care in a supportive and homely environment. Staff had worked hard to support the recent number of new admissions to the home.
- There were some positive examples around person-centred care and supporting people's choices.

- Staff felt valued and supported. They told us the registered manager was approachable and always had an open door. Staff felt able to raise any concerns and felt they would be addressed. They described a supportive team approach.
- Regular staff meetings and handovers took place.

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

- People and their relatives were involved in the development of the service. They knew the registered manager by name and said they were visible and available.
- Residents and relatives' meetings had taken place and people had been invited to have a say in how the home was managed.
- A quarterly newsletter was produced to inform people about upcoming events.
- People, their relatives and staff views were sought through a satisfaction survey. Information was on display in the home to demonstrate the action taken in response.

Continuous learning and improving care; Working in partnership with others

- The management team were open and transparent when lessons could be learned and told us they would act to make ongoing improvements to the home.
- The home had staff champions who passed on skills and knowledge to the rest of the staff team. For example, a tissue viability champion worked alongside the district nurse and led on training to help the prevention of pressure ulcers.
- Staff worked closely with other health and social care professionals.
- Links had been developed with community groups and services to help engage people and support with social interaction.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not done all that was reasonably practicable to mitigate risks.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate effective systems to assess, monitor and improve the quality of the service.