

The Brandon Trust

Cheddar Grove Nursing 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?

Good ●

Summary of findings

Overall summary

Cheddar Grove 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 home accommodates seven people in one adapted building. At our last inspection, in May 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager for the service. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was an effective system in place to ensure that medicines continued to be managed safely in the home. Staff continued to be recruited safely and trained to meet the needs of people who lived in the home. There was still enough staff to provide people with a safe level of care and support. Staff in the home knew how to identify the different types of abuse that could occur and they were aware of how to report it and keep people safe.

There was a sufficient number of suitably trained and properly supported staff supporting the people at the home. People had access to healthcare professionals when they became unwell or required specialist supported. People continued to be well supported with therapeutic and meaningful activities in their home and the community. People were supported to maintain contact with friends and family.

People's needs continued to be met and the type of care they received was planned and delivered in a way that was effective. People continued to be supported to eat and drink enough to be healthy. People's preferences were included in menu planning. Meal choices and individual preferences were included in the menu options available.

There were systems in place to ensure that the requirements of the Mental Capacity Act 2005 were followed. This law protects people who lack capacity to make informed decisions in their daily lives. The provider had completed applications under the Mental Capacity Act 2005 Deprivation of Liberty Safeguards. These had been accepted and necessary safeguards were in place for people who required them or for one person?.

The staff continued to understand the needs of the people they supported. People were encouraged to make choices about their care and to become more independent in their lives.

Staff supervision remained in place and was up to date for all staff. This meant there continued to be proper support in place to provide staff with the support they needed to do their jobs effectively.

The registered manager continued to ensure that people's complaints were investigated by following the provider's complaints procedure. Complaints were well managed.

A provider's representative continued to visit the home regularly. They carried out quality checks on the overall quality of care and service people received. Where needed they had identified actions for the registered manager to implement to improve the service. They had recently picked up that certain policies and procedures needed updating. This action had been carried out by the registered manager.

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 remains Safe.	Good ●
Is the service effective? The service remains Effective.	Good ●
Is the service caring? The service remains Caring	Good ●
Is the service responsive? The service remains Responsive	Good ●
Is the service well-led? The service remains Well Led.	Good ●

Cheddar Grove Nursing Home

Detailed findings

Background to this inspection

We carried out this 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.

Before the inspection, we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We read the Provider Information Record (PIR) and previous inspection reports before our visit. The PIR was information given to us by the provider. This enabled us to ensure we looked closely at any potential areas of concern. The PIR was detailed and gave us information about how the service ensured it was safe, effective, caring, responsive and well led.

This inspection took place on 20 December 2018 and was unannounced. The inspection was carried out by two inspectors.

We met five people who were living in the home. Staff we spoke with included the registered manager, a registered nurse, two care staff, and a student nurse. We observed how staff interacted with the people they supported in all parts of the home.

We also 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.

We looked at care records and charts relating to two people as well as medicine records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits,

training information for care staff, staff duty records, supervision records and arrangements for responding to complaints.

Is the service safe?

Our findings

The service was safe. People looked settled and relaxed with staff. This conveyed they felt safe at the home with the staff who supported them.

There was a system in place for the identification and reporting of safeguarding. This included a document which outlined the level of risk which constituted abuse. The lead nurse and registered manager told us that they had both been trained by the Local Authority to fully understand how to safeguard people from abuse and to train other staff as well. It was recorded that other staff had received internal training in safeguarding within the last year. We saw an outline of the log in which safeguarding matters were recorded. However it has not been necessary to contact the local authority safeguarding team since the last inspection. Staff continued to understand how to keep people safe, and were able to tell us some likely scenarios where safeguarding matters could arise. They were aware of the correct reporting procedures and confirmed that they had received safeguarding training.

There was a system for recording potential safeguarding incidents and other occurrences. There were very detailed incident reports which described what had happened in each case. These were reviewed on a six-monthly basis to establish if there were trends or common themes. For example, when someone had a fall or sustained an injury an injury this was fully reviewed and actions taken when needed.

A regular health and safety audit was undertaken by a representative of the provider. This covered topics such as the environment, control of substances hazardous to health (COSHH), electrical safety, fire safety including a fire risk assessment dated May 2018. There were also temperature checks, legionella checks, food safety gas safety and servicing. After each audit an action plan was completed. There was a maintenance folder which showed that there had been ten issues to deal with within the last four months. The record showed that maintenance was swiftly completed up to the date of the site visit.

There continued to be systems in place to minimise risks from cross infection. There was a separate infection control audit which outlined issues to be addressed. These were written up in action plans and monitored by the lead nurse. We also saw records that showed staff had receiving training in infection control on a bi-annual basis.

The arrangements for the storage and administration of people's medicines continued to be safe. There were medication profiles for each person that provided staff with guidance as to people's diagnosed medical conditions and the medicines that had been prescribed. The reasons for the medicines being prescribed was stated and any potential side-effects so that the staff were aware of risks from these medicines. We saw that staff had been trained in the administration of the medicines. When we checked the medicines, we saw that the amount in stock agreed with the administration records. The medicines were stored safely and securely.

People continued to be supported by enough suitably qualified staff to keep them safe. We discussed staffing levels with the registered manager and staff to find out if there were sufficient staff available. The

nurse showed us a staffing rota that outlined that there were three staff available throughout the day, with two staff overnight, one of whom was a sleeping member of staff. Amongst the staff team was a nurse on each shift. The records showed a low level of the use of agency staff, mainly to cover sickness. There has been a low turnover of staff which meant that the staff team had been stable and it was possible to deliver care and support consistently. We also saw that there was one additional member of staff employed for cleaning. This meant that there was sufficient staff to meet the needs of the people living at the service.

There continued to be a system for safe recruitment of staff. The registered manager showed us the records of staff recruitment and we saw that the process was very robust including standard checks such as Disclosure and Barring Service checks (DBS), two references, proof of identity and application forms. The DBS checks show details of spent and unspent convictions, cautions, reprimands and final warnings held on police records. DBS can also show any additional information held by local police considered relevant to the role in question.

Is the service effective?

Our findings

The service people received continued to be effective. We saw that people were well supported by staff. The team knew how to provide effective care and support. This was evidenced in many ways. Staff used a number of approaches when people became anxious in mood due to their learning disability and/or mental health needs. Staff spoke very calmly with people, and showed they understood how they were feeling. Staff also used specific distraction approaches to help people feel settled and calm. For example, staff played games with people to reassure them and help them feel safe. The staff also discreetly prompted people to have a shower or a bath and to get up at their preferred times of the day. Staff checked on people regularly and made sure people who needed support felt safe and comfortable. The staff on duty were meeting the needs of people in the ways that were set out in their care plans. This showed that staff were ensuring people received care that was well planned and effective.

Training records showed that staff were well trained to meet the needs of the people living at the home. There was a comprehensive training matrix which outlined a good range of training undertaken and was kept up to date. We saw records of staff training in areas such as fire safety, first aid, food hygiene and moving and handling. There were records of specialised training in PEG feeding, pressure care, positive behaviour, autism and epilepsy management which was specific to the needs of people who lived at the home. Staff told us that the training was relevant to their needs.

Each shift was staffed by a registered nurse who kept their professional registration with the Nursing and Midwifery Council (NMC). We spoke with the registered manager and staff members about staff supervision. The lead nurse showed us the system for monitoring those one to one support meetings had taken place on a two monthly basis and appraisals annually. Staff told us that they valued the supervision and felt they were supportive to their work. We also saw records of observations of practice undertaken by supervisors who were also nurses. These included the use of hoists, PEG feeds, manual handling, and infection control and medication administration. These were seen to be undertaken on an annual basis.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DOLS).

The Mental Capacity Act provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so themselves. When people lack this capacity any decisions made on their behalf must be in their best interests and as least restrictive as possible.

We saw that DOLS applications had been submitted and approved recently. We saw records of training that showed us staff had received training in the principles of the Mental Capacity Act (MCA).

People were supported to have enough to eat and drink. We saw the menu plan which was changed every week on a four weekly basis. Food safety and hygiene arrangements were seen to be in place such as records of fridge and food temperatures, cleaning schedules and confirmation that the Environmental Health Department had awarded five stars at the last inspection. It was noted that a number of the people using the service needed their food pureed. This had been assessed by the Speech and Language team (SALT) and provided according to their guidance. We saw that people's weight and tissue integrity was

monitored on a monthly basis to ensure that they remained physically healthy. This meant that people's nutritional wellbeing was supported appropriately.

People had their own 'hospital passport'. This was a document containing key information about each person so it could swiftly accompany them should a hospital visit be needed. This was an important document as people were not being able to communicate necessary information to healthcare professionals such as known allergies. Staff worked closely with other healthcare professionals for people who had specific healthcare conditions. This helped ensure that necessary changes were implemented and supported in relation to people's health needs. For example, for one person it was advised that they alter their diet to reduce the impact of a health condition.

The premises offered access to appropriate communal space which was enjoyed by the people who lived there. The dining area was clean, hygienic and welcoming. The living rooms were comfortable and appropriately furnished. There was a specialised bath in one of the communal bathrooms which was accessible to people with mobility issues. The garden area included raised flower beds so that people who used wheelchairs could participate in gardening.

Is the service caring?

Our findings

People continued to receive a service that was caring. Staff treated people with understanding and kindness. We saw people laughing and joking with staff. Staff were knowledgeable and supportive in assisting people to communicate with them.

Staff had close positive relationships with people living at the home and they spoke to people with kindness and respect. When we spoke to staff they were very aware of people's personal preferences. Staff also told us how they ensured they maintained people's dignity and privacy at all times. For example, when supporting people with intimate personal care needs. People were confident in the presence of staff and people communicated with the staff when not able to verbalise with non-verbal communication. We saw people smile and use hand gestures to explain meanings to the staff. We observed staff treating people with dignity and respect.

Staff spoke in a polite way and clarified information with people so that everyone was sure of what had been agreed. One person was unsettled and we saw the staff were patient, reassuring and kind to the person. The staff explained simply what the inspectors were doing in their home throughout the day. The person remained calm and appeared comfortable with the presence of the inspectors after the staff had taken time to explain the inspection process to them. We listened to and observed staff working with a person to identify what meal they wanted and their plans for the day.

People were included in the discussions and were encouraged to express their views and make decisions. We saw that the staff took time for people to consider their decisions. The staff we spoke with knew people well and understood their individual communication styles.

We saw in care plans how the home had worked with people to identify and record their choices and preferences, this included foods and activities. It was clear from the information available throughout the care home and the daily activity programme for each person that they were consulted and that care and support was planned according to the needs and abilities of each person.

Is the service responsive?

Our findings

People continued to receive care and support that was responsive to their needs. People were not always able to tell us about their care and support. As was applicable at the last inspection, we saw staff were responsive to people's needs. Consideration had been given to the best way to involve people in the care planning process. Care records contained a photograph of people, essential information and their personal life story so far. These set out people's background, interests and life before moving to the home. Care plans were in an easy to follow format and contained guidance and pictures showing support needed. Each person's personal preferences were clearly set out in their care plans. For example, in one person's record it clearly explained that they preferred peace and quiet and being away from other people. However, another person's care record explained how the person was a real extrovert who likes to spend lots of time with staff and other people. Staff on duty were all very familiar with the content of people's care plans. We saw staff deliver care and support to people in the ways that were set down in the care records.

Complaints were properly managed and dealt with effectively. We saw the complaints procedure that was available to people and those who represented them at the home. There was a clear explanation of who to approach if people were not happy. The lead nurse showed us records of complaints made to the home recently and we saw that all were responded to within a reasonable timescale and were resolved to the satisfaction of those making the complaint. We also saw a record of compliments which showed us that relatives, visiting professionals and student nurses appreciated positive aspects of the care and support delivered at Cheddar Grove Nursing Home.

People were well supported to take part in a variety of social and therapeutic activities. Staff told us and we saw in each person's care records, a record of all activities completed each day. We saw that each person had an individualised plan. For example, one person participated in horse riding at the Calvert Trust, (a local charity) and another person attended the Haven Day Centre in Knowle West. A recent very commendable activity had been planned and took place involving two people who use wheelchairs at all times. Staff including a student nurse had taken both people ice skating at a shopping mall Christmas ice rink. We saw photos of both people in their wheelchairs being supported to skate on the ice. This was an excellent example of a well-planned and highly responsive therapeutic activity.

On the day of our visit another person was accompanied by staff to the local shopping centre to buy Christmas cards and gifts. Visits were recorded by an interactive musical group who encourage participation, an organist and an aroma therapist. Other trips which were recorded included skating, Bristol Zoo, a café at the local community centre and a garden centre. One of the people who use the service also attended the church situated locally. The home was decorated throughout with Christmas decorations. People were being supported by staff to buy Christmas presents for themselves and for other people.

Is the service well-led?

Our findings

Staff told us they were regularly consulted and involved in making plans to improve the service with the focus always on the needs of people who lived there. People's views were also a key part of decisions about the home and the way in which it was managed. For example, we saw that people's preferences had been incorporated into the decor, furniture, fixtures and fittings in the home when it was being redecorated. For example people picked the colour schemes in their bedrooms.

Throughout our visit we saw people approaching the registered manager. We observed people were relaxed and comfortable to go to them at any time. The registered manager responded attentively to people who wanted to see them and warm and friendly interactions took place. We also saw how staff went to the office to speak to the registered manager and were warmly welcomed. Staff told us they felt supported by senior staff and the registered manager. We observed the registered manager communicating openly and warmly with the staff team. We saw staff were comfortable to approach the registered manager whenever they needed to speak with them.

There was a suitable and effective quality checking system in place to monitor the quality of the service. There were regular quality checks completed that looked at and reviewed the quality of care people received and how the home was run. Areas that had been audited included care planning, the overall quality of care, management of medicines, health and safety, and staff training. Where shortfalls were identified we saw that the registered manager devised an action plan to address them. For example, reviews were carried out and care plans updated after people had an incident or accident at the home.

Staff at the home continued to understand and represent the values of the organisation by always working with people in a totally person-centered way. Staff also told us there continued to be open culture and they were encouraged to raise any issues or areas for improvement.

There were effective systems in place to ensure information was communicated among the staff team. Staff were informed by messages left in a 'communication book'. These related to items such as appointments, forthcoming training and reminders for staff. Staff had a daily handover which were both verbal and written. Records confirmed staff handed over information about what people had done during their day, how they had been feeling and any necessary information.

The registered manager said they continued to be well supported by the provider and that the provider had been supportive when they made changes. This meant the registered manager's workload was practical and allowed for sufficient time to be spent at the home. Registered managers from other homes within the organisation met every week. The registered manager said this was useful, supportive and a positive way of sharing ideas and practice.