Bafford House Residential Care Home

Bafford House

Inspection report

Bafford House
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Date of inspection visit:
12 April 2017
13 April 2017

Date of publication:
30 August 2017

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Bafford House on the 12 and 13 April 2017. Bafford House is a residential home for up to 19 older people. Many of these people were living with dementia. 19 people were living at the home at the time of our inspection. This was an unannounced inspection.

At our inspection on 12 and 13 April 2017 there was a registered manager in post who was also the provider of 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.

We last inspected in September 2016 and found that the provider was not meeting a number of the regulations. We found that people were not always protected from the risks associated with their care and people's legal rights were not always protected. Additionally people could not always ensure a safe environment was maintained. The provider did not have effective systems to monitor the quality of the service. Additionally people did not always receive care which was personalised to their needs and an accurate record of their care was not maintained. Following our inspection in September 2016, we issued the provider with two warning notices in relation to safe care and treatments and good governance. The provider sent as an action plan of the actions they would take to meet the legal requirements. We found some improvements had been made however some regulations were not being met.

People and their relatives were generally positive about the home. They felt safe and well looked after. People enjoyed the food they received in the home and had access to food and drink. People felt there were enough activities; however activities care staff provided were not always documented.

The provider and registered manager had implemented systems to monitor and improve the quality of service people received, however these systems were not always effective and were not consistently applied. There was no current system to seek people and their relative's views on the care people received. The provider and registered manager had not identified concerns we had identified during the course of this inspection.

People were now being protected from the risks associated with their care; however people's care and risk assessments were not always reflective of their needs.

Staff were deployed effectively to ensure people's basic needs were met and kept safe. However people could not be assured new staff were of good character as all recruitment checks had not been maintained. Care staff had not received all the training they needed to meet people's needs. The provider and registered manager did not have an overview on staff training needs and competencies.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You

can see what actions we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. People could not be assured that care staff were of good character as full recruitment checks had not been completed.

Staff were deployed within the service to ensure the safety of people and protect them from risk.

Staff knew the risks associated with people's care however there was not always clear guidance to manage them. People felt safe, and staff understood their responsibilities to protect people from abuse.

Is the service effective?

Requires Improvement

The service was not always effective. The service did not have a system to ensure staff had access to one to one support. People were not always supported by staff who had access to the training they needed to meet people's needs.

People received support to meet their nutritional needs and had access to plenty of food and drink. People were supported to make choices and staff had some knowledge in relation to the Mental Capacity Act 2005.

People were supported to attend healthcare appointments. Staff followed the guidance of external healthcare professionals.

Is the service caring?

Good

The service was caring. People were supported to spend their days as they choose. Staff respected people and treated them as equals.

Staff knew people well and understood what was important to them such as their likes and dislikes. People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive. People care assessments were not always current, personalised or reflective of their

individual needs.

People were generally happy with the activities provided; however care staff did not always record the support they provided to people.

People and their relatives felt confident they could raise concerns to the manager. The registered manager and provider had not received any complaints or compliments since the last inspection.

Is the service well-led?

Inadequate

The service was not well-led. The registered manager and provider did have systems in place to monitor the quality of care and drive improvement.

The views of people and their relatives were not being sought and acted upon.

Bafford House

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 was planned to check whether the provider was 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 the 12 and 13 April 2017 and was unannounced. The inspection team consisted of one inspector.

We reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law. We also spoke with one healthcare professional and local authority and clinical commissioning group commissioners about the service.

We spoke with four people and one relative who were using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with seven members of staff which included four care staff (including two agency care staff), the manager, the registered manager and provider. We reviewed seven people's care files, care staff training, recruitment and records relating to the general management of the service.

Requires Improvement

Is the service safe?

Our findings

At our last inspection in September 2016, we found that people were not always protected from the risks associated with their care as clear guidance had not been provided to care staff on meeting people's needs. We also found that the premises of the service were not always safe as fire evacuation routes were blocked. These concerns were a breach of regulation 12 and 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 respectively. We issued the provider with a warning notice in relation to people's safe care and treatment. At this inspection we found effective action had been taken and the provider was meeting these legal requirements.

However, people were at risk of being cared for by unsuitable staff because robust recruitment processes were not in place. Whilst relevant checks of people's criminal histories via the disclosure and barring service (DBS) had been carried out; references had not always been sought from staff members previous employers (including those within the care sector) and a record of whether there employment history had been discussed during interviews had not always been recorded. For example, one staff member's record only contained one reference. The staff member had previously worked in care; however no reference had been sought from the care provider. The provider informed us they would take immediate action in relation to this concern.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who were at risk of pressure ulcers were now being protected from the risks associated with their care. At our last inspection, there was no clear guidance for care staff to follow to ensure people were repositioned regularly to prevent the risk of pressure ulcers. Staff were not recording when they had assisted people to reposition. At this inspection care staff had clear guidance stating how regularly people required assistance to be repositioned. We reviewed the repositioning charts for one person which clearly documented how and when they were assisted.

The environment of Bafford House was safe for people. For example, since our last inspection the registered manager and provider had ensured all fire safety routes were clear and fire safety equipment had been serviced. Regular fire safety checks and maintenance checks were being carried out to ensure the premises were safe. However the service was not always carrying out fire drills. The provider was aware of this concern and informed us a fire drill would be carried out immediately, as part of their on-going programme for fire drills.

People were happy there was enough staff deployed on a daily basis to meet people's needs. Comments included: "I only have to ring the bell and the carer's come"; "We're very happy, the staff are very accommodating" and "Oh the staff are always willing to help, I don't have to wait."

Staff confirmed there was enough staff deployed to meet people's needs. Comments included: "There are usually enough staff on, it's never unsafe. All the care always gets done; it's something spending time with

people that is reduced"; "I like being here. There are enough staff. It's an absolutely safe environment" and "There are always enough staff on shift."

The registered manager and provider discussed the need for continued high use of agency staff in the home to ensure people's day to day needs were met. They told us they booked regular agency care staff, to ensure there were enough staff deployed who were familiar to people living at Bafford House. The registered manager explained they were actively recruiting new care staff and had recruited new care staff since our last inspection.

People's medicines were stored in accordance with manufacturer's guidelines. Care staff recorded the temperature of the room medicines were stored in. These recordings showed the temperatures were within the recommended range of the manufacturer. People's prescribed medicines were stored securely. Care staff kept a clear record of the support they provided people regarding their prescribed medicines. People's prescribed medicines were checked when they were delivered to the home by the pharmacy. This reduced the risk of people from mismanagement of their prescribed medicines.

Where necessary people had care assessments and protocols in relation to 'as required' (PRN) medicines and covert medicines. We saw a range of PRN protocols (prescribed medicines, such as pain relief which could be given when necessary) which provided clear details to care staff of when the PRN medicines should be administered. Where people required covert medicines, best interest assessments had been carried out and the GP had documented which medicines should be administered covertly.

People received their prescribed medicines in a calm and patient manner. We observed care staff assisting people with their prescribed medicines. They gave people time to take their medicines, giving them a drink to assist with swallowing the tablets. The member of staff ensured people had taken their medicines before signing to say it had been administered.

People told us they felt the home was safe. Comments included: "I definitely feel safe here" and "Oh I don't feel I have any concerns." One relative told us, "I genuinely believe (relative) is looked after and safe."

People were protected from the risk of abuse. Care staff had knowledge of types of abuse, signs of possible abuse which included neglect, and understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to the registered manager, or the provider. One staff member said, "I would report the concern to the manager or provider immediately." Another staff member added that, if they were unhappy with the manager's or provider's response they would speak to local authority safeguarding or the CQC. They said, "I would report the concern to local authority safeguarding." Agency staff confirmed they would also go to their line manager if they had any concerns regarding people's safety.

Requires Improvement

Is the service effective?

Our findings

At our last inspection in September 2016, we found that people's legal rights were not always protected as the provider did not always follow the legal requirements of the Mental Capacity Act 2005. This concern was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found effective action had been taken and the provider was meeting these legal requirements, however clear records in relation to best interest decisions had not always been maintained.

Care staff did not always feel they had the training and support they required from senior staff at the service. For example one member of staff told us they and another member of staff had not received some of the training they needed to meet people's needs. They said, "We're not getting the training to meet people's needs. I've not had proper moving and handling training." New staff did not receive training in accordance with the care certificate. This was a way for the registered manager and provider to identify the training needs of staff.

Other staff who had been employed by the provider for a number of years, felt they had the training and skills they needed to meet people's needs. However, the registered manager and provider did not have a training matrix or an overview of the training needs of all employed care staff. Additionally there was limited evidence that care staff competencies had been observed or checked to ensure they were providing a safe care and treatment. For example, documented competency assessments had been carried out for one staff member however these had not been signed by the staff member. The findings of competency assessments had not been addressed in staff supervision sessions and areas which had not been observed were not reviewed.

Care staff did not always have access to formal supervision (one to one meetings with their line manager). There were no records of completed supervisions. There was no formal process for care staff to discuss their concerns or any training needs they may have. One member of staff informed us they had not received supervision. They told us, "I haven't had one since I've been here. I have been observed though." Another member of staff said, "They don't happen as they should."

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

People spoke positively about staff and their skills. Comments included: "The staff are very nice when I need them"; "The staff give me time, patience and support" and "The staff are lovely and know how to help me."

People's consent and agreement was asked for by staff before they delivered their care. We observed on many occasions staff asking people if they were happy for staff to support them with specific tasks. For example, when staff assisted one person with moving to the homes dining room, they asked if they were happy to have support. Staff were aware of the Mental Capacity Act 2005 and the principles that underpin this. 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. Staff spoke about the Mental Capacity Act and how they assisted people with their choices. One member of staff told us, "We can never assume someone doesn't have the capacity to make a decision We always give them choice." Another member of staff said, "I always offer people choice. It's important they have choice over daily things, like clothes and what they want to eat and drink."

The manager, provider and representatives of the provider ensured where someone lacked capacity to make a specific decision, a mental capacity assessment and if necessary a best interest assessment was carried out. For one person, a best interest decision had been made as the person no longer had the mental capacity to understand the risks to their health if they were to leave the service unsupervised. The provider made a Deprivation of Liberty Safeguard (DoLS) application for this person. 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).

Where best interest meetings had occurred, detailed records were not always maintained. For example, a best interest decision had been carried out for one person regarding their prescribed medicines. It was agreed that it was in the person's best interest to have their medicines admitted covertly. The document however did not record who was involved in this decision and what other options had been discussed. We discussed this with the provider and registered manager who told us they would ensure the document was reviewed and updated.

We recommend that the service seeks advice and guidance from a reputable source about recording people's mental capacity assessments, best interest assessments and the consent to their care lawfully.

People told us they enjoyed their food. Comments included: "Lovely meals, they always give me good meals", "I'm very happy, I get plenty of food and drink" and "The food is good".

On the first day of our inspection a member of the provider management team was running the kitchen while the chef was on annual leave. They knew people's dietary needs, including people who required a diabetic diet or their foods pureed. Most of the people living at the home chose to go to the dining room for lunch where there was a pleasant atmosphere. Food was generally well presented and care staff (including agency staff) were aware of people's dietary needs. One person required a soft diet, and their food was clearly presented in a way in which the person could identify the different colours and flavours.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist and an optician and could attend appointments when required. People's care records showed relevant health and social care professionals were involved with people's care. For example, feedback from appointment was recorded and followed. One healthcare professional spoke positively about the service. They said, "They know people's needs and they inform us if they require support."

Good

Is the service caring?

Our findings

People and their relatives had positive views on the caring nature of care staff. Comments included: "I think the staff are very caring"; "We're really well looked after here" and "The staff are lovely here."

Care staff often interacted with people in a kind and compassionate manner. Care staff adapted their approach with people according to their communication needs. For example, care staff assisted one person with their lunch time meal and ensured the person was in control of the situation by informing them of their meal choice. People clearly enjoyed spending time with staff and talking with them. For example, one person was talking with a member of care staff about the local news. The person when asked told us they were happy. Another person spoke highly of care staff and said "They take the time to spend with us, I enjoy being with them."

All staff within the home took time to talk with people about their days. For example, we observed one member of staff engage with a person and their relative in friendly conversations about the home, about the weather and about their days. People and their relatives were comfortable amongst staff at Bafford House. The provider spent time talking to people and assisted one person with setting up their television so they could watch sport.

People's physical environments were adapted to suit their needs. For example, one person wanted to make adaptions to their room to enable them to control their environment better. The registered manager and provider were assisting this person with the change. The person said, "It's a lovely room, I want to change something's, which will make it better."

People were able to personalise their bedrooms. One person had items in their bedroom which were important to them, such as pictures of people important to them. Staff respected the importance of people's bedrooms. They ensured people's bedrooms were kept clean and knocked on bedroom doors before entering. We observed staff go to assist one person in their room. They clearly knocked on the door and asked if they could enter.

Care staff knew the people they cared for, including their likes and dislikes. When we discussed people and their needs with staff they spoke about them with confidence. For example, one care staff member was able to tell us about how they reassured one person who was quite resistive to receiving personal care. They told us how they sang with the person and held their hands to reassure them and reduce the incidents of them becoming physically aggressive. Another member of staff told us how they engaged with one person to make them laugh, something which we observed the person clearly enjoyed.

People were supported to make advanced decisions around their care and treatment. For example, one person was asked for their views of where they would wish to be treated in the event of their health deteriorating. The person, with support from their family had decided they wished to go to hospital and have any treatment which would sustain their life. Another person had made a decision with their family that they did not wish to be resuscitated in the event of cardiac arrest, and this had been clearly recorded on

a Do Not Attempt Resuscitation form.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in September 2016, we found the care and support people received was not always personalised to their physical needs. Care staff had not understood the reasons why people were on a range of monitoring charts. People's care assessments and risk assessments were not always reflective of their needs. These concerns were a breach of regulation 9 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 respectively. We found since our last inspection improvements had been made around people's person centred care, however people's care plans did not always reflect their needs.

We reviewed people's care and risk assessments and found they were not always reflective of people's needs. For example, care assessments often contained conflicting information. For example where their needs had changed, care assessments were not always adapted to reflect this. We found care assessments in relation to people's nutritional needs, mobility needs and personal care needs were not updated. For example, care staff told us how they assisted one person with their personal care to reduce the incidents of them becoming aggressive. This approach had not been documented and was not known by all care staff including the manager.

One person's risk assessments stated they required the use of bed rails to prevent them from the risk of falling from their bed. When we observed this person we found no bed rails were in place. We discussed this with the registered manager and provider who informed us that the bed rails had been removed on advice of a healthcare professional in January 2017. The person's care plan had not been updated to reflect this change.

Another person had care plans and risk assessments in place because care staff had identified they were at risk of malnutrition. The care plan provided conflicting information on how the person should be supported and how often they should be weighed. We reviewed the person's weight records which showed they had maintained their weight and their nutritional needs were being met. However, the person's risk assessment had not been reviewed to reflect their changing needs. We discussed this concern with the registered manager and provider who told us they would take action to ensure people's risk assessments were current and reflective of their needs.

People's care plans were not always effectively reviewed. For example two people's care plans had not been reviewed since November 2016. Additionally where some care and risk assessments had been documented as being reviewed, changes had not been made to the assessments to reflect people's needs. For example the frequency of how often people needed to be assisted with monitoring their weights had not been updated.

Ongoing daily notes were being maintained by staff; however care staff did not always keep a record of when they had assisted people with their topical creams. Additionally when care staff supported people with adhoc activities they did not always document how they had supported people and the impact the activity had on people's wellbeing. The registered manager was aware of these concerns and was taking

action to ensure care staff recorded the support they provided people.

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

People enjoyed a range of different activities with care staff during our inspection. Care staff played different games, including snakes and ladders, a word guessing game and general activities to keep people engaged. People were also engaged in a ball throwing activity. People clearly enjoyed these activities and spoke of their enjoyment. Care staff also spent time talking with people and assisting them. People talked positively about accessing the gardens when the weather was nice. One person told us, "There are nice things to do, however I do keep myself busy."

We discussed the availability of activities for people who were cared for in bed. Care staff told us how they spent time with people in their bedrooms, holding people's hands, talking to them and singing with them. One member of staff told us how they could one person would respond positively when they sang to them.

The provider had a complaints policy. People and their relatives told us they knew who to contact if they had concerns around the service. The registered manager and provider informed us they had not received any complaints or compliments since our last inspection. We discussed how the provider communicated their complaints and compliments procedures to people and their relatives as they had no record of complaints and complements they had received. Please refer to "Is the service Well Led for more information."

Inadequate

Is the service well-led?

Our findings

At our last inspection in September 2016, we found the provider did not have effective systems to monitor the quality of the service and the views of people, their relatives and staff were not always acted upon. These concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a warning notice stating they must meet the regulation by 31 December 2016. At this inspection we found that improvements had not been made and sustained and the provider was still in breach of the regulations.

People and their relative's views were not consistently sought or acted upon. The service had not actively sought and recorded the views and experiences of people who lived in the home since our last inspection. People's relatives, staff and health care professionals linked with the home had not been consulted about their experiences of Bafford House. The registered manager also did not keep a record of compliments they had received from people or their relatives. We once again discussed how the registered manager and provider sought people's views. They told us they did this informally. They told us they were planning to send out a survey to people's relatives and stakeholders shortly and accepted that this needed to be completed. We discussed sending information regarding the home's complaints process to people's relatives so they were aware of the procedure. The registered manager and provider could therefore be confident that people and their relatives knew how to raise concerns.

Care staff raised concerns around communication between staff at Bafford House. It was clear that some care staff were providing good quality care and were of aware of people's needs and preferences. However these preferences were not always shared and known by all the staff team. For example, the manager was not aware of some good practices carried out by care staff. We discussed this concern with the registered manager and provider, who informed us they had identified concerns regarding staff communication and had arranged meetings to address this issue. We requested to see a record of these meetings minutes; however these were not available during or after the inspection.

Since our last inspection the provider and registered manager had implemented systems to monitor the quality of service people received at Bafford House. However these systems were not always consistently used and did not always enable the provider and registered manager to identify concerns within the service. For example, the environment and fire safety audits were generic and whilst they had been documented as being completed in January, they did not evidence what was audited or the action that was being taken in response to the findings of the audit. Audits had also been carried out in accordance to the home's medicine management and incidents and accidents. These audits started in November 2016 however had not been carried out consistently. For example, incident and accident audits stopped in January 2017. Additionally where audits identified concerns, effective action was not always carried out. For example, a medicine audit carried out in March 2017 identified some concerns around the administration of people's prescribed medicines. Whilst the manager informed us action had been taken in response to these concerns, there were no documented actions. If the manager was not present at the inspection, we would not have been able to identify the actions taken.

The registered manager and provider did not have systems to identify concerns we had found at this service. For example, there were no care plan audits and there was no overview regarding the training, competency and development of care staff employed by the provider. Additionally the provider had not met regulation 17 of the health and social care act 2008 (Regulated Activities) Regulations 2014 at two previous inspections.

There were limited systems for the provider to enable them to self-regulate the quality of service they provided to people at Bafford House. These concerns were a breach of regulation 17 of the health and social care act 2008 (Regulated Activities) Regulations 2014.

Agency staff did not always feel they had the information they needed to meet people's needs when they started working at Bafford House. One staff member said, "I wasn't given a handover and the information I needed was hard to come by." The registered manager and provider had created a short summary of people's needs which they were giving to agency staff. Most agency staff had received this information; however the agency member we spoke with had not received this information.

The provider and registered manager notified the care quality commission of notifiable events. Where the service had raised safeguarding concerns, the provider had submitted the relevant notifications to the care quality commission.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed Recorded recruitment procedures were not always complete to ensure persons employed were of good character. 19 (1)(a)(3)(a).

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems established to ensure compliance were not always operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The service did not maintain accurate, complete and contemporaneous record in respect of each service user Regulation 17 (1) (2) (a) (b) (c) (e).

The enforcement action we took:

We have issued a positive condition against the provider's registration for the location.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Not all staff had the skills to meet people's needs, as they did not always have access to appropriate support (one to one meetings with their manager) or training. Regulation 18 (2)(a).

The enforcement action we took:

We have issued a positive condition against the provider's registration for the location.