

Bickham House Trustees

# Bickham House

## Inspection report

Green Walk  
Bowdon  
Altrincham  
Cheshire  
WA14 2SN

Tel: 01619282514

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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

### About the service

Bickham House is a care home providing personal care to for up to 26 older people. At the time of inspection, there were 23 people living at the home. The home is a large detached Victorian building set in attractive grounds. All the rooms are single occupancy.

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

People and relatives felt safe at the home. Improvements to the safety of the home were in progress and the registered manager had good oversight of the home's health and safety. Staff knew how to keep people safe and how to report any concerns. Staff were recruited safely. Risks to people were assessed and monitored.

Staff received induction and training appropriate to their job role. People were appropriately assessed to ensure the home could meet their needs. People had access to health and medical support when they needed. Relatives were kept up to date with changes to people's health. People's capacity was assessed, and applications were made to deprive people of their liberty to keep them safe.

The staff team encouraged people to be as independent as possible and relatives praised the staff team for the kind care they gave. People and their relatives felt well cared for. The staff team were described as kind, caring and patient. People were supported to make their own decisions and staff could describe people's personal preferences.

Relatives were involved in reviewing care plans. People had access to a range of activities both in and away from the home. Activities were person-centred and everyone we spoke with told us they enjoyed attending them. The home had managed complaints in line with their policy since the last inspection. People were supported with compassion should they be at the end of life while living at the home.

The registered manager and the deputy manager were actively involved in the running of the home. Staff told us they were well supported by both and received regular supervision and appraisal. Team meetings took place regularly. The registered manager was aware of their responsibilities of being registered with the Care Quality Commission (CQC). Audits to monitor and improve the service were in place.

### Rating at last inspection and update

The last rating for this service was Good (published 9 January 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

# Bickham House

## 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 team consisted of one inspector.

#### Service and service type

Bickham House 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. 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 took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and two relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, deputy manager, the chef, a housekeeper and three care staff. We also spoke to two health care professionals who visited the home.

We reviewed a range of records. This included four 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.

# 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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe while living at Bickham House. One person said, "I feel safe here. I trust all the staff." A relative told us, "I can go away on holiday and feel secure in the knowledge that [Name] is safe."
- Staff received training and were aware of what action to take should they suspect abuse was occurring. Comments included, "I would pass concerns on. The managers are very tuned in and would know what to do," and "I wouldn't hesitate. Resident wellbeing is paramount."
- Staff could describe signs and symptoms of abuse and they were aware of the whistle blowing policy to protect them should they need to raise concerns. All people, relatives and staff were confident they could raise any concerns with the registered manager and provider and would be listened to and they would be acted upon.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and reviewed. Where people were at risk, appropriate strategies were put in place to mitigate the risk. People were monitored for risks of falls, choking and malnutrition. Staff were able to describe the risks each person presented and the strategies in place to reduce each risk.
- The provider had oversight of the external health and safety of the home. Regular maintenance checks were completed by professionals on the passenger lift and moving and handling equipment, firefighting equipment, gas, electrical and water safety. Internal checks were also completed on fire alarms, emergency lighting, nurse call alarms and water temperatures.
- Other risks in the home were assessed and monitored. The home had a fire risk assessment in place and staff were aware of the procedures to evacuate people in an emergency.
- Personal evacuation plans were in place for people who needed assistance to evacuate the building in an emergency.
- Work was underway to raise the height of a bannister to reduce risk on an upper staircase.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed. Where accidents occurred on a regular basis, the manager acted to reduce a reoccurrence. For example, where someone was becoming a frequent faller consideration was given to how risk could be reduced.
- All relatives told us they were informed when an accident occurred, one relative said, "The management team always inform me straight away if there has been an incident. The communication from the office is good."

### Staffing and recruitment

- The registered manager and provider were fully aware of their responsibilities to ensure new staff were recruited safely.
- Staffing levels were good. People, relatives and staff told us there were always enough staff on duty. Comments from relatives included, "Staff are always busy but there is always someone about" and "Yes, there seem to be enough staff around whenever I visit." One person said, "I never have to wait too long for a staff member to help me."

### Using medicines safely

- People were supported to receive their medicines safely and as prescribed.
- Staff were trained to administer medicines and felt competent to do so.
- We reviewed medicines for four people and the medication administration records were appropriately completed. We also checked the boxed medicines numbers correctly reflected what had been administered.
- A nominated senior staff member had clear oversight of medicines and had accurate records for receipt and disposal of all medicines. Medicines were regularly audited to assure the provider they were being administered safely and as prescribed.

### Preventing and controlling infection

- The home was clean and well maintained.
- There was personal protective equipment such as aprons and gloves available across the home. We saw staff use them as required. We asked the registered manager to move gloves from a public area to improve safety.
- Cleaning staff worked across the home each day. All staff were aware of their responsibilities to report any concerns with cleanliness or infection control.



# 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 received a thorough assessment of their needs prior to using the service. Relatives told us they were able to give key information as part of the assessment process such as likes and dislikes and personal preferences.
- The assessment process highlighted the needs of individuals and the home was realistic about meeting them and considered the current people living at the home and their dependency levels.

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

- People told us the food was excellent quality. Comments included, "The food is fabulous, I really enjoy it" and "If I don't like something the chef will change it for me."
- People were supported to receive a healthy and nutritious diet.
- We observed lunch time and people were served a meal of their choice. People were able to sit with whom they chose and chatted with staff or among themselves.
- People who required assistance with eating and drinking were helped with patience and dignity.
- People who required a modified diet were catered for. Where people needed a soft diet due to choking risk, this was documented in the care plan and discussed with the cook who held a copy of the information. The home was improving the way they presented soft diets and were experimenting with new ways to ensure food looked more appetising.
- Where people were at risk of weight loss or dehydration, medical advice was taken, and food and fluid intake were monitored and recorded. People's weights were regularly recorded.

Staff support: induction, training, skills and experience

- Staff received an induction when they began working at the home. Staff we spoke with confirmed this and a copy of the induction record was stored in staff personnel files.
- Staff received training suitable for their job role which was regularly updated. Staff told us the training was good and equipped them to carry out their role.
- Many members of the staff team had worked at the home over many years and told us the people and their relatives were like family, although staff were aware of the professional boundaries between them.

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

- A local GP visited weekly to hold a surgery within the home. Medical advice could also be provided in between if required.

- People and their relatives told us they could see a GP when they needed to. We saw the home worked with other professionals including district nurses, dieticians, speech and language therapists and physiotherapists to improve people's health and wellbeing. Intervention from professionals was recorded in care files.
- A health and social care professional told us, "Bickham House staff are responsive to people's needs and seek intervention in a proactive manner. I have no concerns at all about the care here."

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

- The home was spacious and was able to meet the needs of people living with early stage dementia and those who had mobility difficulties.
- Corridors were wide and clear for people with mobility difficulties to access. The lounge, dining area and gardens were fully accessible.

#### 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.

- People who were being deprived of their liberty were supported appropriately under the mental capacity act.
- People had their capacity assessed and where concerns were raised about particular decisions, appropriate referrals were made to the local authority to deprive the person of the liberty.
- People and the families were included as far as possible in decisions about people's care and support and decisions to deprive people of their liberty were made in their best interests.
- All decisions and any restrictions placed on people were recorded in care plans and staff could describe if people had any restrictions in place.

# 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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they were treated well by kind, patient, respectful and caring staff.
- Comments included, "The staff are lovely and caring" and "The staff are great. There has been a consistent team for some time and [name] has developed some good relationships with them."
- Staff spoke to people respectfully and we observed appropriate conversations and high spirits throughout our visit.
- People were encouraged to maintain relationships with their family and friends and were given the opportunity to meet in privacy.
- Special occasions Mother's Day and St Valentine's day had been celebrated with a 'pop up' restaurant. Families and friends were invited in to dine with their loved ones for a small donation. Funds raised were used for resident's activities.
- Staff were able to describe how they support equality and diversity which included calling people by their preferred name, supporting people to be themselves and giving them choice and control about how they spend their time. Staff told us they didn't discriminate, and everyone was equal.

Respecting and promoting people's privacy, dignity and independence

- We observed staff knocking on doors and gaining permission to enter people's rooms. Staff attended to people quickly when they needed assistance and used appropriate personal protective equipment when assisting people to eat and drink. Doors were closed when people were in the bathroom or having personal care delivered in their rooms.
- People were encouraged to remain as independent as possible. We saw staff encouraging people to remain mobile with equipment and offering encouragement when eating and drinking. Care plans detailed which tasks people could do independently and identified where they needed support from staff.

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

- People and relatives told us they were involved in planning their care.
- People and relatives were able to attend regular meetings with the manager to share information and raise ideas.
- Where decisions were needed to be made about care and support, such as when people's needs changed, we saw they and their relatives were consulted as much as possible. Relatives told us there were always open lines of communication and had been involved in reviews of people's care.

# 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 had care plans in place which captured their needs and preferences. The plans gave detailed information to staff about how the person needed to be cared for, taking into account, the person's preferences such as what time they got up, who should assist them and how they would like to be assisted.
- People had a personal profile in place which gave key information to staff on the persons like, dislikes, potential risks around allergies and how to support any concerns around mobility.

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.

- Information was presented to people in alternative format such as large print.
- There was signage used around the to identify rooms and areas. The signage was 'dementia friendly' and displayed the name of the room. The registered manager was exploring how to improve the dementia friendly signage in the communal areas which uses a combination of colour contrast theory, light reflectance, pictorial images and words to aid understanding.
- There was pictorial information displayed in communal areas showing the menu and activities available each day.

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.

- People were supported to take part in activities. People enjoyed live musical entertainment on the day of the inspection.
- People told us they had plenty to keep them occupied and did not get bored. Some people preferred to spend most of their time in their bedrooms. Staff respected this preference and ensured that people were aware of the activities in case they chose to take part.
- We saw people went to the local park and were able to join in a range of activities at the home including, arts and crafts, arm chairs exercises and a choir session.
- Regular visitors to the home included singers and dancers. A newsletter and an activity board displayed the activities on offer.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise a complaint should they need to. People and their relatives were given information on ways to complain and every person we spoke with felt if they had any concerns, they could speak to the manager and were confident they would be taken seriously.
- There had been two complaints made to the home since the last inspection. These had been dealt with in line with the complaints policy.

#### End of life care and support

- People could be supported should they be at the end of their life and wish to remain at the home.
- Families were invited to discuss planning with the staff and the person, should the person be at the end of their life. This was not compulsory, and some relatives and people chose not to take part.
- Following the conversations, care plans were developed which gave information on people's end of life wishes, such as where they wanted to be, who they wanted to be present and what should happen after their death. Relatives told us, this subject had been dealt with, sensitively and delicately. One relative told us, "The management team and staff exceeded my expectations when planning around end of life care. They showed compassion and kindness at every stage."
- Some people had 'do not attempt cardio-pulmonary resuscitation' (DNACPR) records within in their care file. The DNACPR is a form completed by health professionals, usually a doctor and in agreement with the person and their family when resuscitation is unlikely to be successful. Staff were clear on which people were for resuscitation.
- Staff who cared for people coming to the end of their lives received effective support from the management team and were given opportunity to contribute their thoughts to an 'aftercare' book. Staff were offered additional support if this need was identified.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager understood their responsibilities under duty of candour and had sent all notifiable incidents to the Care Quality Commission (CQC). They were keen to stop concerns escalating and had an open-door policy and we frequently saw people and families pop in to see them throughout our visit.

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

- The home had a pleasant, relaxed atmosphere and many relatives told us, they enjoyed the traditional style of the home and how everyone was made to feel welcome. Every relative we spoke with told us they had seen improvements in their relative's wellbeing since moving into the home and were confident the culture of the home and the support from the staff team had enhanced this.
- The management team were available to speak with people, relatives, staff and professional visitors daily. A staff member told us, "The registered manager and deputy are always approachable and ready to listen."

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

- The home had a registered manager in post who was registered with the Care Quality Commission. The registered manager understood their responsibilities of their registration.
- The staff team felt well supported by the registered manager and the provider, comments included, "I feel really valued as an employee. The staff support is great," "I am clear about my role and I've been supported to obtain some qualifications whilst working here," and "Yes, I feel supported, we work well as a team."
- The registered manager and the provider were visible throughout the home. People and staff confirmed this and told us that the management team assisted with care tasks as part of their role. This helped them stay in touch with people's needs.

Continuous learning and improving care

- The registered manager and provider completed audits to monitor and improve the service. Audits including reviewing care files, health related information such as weight loss and concerns around skin integrity, the management of falls and health and safety and infection control. Medicines were regularly audited to assure the registered manager. They were being given as prescribed.
- The registered manager worked with the local authority as part of a monitoring process. The management

team were working with the local authority to improve the monitoring of thickeners used by people with a modified diet.

- Staff were encouraged to attend training and gain further qualifications to offer a high standard of care. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
- People, relatives and the staff told us they were involved in regular meetings to share ideas and plans for the home. Three surveys a month were collected and the findings analysed to support quality improvement.
- The deputy manager and the chef both reached the finals of the 'great British care' awards in November 2018. Several residents joined them for the event.