

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced and took place on 17 and 24 September 2018.

Bucklow Manor Care Home 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. Bucklow Manor is registered to provide accommodation with personal care for up to 56 people. The accommodation is located over two floors and there are numerous small lounges throughout the building. On the day of our inspection there were 22 people living in the home.

This is the first inspection of this home under the current provider. We found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not taking all reasonable steps to mitigate the risks to people. This is the first time that the service has been rated 'Requires improvement'. You can see what action we have taken at the back of this report.

Bucklow Manor has a registered manager in post. 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.

Staff were not always aware of the risks to people and these were not always clearly documented in care plans with appropriate risk assessments in place. The registered manager did address these concerns and action was taken by the second day of our inspection.

The registered provider did not have effective systems in place to assess and monitor the quality and safety of the service. Some of the issues which were identified as part of this inspection, had not been picked up by provider's audits.

Staff recruitment was safe and appropriate checks were completed to ensure that staff were safe to work with vulnerable people.

Staff had completed safeguarding training and safeguarding incidents were appropriately referred to the local safeguarding team. Staff were clear on their responsibilities to raise safeguarding concerns.

Medication was being stored and administered safely. Regular medication audits were being conducted and any issues identified were addressed.

There were sufficient staff to meet the needs of the people living in the home and they were recruited safely.

Care plans reflected people's life history and their needs and were person centred. People and their relatives

told us that the care they received was responsive to their needs.

People and their relatives felt confident that issues that they raised would be addressed. Complaints were recorded and dealt with in accordance with the provider's complaints policy.

People and their relatives were positive about the staff working in the home as well as the care that they received whilst living there.

The provider was acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making. People were involved in the care plans and had signed their consent to care where able. Where people lacked capacity, appropriate paperwork was in place to ensure that decisions were made in their best interests.

Staff members confirmed they received regular training and supervision and we verified this in the provider's records.

We saw regular checks on the property were undertaken and the premises were safe without restricting people's ability to move about freely. The home included several dementia friendly design features including the garden which had been specifically landscaped and designed for people living with dementia.

People had access to activities within the home and told us that they were happy with the activities on offer.

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.

We found risks were not always appropriately managed and staff were not always aware of all the risks to people.

We found that medications were administered and stored safely.

There were sufficient staff to meet the needs of the people living in the home.

Is the service effective?

Good 

The service was effective.

The provider was acting in accordance with the Mental Capacity Act 2005 to ensure that people were receiving the right level of support with their decision making.

We saw staff received regular training, support and supervision.

The home had been recently refurbished and included several specifically designed dementia friendly features including the garden.

Is the service caring?

Good 

The service was caring.

People and their relatives were very positive about the staff and their caring attitudes and that they knew them well.

People told us they were treated with dignity and respect.

People had access to advocacy services.

Is the service responsive?

Good 

The service was responsive.

Care plans were detailed, informative and person centred. Comments from people and their relatives confirmed that the

care they received was responsive to their needs.

People and their relatives were very happy with the activities in the home.

The provider had a complaints policy and processes in place to record any complaints received and concerns raised were addressed in a timely manner.

Is the service well-led?

The service was not always well led.

The provider did not have an effective quality assurance system to monitor and improve the standard of care provided in the home.

Staff, people and their relatives were positive about the management within the home. Staff felt supported by the manager and people were confident that they could raise issues and these would be addressed.

We saw that staff and resident and relatives' meetings were being held regularly within the home.

Requires Improvement 

Bucklow Manor Care 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 and 24 September 2018 and was unannounced. The inspection was carried out by two adult social care inspectors on the first day of the inspection and one adult social care inspectors on the second day.

Before the inspection, we checked information that we held about the service and the service provider. We looked at any notifications received and reviewed any other information held about the service prior to our visit. We invited the local authority to provide us with any information they had about Bucklow Manor Care Home. We also looked at the Provider Information Return (PIR) we received from the provider prior to our inspection. This form asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We used the information to help with our planning of the inspection.

During the inspection, we used several different methods to help us understand the experiences of people living in the home.

We spoke with five people who lived at the home, five relatives and seven members of staff including the manager, the activities co-ordinator, the maintenance person, the provider's operational manager and three members of care staff. We also spoke to a healthcare professional on the telephone as part of our inspection.

Throughout the inspection, we observed how staff supported people with their care during the day.

We used the Short Observational Framework for Inspection (SOFI) and undertook a SOFI during the inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the service as well as checking records. We looked at four care plans. We looked at other documents including policies and procedures; staffing rotas; risk assessments; complaints; staff files covering recruitment and training; maintenance records; health and safety checks; minutes of meetings and medication records.

Is the service safe?

Our findings

Risks were not always managed safely. We found that two people were on specialist diets as they were at risk of choking. One care plan was confusing as it stated the person was not at risk of choking in one place, yet it then contained advice relating to choking. There was no risk assessment in place in relation to this. We spoke to a staff member who was about to assist this person with their meal and the staff member was not aware of the specialist diet and was about to provide a normal meal. In another person's care plan, we saw that they had recently been seen by the Speech and Language Therapy Team (SALT) and a specialist diet had been recommended. The care plan had not been updated to reflect this advice, none of the staff that we spoke to were aware of these changes and there was no risk assessment in place in relation to choking.

We found another person had been displaying aggressive behaviour towards staff. These incidents had been written in the daily records, but no incident forms had been completed. The care plan was confusing as it stated in one place that there was no aggressive behaviour and the person was not on any medication in relation to this. However, in another section, the plan stated that there could be aggressive outbursts and there was medication in place. There was no risk assessment in place in relation to the behaviour and this was not being appropriately recorded or monitored to reduce the risks posed to both staff and other residents.

We saw that handovers took place at every shift change; however, we saw that these were not always effective at informing staff of risks and issues to be aware of. On the first day of our inspection, we were informed that someone within the home was suffering from diarrhoea, however when we spoke to two staff members they were not clear who this was or the steps to take to ensure that this was contained.

The above issues constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not doing all that is reasonably practicable to mitigate risks posed to service users.

On the second day of our inspection, we saw that the care plans and risk assessments had been updated and risk assessments were now in place. The registered manager had implemented a more robust handover sheet which recorded all known risks to each person. The information boards in the office had been updated to ensure this alerted staff to dietary needs. The registered manager also informed us that they had purchased different coloured crockery which would be in use for anyone on a specialist diet so staff were immediately aware that the person had dietary needs.

We looked at the accident and incident records in the home. We could see incidents forms were completed when anything happened in the home. These were monitored by the manager and it was clearly documented what action had been taken when any patterns were identified. However as noted above, where incidents related to staff members these had not been completed.

People living in the home did not provide any specific comments in relation to feeling safe. However, relatives provided comments, which included, "We both feel very comfortable with the environment and

that [relative] is safe", "I have no worries about [relative] being in there. It's such a fantastic place and I have complete piece of mind" and "Yes, they are safe and they seem happy".

We observed medicines being dispensed and saw that practices for administering medicines were safe. We checked Medicine Administration Records (MARs), which showed people were getting their medicines when they needed them and at the times they were prescribed. We saw records were kept of all medicines received into the home and if necessary their disposal. There was guidance in place for medication 'given when necessary' (PRN medication) to inform staff when people may need this medication. We saw both the medicines trolley and the treatment room was securely locked and daily temperature checks were made. Regular medication audits were carried out and any actions were followed up promptly.

We saw that the provider had a safeguarding policy in place. This was designed to ensure that any safeguarding concerns that arose were dealt with openly and people were protected from possible harm. The manager told us that they were aware of the relevant process to follow and the requirement to report any concerns to the local authority and to the Care Quality Commission (CQC).

Staff members confirmed that they had received training in protecting vulnerable adults and when we checked the records we could see that this had been completed recently. Staff members told us that they understood the process to follow if a safeguarding incident occurred and they were aware of their responsibilities for caring for vulnerable adults. Staff were aware of the need to report safeguarding incidents both within and outside of their organisation.

The provider had a whistleblowing policy in place. Staff were familiar with the term whistleblowing and each said they would report any concerns regarding poor practice they had to senior staff or external agencies. We saw that safeguarding incidents were clearly documented, had been appropriately referred to the local authority and notified to CQC.

We found that appropriate recruitment checks had been made to ensure new staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held suitable proof of identity, the application form with full employment history, a medical check and references.

Staff told us they felt there were enough staff in place to meet the needs of the people living in the home. Our observations over the course of the inspection were that call bells were being answered in a timely manner and staff had time to sit and chat with people as well as carrying out tasks.

The dependency of people within the home was monitored regularly and adjustments were made to staffing levels to ensure there were enough staff to meet people's needs. At the time of our inspection there were 22 people living in the home. During the two days of our visit there was two senior carers and two carers on duty between the hours of 8am and 8pm. At night there was one senior carer and two carers. The manager was in addition to these numbers. A deputy manager had been recruited and would also be in addition to these numbers and was due to start shortly. We looked at the rota and could see that this was the consistent pattern across the week. They were actively recruiting as they were still using agency staff at night, however they requested the same agency staff to provide consistency to the people living in the home.

We checked some of the equipment and safety records and saw that they had been subject to recent safety checks. We conducted a tour of the home and our observations were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely.

We could see that several maintenance checks being carried out weekly and monthly. These included the fire alarm system, emergency lighting and water temperatures. We saw appropriate safety certificates were in place for gas and electrical installation.

Staff had regular training on fire safety and we saw that fire drills were completed regularly and at different times to ensure all staff had experience of this. We found that the people living in the home had an individual Personal Emergency Evacuation Plan (PEEPS) in place. PEEPS are good practice and would be used to assist emergency personnel evacuate people from the home in the event of an emergency such as a fire.

Is the service effective?

Our findings

All the people and their relatives we spoke with felt that their needs were met. They said staff were caring and knew what they were doing. Comments included, "Staff give you choices, it's very good", "Staff pop in and they are not too intrusive, more help than hindrance" and "The food's fine". Relatives also commented, "[Relative] seems to enjoy the food. Was fussy before about food, but eats a lot here", "Staff made [relative] a birthday cake, they always go the extra mile" and "They ring and tell me of any changes straight away, nothing is too much trouble".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was working within the principles of the MCA, and any conditions on authorisations to deprive a person of their liberty were being met. We checked and could see that mental capacity assessments and best interests' decisions had been recorded within each file. There was a clear tracker of all the applications which had been granted and when these expired.

Staff were clear on the need to gain consent prior to assisting anyone. During our visit we saw that staff took time to ensure that they were fully engaged with each person, for instance by ensuring they were on the same level and speaking slowly and clearly with people. Staff explained what they needed or intended to do and asked if that was acceptable rather than assuming consent. We saw that one person was assessed as having capacity and wanted to make unwise choices. It was clearly recorded that relatives and the person had been consulted and that staff were to respect the choices made.

We saw that new staff received an induction when starting in post and completed shadowing of existing staff prior to working unsupervised. Any staff new to care completed the Care Certificate, which is a nationally recognised and accredited system for inducting new staff. We asked staff members about training and they all confirmed that they had received regular training throughout the year. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role including moving and handling, safeguarding and health and safety. Staff were also supported to undertake additional training and we saw that a number were also enrolled on the Diploma for Health and Social Care.

Staff told us they received regular support and supervision. We checked records which confirmed that supervision sessions for each member of staff had been held. Staff told us that these were helpful and they could raise and address any issues.

We saw that people were weighed regularly and if someone had gained or lost significant amounts of

weight, appropriate advice was sought. Visits and advice from other health professionals were recorded on the care files and appropriate action taken.

Everyone we spoke with in the home and relatives were positive about the food. We saw that people had access to fluids and were offered drinks regularly throughout our inspection. The service employed a chef and there was a four-weekly menu in place. We saw staff asking people for their food choices in the morning prior to their lunchtime meal.

We carried out an observation during meal times and saw people were offered different choices. During lunch time people had the option to eat in their own room, the dining room or other seating areas. Most people chose to eat in the dining room and we saw tables were set with tablecloths and cutlery. Where people needed support, they were assisted by staff members in a patient and unhurried manner.

Relatives told us they felt involved in their family members' care and kept up-to-date. Comments included, "There were teething problems at first with [relative] settling, but we worked together and have sorted it" and "They keep in touch over the telephone if there are any issues".

Visits from other health care professionals such as GPs, chiropodists and dieticians were recorded so staff could see when the visits had taken place and why. We spoke to one health professional, who commented that staff picked up on any changes to people quickly, referrals were always appropriate and advice was followed by the staff.

A tour of the premises was undertaken. This included all communal areas such as the lounges, dining rooms and with people's consent a few bedrooms. The home had been recently refurbished. We saw that rooms were clean and personalised. There were memory boxes outside people's rooms. These were filled with photos, memorabilia or other objects that were of interest to the person. We also saw that some boxes were empty and staff informed us that those people did not want anything in the boxes and staff had respected their wishes. There was an enclosed garden which had been specifically designed to be dementia friendly and we saw this in use on the first day of our inspection. It contained several seating areas, a pond which was covered by a wooden structure and seating, meaning people could sit and watch what was happening in the pond safely. There was astro turf where people could play bowls and a large chess set. There were smooth paths that wound around the garden so people who may wander, could follow these to different areas within the garden.

Is the service caring?

Our findings

We asked people who lived in the home and their visitors about the home and the staff who worked there. Everyone we spoke with was positive about staff. People told us, "We are treated very good. They [staff] are very kind" and "Staff are nice".

Visiting relatives told us, "Staff are lovely, very caring and very nice. Couldn't ask for nicer people", "Staff are lovely with my [relative] and are very kind and caring and respond very well" and "Staff are fantastic. The staff all care about what they are doing".

Throughout the inspection, we observed positive interactions between staff and the people living in the home. We spoke to staff about people's likes and dislikes as well as their history and staff could demonstrate that they knew people well. Staff told us that they enjoyed working at Bucklow Manor. Comments included, "I'm happy here" and "I really like it here, I love my job".

It was evident that family members were encouraged to visit the home when they wished and they told us that they were made to feel welcomed.

We undertook a SOFI on the first day of our inspection. We saw that staff members were speaking to people with respect and were patient and not rushing whilst they were supporting them. They looked interested in what people were saying and took their time to engage with each person, for instance ensuring that they were at eye level with the person in order that they understood what each person wanted. We did note one staff member who did not show a caring and patient approach and we raised this with the manager to address.

We saw on both days of our inspection that the people living in the home looked clean and well cared for. Those people being cared for in bed also looked clean and comfortable. Relatives commented that the home was clean and fresh smelling and the people living in the home always looked clean.

People's dignity and privacy were respected; for instance, we saw staff knock on people's doors before entering and always used their preferred name. This was also recorded on the care plan. People were encouraged to be independent, whilst remaining safe. For instance, the care plans were clear on what activities people could still perform and where they needed support, for instance with bathing. One care plan recorded that someone could still independently wash parts of themselves, but detailed where they needed assistance.

There was a policy for promoting equality and diversity within the service. We saw that a spiritual assessment was carried out with people and where people had specific spiritual needs or beliefs these were recorded and respected by the home.

People had access to advocacy services and we saw that one person currently had an advocate who visited and worked positively with staff within the service.

People's personal information was kept securely in the care office which locked, so people could be confident that their information was kept confidentially.

Is the service responsive?

Our findings

People told us that they had choice in relation to daily living activities. Comments included, "I have a nice little room but don't stay in there too long", "It's very nice here". Relatives told us, "They are very responsive if you raise anything, they don't allow things to pass. They observe my [relative's] beliefs and cater for this", "I can't believe how good the home is, we've struck gold. They are always doing something" and "The activities lady is brilliant, they do crafts and go out on the coach".

We looked at the care plans and saw that they were detailed, person centred and informative. There was an overview of people's history and people who were important to them. They recorded people's preferences, for instance if they liked having a light left on a night or how they took their tea. They considered people's physical, mental and spiritual needs. However, we identified that where significant changes had occurred, whilst this was contained within the evaluation of the care plan, the care plans had not always been rewritten which meant they sometimes contained conflicting information. This had been picked up on some of the files at the last provider's quality visit. We spoke to the registered manager in relation to this and could see on the second day of our inspection that files had been reviewed and re-written. The registered manager had implemented a robust scheme to ensure that reviews were carried out regularly and plans completely re-written where there were significant changes. They had also introduced a system where the manager was alerted to any professional visits, in order that they could then check whether care plans were being updated in a timely manner and a training session had been arranged for all care staff who were responsible for updating care plans.

We looked at additional monitoring charts, and saw that these were consistently completed to monitor where someone needed pressure care or were at risk of malnutrition or dehydration. We did note however that the daily records did not always accurately record when people had had low intakes of fluids. The registered manager had identified that staff needed to provide more information when completing reviews or daily records and they had a planned session with senior care staff around record keeping expectations and requirements.

From our observations and discussions, we found that staff knew the people they were supporting well. They could tell us about their likes and dislikes as well as some of their history.

The provider had an activities co-ordinator who worked 20 hours a week. They kept a detailed record of all the activities they had carried out with each person. The activities co-ordinator undertook a weekly trip out with people to local attractions, café and gardens. Most days there was a session in the 'Namaste' room, where they receive therapeutic interventions that were designed specifically for people living with the advanced stages of dementia. Staff reported that they had noticed this had a calming influence on people using this and several staff were trained to complete these sessions. There was also other sensory equipment available in the main lounge to use with people. We saw staff chatting with people and watching old versions of popular TV programmes. The schedule of activities was displayed around the home and the activities co-ordinator varied the programme to ensure that there were different activities available. People and their relatives were very complimentary about the activities in the home.

Comments included, "I listen to music or read and I go out some days" and "We sometimes go out and have a little jolly". Relatives told us, "Activities co-ordinator is lovely and gets everyone involved", "Things that they do together are lovely, they have old fashioned movies and music" and "My [relative] likes the sensory room and goes in there most days".

We found that appropriate 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were in place on some of the care files that we reviewed. We saw that the person, their relative or health professional had been involved in the decision making. Records were dated and signed by a GP and were reviewed appropriately. A DNACPR form is used if cardiac or respiratory arrest is an expected part of the dying process and where CPR would not be successful. Making and recording an advance decision not to attempt CPR will help to ensure that the person's advance decisions about their end of life care are respected.

We saw that information was recorded about people's end of life wishes so staff were aware of how people would like to spend the end stages of their life. There was no-one in the home at the time who was at the end of their life, however we saw some compliments received by the home about the positive care they had provided to people.

The service had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. People living in the home and their relatives told us that they could raise any concerns and were confident that they were listened to and complaints would be dealt with. We saw the complaints received had been recorded and responded to within the provider's guidelines.

The provider had considered the Accessible Information Standard and recorded in care files people's individual communication needs and how staff could meet these needs. They had also produced some documentation in large print and pictorial format to help people's reading and understanding.

Is the service well-led?

Our findings

As we have explained earlier in this report, we found the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider was not doing all that is reasonably practicable to mitigate risks posed to service users. Whilst the registered manager took prompt action to resolve the issues that we found, these issues had not been previously identified by the provider's quality assurance systems. This meant the provider did not have robust systems in place to recognise and act upon this breach of the regulations.

We saw that regular audits were taking place in respect of care plans, medication, the environment, training as well as health and safety. The home received regular visits from the provider's quality assurance team and the registered manager submitted regular reports to the head office, detailing any incidents, safeguarding, any people identified as being at high risk and what action had been taken to address any issues. We saw where areas of improvement had been identified that action had been taken to address this. However, the issues with handovers and care plans being robustly evaluated and updated following significant changes had not been picked up as part of these audits.

There was a registered manager in place at the time of our inspection who had been in post since the home opened with the current provider. We spoke to people, their relatives and staff about how the home was run. Everyone we spoke with was positive about the current manager. Comments included, "The staff are all very good, including the manager. There is nothing bad here and I have recommended the home to a few people", "[The manager} is very easy to talk to and very approachable, all the staff really care about what they are doing" and "We attend the family meetings and they are very receptive to ideas and have taken them on board".

Regular spot checks were completed at different times by the manager to ensure that there were no issues.

We saw that residents' and relatives' meetings were taking place regularly and people had chance to voice their concerns about any issues. A questionnaire had been completed by residents and relatives and people were positive about the care received in the home. A newsletter was produced for residents with activities or events that were happening within the home.

We saw that staff meetings were held regularly and staff could raise any concerns. Issues such as documentation, communication, training and staffing had been discussed.

Providers are required to notify the CQC of events or changes that affect a service or the people using it, for instance serious injuries or where the provider has made an application to deprive someone of their liberty. We saw the provider was appropriately notifying CQC of incidents within the home.

From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all the people who use their services. This is the first inspection of this location under the current provider, therefore they will need to ensure that the ratings following this report

are clearly displayed within the home.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider was not doing all that is reasonably practicable to mitigate risks posed to service users.</p>