

Four Seasons (No 10) Limited

Bamford Grange 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?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection was carried out over three days on 27, 29 and 30 July 2015. Our visit on the 27 July 2015 was unannounced.

Prior to this inspection of the service, we received some concerns and about care practices within the home. These concerns included, lack of appropriate personal hygiene support for people, a lack of suitable moving and handling equipment being available and people with swallowing difficulties receiving incorrect consistencies of food and drink.

We last inspected Bamford Grange Care Home in February 2015 to follow up a Warning Notice that had been issued to the provider. This notice was served under Section 29 of the Health and Social Care Act 2008. At that time, the provider failed to ensure that service users were protected from the risks of receiving unsafe care by failing to ensure appropriate assessments were carried out prior to admission to the home and failing to appropriately plan and deliver care. At that inspection we found that the service was meeting the standard we assessed.

Summary of findings

Bamford Grange Care Home is purpose built offering accommodation for up to 79 people. The home is set out in four units comprising of the Balmoral Unit for people with enduring mental health needs, Highgrove and Kensington Units for people with dementia and the Windsor Unit for people who are physically frail and who have advanced dementia. All rooms were single and had en-suite facilities.

The home is situated close to local amenities and within a short drive of the motorway network and Stockport town centre.

A Registered Manager was 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.

During this inspection we identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Medicines were not managed safely because we found some discrepancies in balances of medicines when we undertook a tablet check for boxed medication and there was not always accurate, documented evidence that prescribed creams had been applied which could have resulted in unnecessary discomfort to the person.

Consent had not been obtained for the care and treatment provided to some people living at Bamford Grange.

We saw that some areas of the home were not visibly clean and there were no detailed cleaning schedules in place to indicate exactly what cleaning had been undertaken.

The garden/patio area posed some risk to people. For example, the lack of appropriate ramp facilities being available for people using wheelchairs to enable them to access the garden area safely.

We saw staff treated people with kindness and care and respected people's privacy and dignity.

There were not enough staff on the Windsor Unit to cover the lunchtime period.

Staff were seen to have good relationships with people and were able verbally describe the individual care needs of people.

Information seen in those care records we looked at indicated that referrals had been made to the appropriate health care services and health and social care professionals when changes became apparent in a person's health needs.

There were systems in place to record complaints. Relatives spoken with said they had not made a formal complaint but would feel comfortable doing so.

Recruitment practices were safe and relevant checks had been carried out and completed before staff started working at the home.

Systems were in place to monitor the quality of service people received. However due to the shortfalls we found during our inspection they require improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Shortfalls were found in the medication administration processes. This meant that in some instances people may not have received their prescribed medication as intended by their general practitioner (GP).

Water temperature testing was not being undertaken prior to people being assisted to bath or shower despite notices being in place stating water temperatures should not exceed 41 degrees centigrade.

During our inspection visit we saw that many areas of the home were not clean.

We saw there were insufficient staff on the Windsor Unit to cover the lunchtime period.

Requires Improvement



Is the service effective?

The service was not always effective.

Procedures were not in place to evidence consent had not been obtained for care and treatment for some of the people living at Bamford Grange.

People were supported to have their health care needs met by professional healthcare practitioners. Staff liaised with professionals such as speech and language specialist, dieticians, dentist, chiropodist and the person's own general practitioner (GP).

Nutritional assessments had been carried out and people received meals they liked or preferred.

Requires Improvement



Is the service caring?

The service was caring

A discussion with staff showed they had a good understanding of the individual needs of the people they were supporting and looking after.

We saw staff treated people with care and kindness.

The home had a nominated Dignity Champion who promoted the need to respect people's privacy and dignity.

Good



Is the service responsive?

The service was not always responsive.

Prior to people moving into the home an assessment of their needs was undertaken to ensure their individual needs could be met by the service.

Requires Improvement



Summary of findings

Care plans and risk assessments were in place to ensure staff had the information they needed to meet peoples care needs. However some improvements were needed.

We saw there was a complaints procedure in place which was also on display in the home.

Is the service well-led?

Some aspects of the service were not well-led.

The service was currently led by a manager who was registered with the Care Quality Commission (CQC) since September 2014.

There were systems in place to monitor the quality of service provided. However due to the shortfalls found during this inspection improvements were needed.

There were systems in place to consult with the people who used the service.

Requires Improvement



Bamford Grange 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.

The inspection took place on 27, 29 and 30 July 2015. Our visit on 27 July 2015 was unannounced. The inspection team comprised of two adult social care inspectors and a specialist adviser, who had knowledge and experience of dementia care.

We had not, on this occasion, requested the service to complete a provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.. However before our inspection we reviewed the previous inspection reports and all the information we held about the service.

Some of the people living at the home were unable to give their verbal opinion about the care and support they received therefore we used a short observational

framework for inspection (SOFI). This is a tool used by CQC inspectors to help capture the experiences of people who use services who may not be able to express this for themselves.

We spoke with six people who used the service, eleven relatives, some of whom were contacted by telephone following the inspection, four qualified nurses, six members of care staff, one domestic member of staff, a chef, the office administrator, the registered manager and two regional managers.

We walked around the home and looked in some bedrooms on all four units. We looked in all the communal areas, the garden area, the kitchen, toilets and bathrooms. We reviewed a range of records about people's care which included five files relating to the care needs of individual people using the service, three staff personnel files, a sample of the medicine records on two units, Windsor and Highgrove, the training records, a sample of supervision records and a sample of records relating to how the home was run.

During the inspection we saw how the staff interacted with people using the service. We also observed care and support being provided in communal areas.

Is the service safe?

Our findings

Prior to this inspection we received some information of concern relating to the lack of appropriate moving and handling equipment in bathrooms. We did not find any evidence to support this. We saw Windsor Unit, Highgrove Unit and Kensington Unit had assisted bath and/or shower chairs and Balmoral Unit in addition to the bath/shower room had a walk in shower.

One person living at Bamford Grange told us they liked it living on the Balmoral Unit.

One visitor who we asked said they felt confident their relative was safe. They told us "I never worry about [their relative] when I go home." Another relative told us they did not think their relative was being mistreated and said that nothing horrible had happened to them. Another relative said they were 'generally' happy with the care but on "occasions everybody is in the lounge and no member of staff present with the residents".

We looked at the medication arrangements on the Windsor Unit and the Highgrove Unit. Medication was stored in locked medication trolleys which were stored in locked treatment rooms to ensure only authorised people could access them.

The home operated a Monitored Dosage System (MDS). This is a system where the dispensing pharmacist places medicines into a cassette containing separate compartments according to the time of day the medication is prescribed. Some medication was not included in this system and was dispensed in separate bottles or boxes. We carried out a tablet count for eight boxed medications and in six instances there were balance inaccuracies. This meant there was a risk that people may not have received their medications as prescribed by their GP.

We found that appropriate arrangements were in place for the storage and management of controlled drugs which included the use of a controlled drugs register. We carried out a check of stock and found it corresponded with the balances recorded in the register.

We visited two of the units, Windsor and Highgrove and saw there was a Management of Medicines Policy available in

the treatment rooms, however they were both dated 2006. Once this was pointed out to the nurse a policy dated December 2014 was obtained from the managers office and put on the units.

There was a system in place for recording the temperature of the drug fridge and the room temperature of the treatment rooms. However on Windsor unit we saw there were five gaps in the recordings for July 2015 and on Highgrove unit there was one gap in July 2015, which meant that medication may not have been stored at the correct temperature.

We looked to see if there were excessive stocks of out of date medication being stored. On the Windsor Unit we saw boxes of medication for one person dating back to 12/12/2014 and in the drugs fridge there was an adrenaline injection dated 11/12/2012 for a person who no longer lived at the home. This demonstrates systems are not in place to ensure out of date medication is effectively managed and removed from the premises.

We saw in one person's ensuite four pots of opened, prescribed cream all dated February 2015. Pots of cream should be opened one at a time and finished before another is opened. We saw a further example of this in another person's bedroom. Such practice demonstrates a lack of stock management.

On the Windsor Unit we saw that no accurate records were being maintained of prescribed creams being administered to people. In addition there were no written guidelines to inform staff where or why creams prescribed for example as 'apply as directed' should be applied. This meant there was a risk that people may not have received prescribed creams as intended by their GP, which could result in unnecessary discomfort for the person.

We saw and it was confirmed by a member of care staff spoken with that one person's prescribed medication called 'thick and easy' used to thicken fluids for people who may be at risk of choking was being used to thicken drinks for three people. Prescribed medication must only be used for the person who it is prescribed for.

The above examples demonstrate a breach of regulation 12 (1) (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service safe?

There were policies and procedures to minimise the risks of infection to people. There were hand washing facilities and suitable personal protective equipment, such as disposable gloves and aprons, around the home which staff were seen accessing and wearing.

We were told that each person requiring the use of the hoist had their own hoist sling. However we observed that some hoist slings were stored on top of each other in the hair dressing room which could pose a risk of cross infection. The registered manager said that these slings were spare slings but she would ensure they were stored on separate hooks to reduce any risk of cross infection.

During this inspection we undertook a tour of the home including some bedrooms on each unit, communal toilets and bathrooms and all the communal areas of the home. During our tour of the building we saw that the kitchen and laundry areas on the lower ground floor were clean, tidy and had been recently decorated and refurbished.

We saw some areas of the home were not clean. For example we saw on both Kensington and Windsor Units that the fridges and microwaves were visibly dirty, with encrusted food on the inside of the microwave. On the Kensington Unit we saw uncovered, cold food left in the microwave and we saw food left open in the fridge without a recorded date of opening. We saw encrusted food on some of the over chair tables on Kensington Unit. The assisted bath chair and hoist we looked at on the Kensington Unit were both visibly dirty, as was the hoist on the Windsor Unit.

We saw that the arms of some easy chairs in the small lounge on the Balmoral Unit were stained and dirty and some of the carpets on the Kensington Unit looked worn and stained.

We saw cleaning schedules were in place and had been completed by the domestic staff. However it was not clear from the schedules exactly what had been cleaned. For example a 'D' had been recorded for peoples bedrooms, which from the key code meant daily cleaning but there was no evidence of what had been cleaned or what was cleaned on a weekly or monthly basis. We saw that the registered manager undertook a daily walk around which was recorded on an I pad system, yet the above shortfalls had not been identified.

We saw in one bathroom on the Kensington Unit there was no plug for the bath and paper had been stuffed into the

plug hole which looked like an attempt to keep water in the bath. Adequate equipment should be available for staff to meet peoples needs. In addition the back of the assisted bath chair was dirty although this had been cleaned when checked on day two of the inspection.

On the Balmoral Unit in the shower room the shower trap outlet was not in place, it was against the wall and was dirty in appearance. The registered manager said that it appeared people had been using the shower without the trap outlet being in place. She told us she would report it to the maintenance person.

We saw in the bathroom on the Highgrove Unit that two of the ceiling tiles were missing and other ceiling tiles showed water damage marks. The registered manager told us that they had been like that for as long as she had been at the home, approximately 12 months. The registered manager said it had been reported and she would follow it up with the maintenance person. We saw several bedroom doors were damaged and the fire door to the sluice had a hole in the door where the handle had been removed and a key pad fitted. The hole in the fire door was pointed out to the registered manager who later told us it had been reported to the maintenance person and the hole in the door had been attended to.

There was a small outside garden area that was accessible via patio doors from the Highgrove and Kensington Units. We saw that the garden area was not well maintained. There were large amounts of cigarette butts in one of the larger flower pots and there were weeds growing up through the patio slabs. Which meant this garden area was not well maintained.

The above examples demonstrate a breach of regulation 15 (1) (a) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the Kensington Unit we saw in a cupboard under the sink in the dining room three bottles of cleaning fluids, which were accessible to people who used the service and could place them at risk if they were to gain access to them.

We discussed with the registered manager that despite notices being displayed in bath/shower rooms for hot water not to exceed temperatures of 41 degrees centigrade. The bathrooms on both Windsor and Balmoral Units did not have thermometers in situ and on the Kensington Unit the thermometer was still in its packaging, unused. We saw no evidence that water temperatures were tested prior to

Is the service safe?

people being assisted to bath or shower. When we asked the registered manager about this we were told that she had spoken to the staff and they had confirmed to her they were not testing and recording the temperature of baths. This puts people at risk of scalding.

In the garden/patio area accessible from the Highgrove and Kensington Units we saw some of the patio slabs were uneven which posed a potential trip hazard to people. We also saw that access to the garden area was a step down from the Highgrove and Kensington units. We saw a narrow ramp at the patio door from Highgrove unit but it was not wide enough to accommodate a wheelchair safely. When asked the registered manager confirmed they did not have safe, adequate ramp facilities for easy access to the garden for people who used a wheelchair. There was a flagged walk way through the grassed garden area. However the path was not wide enough to safely accommodate a person being pushed in a wheelchair.

The above examples demonstrate a breach of regulation 12 (2) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The home had a call bell system in place so people could summon help when needed and we saw records that the bells were tested weekly to ensure they were in good working order.

We looked at a sample of three staff recruitment files and saw they included a fully completed application form that had details of the person's education and previous employment history.

Checks also included a full and satisfactory Disclosure and Barring Service (DBS) check or a Criminal Records Bureau (CRB) check. The DBS and CRB checks aim to help employers make safer recruitment decisions and minimise the risk of unsuitable people being employed to work with vulnerable groups.

Pre-employment checks also included two appropriate references, including one from the person's most recent or current employer. We saw photocopied documents of proof of identity and proof of address in the files we looked at. It was discussed with the registered manager that all photocopied documents should be signed and dated by the person taking the photocopy as proof of authenticity. We were given assurances this would be implemented in future staff recruitments.

We saw that set interview questions were used and the responses given by the candidates were recorded. Keeping a record of the interview questions and answers demonstrated that the registered manager ensured the recruitment process was open, transparent and effective when selecting suitable people for the available vacancy.

The registered manager told us they believed the staffing levels were appropriate to meet the needs of the people who were living at the home. We were shown copies of the previous four weeks staff rotas which recorded staff attendance. We discussed with the registered manager that not all of the rotas looked at recorded the grades of staff and there was no key code in use to identify what some of the entries on the rota meant.

Staffing levels were determined from the use of a staffing tool that was based on dependency assessments of people's needs and there was 24 hour qualified nursing cover on each of the units with the exception of one unit. On the Balmoral Unit we saw that when the full time qualified nurse employed on that unit was not on duty the unit was covered by a senior nurse care assistant. These staff were not trained nurses but were supported by nurses from another unit if needed. There were other staff employed such as an activities co-ordinator and housekeeping staff.

We received mixed comments regarding the number of staff employed. One relative who we asked told us they did not think there was enough staff on duty and there had been occasions when there had been no member of staff in the lounge with residents. They also told us they did not think there was enough stimulation or interaction available for people at the home. Another relative told us that in their opinion there was "not really enough staff, some days are better than others. However another relative told us "Usually there are enough staff."

We also received mixed comments from staff about the number of staff employed. Comments ranged from there being enough staff to one more member of staff would be beneficial.

We discussed with the registered manager the staffing level arrangements on the Kensington Unit over the lunchtime period because we observed there were insufficient staff available. We saw that six people required assistance with feeding but there were only two members of staff in the dining room to assist people with their lunch. The food was

Is the service safe?

kept in a heated trolley to ensure it was kept warm. At the same time we saw one person becoming increasingly distressed as they wanted to use the bathroom. We saw that one hour after the lunch arrived on the unit four people were still waiting to be assisted to have their lunch.

The above example demonstrate a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In the five care files we reviewed, one from each of the units and two from Windsor unit, we saw risk assessments were carried out to ensure people's needs were identified and care and treatment was planned to meet those needs.

We saw evidence that equipment such as the lift, hoists, fire safety equipment and bed rails were serviced on a regular basis which helped reduce unnecessary risk to people.

Is the service effective?

Our findings

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) provides a statutory framework to empower and protect vulnerable people who are not able to make their own decisions. It makes it clear who can take decisions, in which situations, and how they should go about this.

Local authorities and paid staff who provide care and support to people over 16 years of age are legally required to work within the framework of the MCA and have regard to the MCA Code of Practice (CoP).

We saw there was an organisational policy in place for the implementation of the MCA. This was a generic policy which had several pages referring to the care of children and young people even though this home does not provide a service to that age group. It was discussed with the regional manager and the registered manager that the policy should be specific to the people living at the home.

The preparation of a care plan must provide evidence of consent or where people lack capacity to consent to their care and support plan, there must be a clearly recorded assessment of capacity with supporting evidence. Care Planning documents must demonstrate how any decisions made on behalf of a person who lacks capacity are made in their best interests. This was not seen in the care files looked at during this inspection.

In the care file reviewed on the Balmoral Unit an MCA assessment/best interest checklist was completed in respect of specific instances of care, such as personal care, the use of lap belts, and the taking of photographs. The organisational capacity assessment documentation currently in use required a simple yes or no response. However the area manager stated that she had a proforma that she was due to implement in the home, which included space for an explanation in response to each of the four questions relevant to the assessment of mental capacity as per the CoP.

From discussions with staff during this inspection it was evident that staff had an understanding of the MCA and

DoLS in relation to how they cared for people living at Bamford Grange. We saw that 26% of staff had undertaken MCA training and 50% of staff had undertaken DoLS training.

During our observations we saw that staff asked peoples permission before undertaking care. We saw in one care file on Balmoral Unit the MCA had been applied in relation to the care planning and consent process. However in other care files reviewed on the Windsor and Highgrove Units, we did not see evidence that consent had been obtained from the person receiving care or that an MCA assessment had been undertaken to see if the person was able to understand and make decisions about their care. In one file we saw that a relative had signed to give permission for a photograph to be taken and they had also signed a 'care plan agreement form' which applied to all elements of the care plan. We saw no evidence that the family member had any legal authorisation to consent on behalf of the person.

The above example demonstrate a breach of regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to this inspection we received some information of concern that some people were given soft food and thickened fluids because it was quicker for staff to feed people. We spoke to the staff on duty about this who told us this did not happen. We also saw that the thickened fluids and soft diet given to people during our inspection were appropriate by looking at the prescribed drink thickener for that person. We did not see any evidence to support this.

We saw that the menu of the day was on display on each of the four units in the various dining rooms and on the dining room tables. We saw that the lunch time meal being served on Kensington, Windsor and Highgrove Unit which looked and smelt appetising and that choices were available. staff asked people what they would like to eat and drink before serving the meal.

Although there were insufficient staff to cover the lunchtime period on the Windsor Unit we did see that staff assisted people to eat their meal in an unhurried, kind and dignified manner. However we did see one member of staff who did not speak to the person she was assisting with their meal. This was discussed with the registered manager during the inspection.

Is the service effective?

We looked at people's care plans and found that they contained information about their dietary needs, their personal preferences and the level of support they needed to make sure that they received a balanced diet. We saw that people's weight was regularly checked and where appropriate we saw that records of people's diet and fluid intake had been recorded and referrals had been made to other health care professionals if weight loss had been identified.

The care records we looked at showed referrals were made to relevant health care services to address any changes in people's needs; this included GPs, dietician, district nurses, chiropodists and speech and language therapists. This meant that people using the service could be sure that any changes to their health would be checked and responded to.

One relative who we spoke with said they thought their relative "was well fed" and were happy because they had started to put weight on since moving into the home.

We saw that staff training recordings indicated what training staff had participated in to date, most of which was

e-learning. We saw training included moving and handling, safeguarding adults, dignity, basic life support, first aid awareness, Dementia care, fire safety and equality and diversity. In addition the staff working on the Balmoral Unit told us they received additional training in mental health awareness which included 'break away' techniques which are used to safely and effectively manage a violent situation. The registered manager told us that the majority of training was e-learning and she reviews the training record on a monthly basis and writes to staff if training is outstanding.

The registered manager told us and staff spoken with confirmed this, that all new members of staff completed an organisational induction, which included two days of classroom induction and then a period of two weeks work supernumerary alongside an experienced member of staff.

The registered manager told us that staff received regular supervision, approximately every eight weeks, an annual appraisal and had access to team meetings. Records looked at and staff spoken with confirmed this.

Is the service caring?

Our findings

People who used the service told us that the staff were “Ok.”

Comments received from relatives indicated that most people we spoke with were satisfied with the care delivered to people. Some comments included “There is a nice friendly atmosphere and staff do respect people’s privacy and dignity,” “The staff are very friendly” and I have no problems with the staff they are very good.” One relative told us that they felt in the main it was “alright” but said they felt there was room for improvement. Another relative told us “overall it’s ok.” They said that they did not always feel welcome when they visited “It just depends who is no duty.”

A discussion with staff showed they had an understanding of the people they were supporting and their individual needs. Staff were able to describe the personal preferences of people and were seen responding to people on an individual basis. We saw people looked cared for and were appropriately dressed. People who were unable to express their views appeared calm and comfortable with the staff that supported them.

We witnessed staff treating people with patience and kindness. For example we saw staff talking to people in a respectful manner. Staff responded to requests for assistance and were seen having one to one personal conversations with people. We saw one staff member discussing which film they would like to watch and then had a conversation about different films they had both seen.

The deputy manager showed us the “10 point dignity challenge” form, the National Dignity Council document

which had been copied and laminated into a credit card sized aide memoire which members of staff were required to carry on them. Advice given on the cards included: “Act to alleviate people’s loneliness and isolation; respect people’s right to privacy; support people with the same respect you would want for yourself or a member of your family”. In this way staff were made aware of how they could work with people in a way that promoted and preserved their dignity.

Staff spoken with described how they preserved people’s dignity. For example we were told that all personal care was given in private and personal information was not discussed in public.

The registered manager and staff who spoke with us told us that end of life care was provided at the home and where possible, people were involved in discussions and decisions about their end of life care. We were told that staff were not specifically trained in end of life care so they accessed relevant healthcare professionals such as the district nurse and Macmillan nurses. We were told that the person’s GP takes the lead role and we saw that they had a specific plan of care for end of life.

People were provided with information about the home in the form of a brochure and a Service user guide that was given to people on admission.

The registered manager told us that they normally had information in the foyer for people to access regarding independent advocacy services but they had recently run out but made assurances they would be replacing them as soon as possible. An independent advocate is a person who can help access information on a person’s behalf and / or represent a person’s wishes without judging or giving you their personal opinion.

Is the service responsive?

Our findings

We were told that before a person moved into the home a pre-admission assessment of their needs would be undertaken by the registered manager or the deputy manager to ensure the service could meet those needs. In addition they would liaise with the placing authority and any relevant healthcare professionals to help obtain as much information about the person as possible.

The registered manager told us they were in process of implementing new and improved care plan documentation that would be more user friendly.

We looked at a sample of five records one from each unit and two from Windsor unit relating to the identified care needs of people living at Bamford Grange. We found some inconsistencies in the standard of information in the care files.

We saw that that some standard care sections had been left blank. When we discussed this with the registered manager we were told that if a section was blank that was because it did not apply to that person. It was discussed with the registered manager that to eliminate any confusion if a section did not apply it should be removed.

We saw that the care files included risk assessments and a corresponding care plan. The care plans were personal to that person and included information regarding personal preferences.

We saw a 'daily record report' had been completed. However we saw there were some gaps in the recording and some entries were vague which meant that there was not an accurate record to evidence the care given by staff. For example some entries simply consisted of 'relaxing or watching TV or DVD.'

On Highgrove Unit we saw a 'toileting chart,' a 'bowel chart' and a 'bathing rota' where this information was recorded for each person on the unit and the bathing rota stated which day was their bath day. These type of charts are institutional recording systems and do not promote individual care based on people's assessed individual needs.

We received mixed comments from the relatives we spoke with. One relative told us they thought the admission procedure was "rather lax compared with other homes" their relative had been in. Family members told us that they

had not been involved with the development of the care plans and we were told by one person that all their relatives' relevant information had not been included in the care plan. They told us that there had been no formal discussion with them when their relative was first admitted to Bamford Grange and that information was passed on 'in passing'. We were told by two family members that particular treatments were not consistently carried out. There were times when they had been required to bring it to the attention of the staff. When they did the treatments were carried out immediately.

Another relative told us that they had been involved in the development of the care plan.

Whilst the majority of the family members we spoke with said that they were kept informed about their relative's health one person said that it sometimes depended on who was on duty.

The registered manager said that they operated an open door policy and people were encouraged to raise complaints and/or concerns. We saw that 'drop in clinics' were advertised once a month for relatives to specifically meet with the registered manager if they so wished, which was a forum where issues could be raised.

We saw that there was a complaint policy on display in the foyer and on each unit. There was also a comment box in the foyer if people preferred to raise issues or complaints anonymously. One relative spoken with said they had never made a formal complaint but would go the manager if they wanted to. Another relative said they had no reason to complain but would go the head nurse and would feel comfortable doing this.

We looked at the complaints file and found that there had been five complaints recorded during 2015. We found that they had been responded to by the senior manager within the 28 days, as the company's policy required. We found that a response had been sent with apologies and thanking people for bringing the complaints to their attention. The registered manager had put in place systems to address the incidents raised.

The home employed the services of two part time activity coordinators and we saw a programme of activities on display. Activities included board games, coffee mornings, arm chair exercises, quizzes and cake making. On the first

Is the service responsive?

day of the inspection we saw a celebration of the religious festive Eid which included people being able to sample traditional food. As part of the inspection we also saw that people were involved in cake baking.

We saw on the lower ground floor of the home there was a shop run by some of the people living at Bamford Grange supported by the staff. We saw the shop sold items such as sweets, drinks, toiletries, cards and had a sale of vintage clothes and shoes.

There was also a gardening group that was held every week on the lower ground floor of the home and we saw a small area outside at the back of the home that was dedicated to the gardening group.

The registered manager told us the home has its own mini bus and that five people had recently been on holiday to Blackpool for five days and there was a planned five day holiday to Wales at the end of August. We saw photographs of people enjoying days out and holidays.

Is the service well-led?

Our findings

The home had a manager registered with the Care Quality Commission (CQC) who was present throughout the inspection. 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.

The registered manager told us that the regional manager visited the service on a regular basis, providing management support and guidance. A regional manager was present during the three days of inspection and confirmed that they came at least monthly but called in on a regular basis to offer support.

The registered manager told us she had an open door policy and we saw monthly 'drop in clinics' were available to staff. We saw that three monthly staff meetings had been held and minutes taken. The most recent meeting was held on the 22/06/2015.

In an attempt to obtain people's views of the service we saw satisfaction questionnaires were sent out to people at the home or to their relatives, if that was more appropriate, on an annual basis. The completed questionnaires were sent to the head office where the results are collated and a report produced. The completed report is put in the foyer for people to access. The report for 2014 was available for people to access.

We saw there was an electronic feedback system in the foyer where anybody was able to input information anonymously. The information was checked on a weekly basis and any issues identified on the system are flagged to the manager who is required to address them. We saw that the registered manager had taken action to address a comment received from a visiting GP.

The regional manager undertook a monthly quality monitoring visit to the home and if shortfalls were found we were told that an action plan would be produced.

There were systems in place to monitor and review the service being provided at Bamford Grange. Part of this system included audits for example of care documentation, medication, food safety, wound analysis, bed rails safety checks and skin integrity. We saw that the care plan audits documented the shortfalls found but did not show what action had been taken in response to the shortfalls.

It was of concern that the shortfalls found during this inspection in relation to medication administration, the risks associated with parts of the premises and the shortfalls in the cleanliness of the home had not been identified during the audits undertaken by the registered manager or the regional manager.

We were told that they were in the process of implementing a new audit system using an I Pad where all the information will be held centrally.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

We found that the provider had not protected people against the risks associated with the safe administration and management of medicines. Regulation 12 (1) (2) (g)

Regulated activity

Regulation

Accommodation and nursing or personal care in the further education sector

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

Some areas of the service were not clean.

Regulation 15 (1) (a) (c)

Regulated activity

Regulation

Accommodation and nursing or personal care in the further education sector

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not fully protected against the risks associated with unsafe premises.

Regulation 12 (2) (d)

Regulated activity

Regulation

Accommodation and nursing or personal care in the further education sector

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

There were insufficient numbers of staff on the Kensington Unit to meet peoples need over the lunchtime period.

Regulation 18 (1)

Regulated activity

Regulation

This section is primarily information for the provider

Action we have told the provider to take

Accommodation and nursing or personal care in the further education sector

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Consent had not been obtained for the care and treatment provided to some of the people living at Bamford Grange.

Regulation 11 (1)