

## Bedford Borough Council

# Puttenhoe

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Puttenhoe consisted of three separate units within the same building which supported people requiring residential and respite care, people who lived with dementia and people receiving home from hospital care. Puttenhoe was providing personal care to 29 people at the time of this inspection.

People's experience of using this service:

People told us they felt safe and staff were kind to them.

We found practices, systems and process in place which demonstrated the service met the characteristics of good in all key areas with some elements of outstanding in caring, responsive and well-led.

Puttenhoe gave high quality safe and person-centred care. Staff offered people choice in all things and were caring and kind.

People, their relatives and staff told us the management team offered a good level of support.

Staff recruitment procedures were thorough including checks on criminal records and 2 references.

Staff told us management gave suitable training and supervision to enable them to carry out their roles safely.

Independence was very important to many of the people we spoke to and we found the same passion for enabling independence when we spoke with staff.

We saw staff treating people with dignity and respect. Staff provided meals and drinks in a way that met people's personal preferences and nutritional and hydration needs.

The service was responsive to people's needs and utilised people's talents and interests to improve their health and well-being. For example, one person has used their gardening skills and now maintained all garden and outdoor spaces.

The staff team said they loved their jobs, understood their roles and were very happy working at the service.

Rating at last inspection: At the last inspection the service was rated as requires improvement (29 December 2017), with breaches in safe and well-led due to concerns around medicine management and documentation.

During this inspection, we found the service had improved in these areas and was now meeting the regulations; more information is in the full report.

Why we inspected: This was a planned inspection based on the previous rating and was unannounced.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Safe findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Safe findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Safe findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Safe findings below.

# Puttenhoe

## Detailed findings

### Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

One inspector carried out this inspection.

Puttenhoe 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.

Puttenhoe accommodated 29 people across three separate units, each of which had separately adapted facilities. One of the units specialised in providing care to people living with dementia. Another specialised in the rehabilitation of people newly discharged from hospital who needed some degree of support before returning home.

The service had a manager registered with the Care Quality Commission. 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.

Inspection site visit activity started on 03 January 2019 and ended on 03 January 2019. We visited the office location on 03 January 2019 to see the people receiving a care service and their relatives. We also visited to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection we used our planning tool to gather relevant information and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection we:

- Spoke to six people using the service and one relative.
- Spoke with six care staff, two catering staff, the deputy manager and the registered manager.
- We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.
- Gathered information from five care files which included all aspects of care and risk.
- Looked at five staff files including all aspects of recruitment, supervisions, and training records.
- Health and safety and servicing records.
- Records of accidents, incidents and complaints.
- Audits and surveys.
- Medicine records.
- Observation of medicines being administered.

Following the inspection, we reviewed further evidence sent to us by the provider to confirm they were meeting the regulations in recruitment documentation.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "I think I could say to anybody," when asked about reporting abuse.
- Staff had a good understanding of safeguarding and how to report any concerns.
- Staff received safeguarding training and the registered manager used scenarios and discussions to check knowledge.
- All incidents were appropriately managed and reported to the correct authorities.
- Notices around the service advised people what to do and who to contact if they were being abused.

Assessing risk, safety monitoring and management

- People were safe, care plans and risk assessments were all in place, detailed and regularly reviewed to make sure they met people's current needs.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of the people. The registered manager covered vacancies with regular staff to ensure consistency of care.
- The registered manager implemented robust recruitment procedures ensuring all staff were checked for criminal records and their previous employment history.

Using medicines safely

- Concerns in relation to medicines raised at the previous inspection had been fully addressed.
- Medicines were safely managed and administered.
- There were robust systems in place for daily auditing of medicines and medicine records.
- The registered manager conducted regular competency assessments with staff and observation of practice.
- Medicines were securely and correctly stored.
- Medicines that were not needed regularly such as paracetamol were offered if needed and stock control well managed.
- People who self-administered their medicines were empowered to do so.

Preventing and controlling infection

- Staff used personal protective equipment such as gloves and aprons along with good hand hygiene practices to prevent the spread of infection.
- Notices around the service advised people, visitors and staff how to help minimise the risk of infection.

Learning lessons when things go wrong

- The registered manager shared lessons learnt amongst the team at meetings and supervision.

- There was good communication about changes in legislation and peoples changing needs.

# 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

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's needs and wishes were thoroughly assessed prior to moving into the service.
- People choices were respected and clearly documented.
- People and their relatives told us they were fully involved in all aspects of care planning and reviews.
- Staff were extremely knowledgeable about people's preferences and needs.

Staff support: induction, training, skills and experience

- Staff received a thorough induction prior to working alone, including one week of shadowing and time to get to know people in their care.
- Staff induction also included practical training for manual handling and the use of equipment such as hoists.
- Staff were given time to read all care plans and risk assessments.
- Staff also received an ongoing training programme which met the requirements of the role and supported safe practices.

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

- Meals seen on the day of inspection looked very appetising.
- People gave very positive feedback about the meals and the choices offered and we saw a lot of choice being given during the inspection.
- One person said, "The only trouble with the food is that it is so nice I eat too much."
- Staff respected people's different dietary needs for example offering meals options to meet people's religious beliefs. Last minute menu changes due to another person's preference on the day were respected and soft diets prepared for those who required it.
- People ate their meals in an unrushed environment. To promote a positive meal time experience for people, tables were dressed with table cloths, fresh flowers, and napkins. We saw that condiments were also freely available.
- We saw that drinks and snacks such as fruit and juice were available all day.
- We saw a lot of chatting and laughter during meal times and people were given alternatives menu options to encourage them to eat.

Staff working with other agencies to provide consistent, effective, timely care

- The staff at the service worked closely with outside health professionals. This would ensure that people received the care and treatment they required at the time that they needed it.
- One relative told us, "It is quick to see a doctor, you get same day appointments."
- The staff team were seen working together to ensure that activities and plans ran smoothly at a time that



was suitable for each person.

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

- The environment was very clean and well-kept and people's rooms were personalised. One staff told us, "We try and make it as homely as possible for people and encourage them to bring in their own personal items like photos."
- There were lots of noticeboards displaying useful information as well as celebrating people's achievements such as a knitting circle for charity and another person's gardening skills.
- The service used red coloured toilet seats to aid people living with dementia to sign post the toilet more easily. The manager explained they had plans to add further signage, contrasting wall colours and individual front doors in the unit supporting people living with dementia.
- The environment was very homely and the use of spaces enabled people to choose types of activities and levels of noise they preferred.

Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access their own preferred GP and health professionals worked closely with staff to ensure effective healthcare is given.
- The registered manager worked with local health liaison teams to become a part of a health trial. This involved working closely with nurses who had trained some staff to be able to take people's blood pressure and test urine for signs of infection. This has meant people avoided unnecessary trips to the hospital or doctors. The health trial also identified early when a person was showing signs of needing more urgent intervention so that illness could be treated sooner and more effectively
- The service also incorporated events and activities to support people's well-being such as healthy lifestyles, understanding nutrition and getting involved in exercise.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The service were meeting these requirements.
- Staff received training in MCA and DoLS and showed a good knowledge of how this was applied in practice.
- Consent to care and explaining to people what was happening was seen to be usual practice amongst staff.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff treated people very well. Staff used respectful language and communicated at the right pace and tone for each person.
- One person told us, "Staff listen to you for such a while."
- Another person who had been supported with personal care was heard to say to staff, "Thank you, it is so nice to get into such a clean, warm bed."
- A care staff told us, "I come in on a daily basis and treat everyone as individuals. Thinking of a couple of personalities just makes me smile as they all have a great sense of humour. It is not about money it is about looking after people, giving them respect, dignity and love. For example, I work as if this was my nan or mum."
- People's cultural and religious beliefs were respected and upheld.
- Staff were extremely caring and patient in their approach and people responded with warmth and smiles.
- People gave very good feedback about their care, the staff and the registered manager and are generally very happy.

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

- Staff asked people their views on all aspects of their care.
- Staff showed patience and skill in the way they communicated to people, especially people who were living with dementia and at times became confused.
- People and relatives confirmed they were involved in all aspects of their or their family members care planning.

Respecting and promoting people's privacy, dignity and independence

- Staff explained everything they were doing and checked with the person that it was alright to carry on.
- Staff spent a lot of time with people to encourage them to get involved and do as much as they could for themselves.
- One person we asked about this confirmed by saying, "Independent living in here is a good thing."
- A senior staff member told us, "We do dignity audits and obviously if there is anything we see we will remind staff and put them on refresher training."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were very passionate about delivering person-centred care that upheld people's dignity. Care was seen to be adapted based on the needs and mood state of people on the day.
- For example, activities were tailored to the interest of people such as starting up a knitting circle that led to raising money for charity, church services, bingo and keep-fit. There was also evidence of various parties, music and reminiscing sessions and chair-based exercise classes that staff had been trained to help with.
- One staff told us, "If people don't want to come to the group exercise I will go and speak to them privately and spend 15 mins 1:1 with them in their room and do something they prefer and they are then more responsive."
- One person was supported to develop their confidence by utilising their gardening skills and are now in charge of all garden development and maintenance. This resulted in the person now communicating with others and being confident enough to go out on the bus to access community facilities unsupported. They said, "I like to be busy, growing apple trees and strawberries."
- Staff were very knowledgeable about people's current needs, their history, their family, likes and dislikes.
- One staff told us, "If someone wants something, we always go the extra mile. One person fancied a bacon sandwich one evening so we went out to buy it and made it for them."

Improving care quality in response to complaints or concerns

- The service had a thorough complaints policy and procedure in place and people were encouraged to use it should they have a concern.
- The registered manager had displayed advocacy notices around the service to support people if they needed advice in relation to a concern.
- People and relatives all confirmed they knew how to complain and had no concerns about approaching any staff or managers.
- Staff were all confident that they could approach management with a concern and be listened to.

End of life care and support

- Policies and processes were in place to support people receiving end of life care sensitively and appropriately.
- Staff were aware of the different approaches that can be used to support people receiving end of life care, however a number said that they had not yet had formal training in this area.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, quality care and support; and how the provider understands and acts on duty of candour responsibility

- Concerns that were raised at the previous inspection around documentation had been resolved. All health checks and other visitor records were logged with outcomes and actions recorded.
- Some of the daily notes were not written in-line with the person-centred approach that was evident in practice. We discussed this with the registered manager who explained this was being monitored and staff given training and support to develop their report writing skills.
- The management team and care staff were all very passionate about ensuring they gave high quality care and had a good understanding of their responsibilities.

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

- The registered manager and staff team were all able to clearly define their roles and how to put these into practice.
- The registered manager and staff team all understood the impact of good care on the people they were supporting.
- The registered manager showed a good oversight of the running of the service and the needs of people and staff.
- Risks were understood and positive risk taking was promoted to empower people and develop their skills, independence and self-esteem.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff gave extremely positive feedback about the registered manager and deputy manager and said they felt very supported by them.
- Regular meetings were held for people, relatives and staff to be able to contribute to the service and raise any concerns.
- One relative told us, "The registered manager and deputy manager are always very approachable."
- One staff member said, "I think staff are very caring, the interactions with the residents are great. It is warm and the staff are friendly, management are friendly too."
- Newsletters and articles displayed around the service showed that information was openly shared.
- Information was in different formats suited to people's communication needs and understanding.
- The registered manager employed a translator for one person residing at the service, who did not yet speak English. This enabled the person to communicate and start to learn the language at their own pace.

- Every member of staff could not speak highly enough of the support given by the management team. Staff expressed how much they loved working at the service and enjoyed being with the people receiving care.

#### Continuous learning and improving care

- The registered manager had minutes of meetings with people, relatives and staff showing people's comments were listened to and acted upon.
- For example, suggestions for menus and activities were seen to have been put in place.
- The registered manager was aware of environmental changes that would benefit people living with dementia and had a clear business plan in place for work to be completed in the coming year.
- The registered manager had clear goals for improving the service and building on the high quality of care provided.

#### Working in partnership with others

- The registered manager demonstrated how they worked with external health professionals to use initiatives and new schemes to help improve the quality of life for people.
- The registered manager attended local networking groups and liaised with other teams to share ideas and find innovative ways to improve the care provided.
- The registered manager confirmed a good level of support was received from their senior managers.