

Morgan Care Limited

# Bakewells Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We undertook this unannounced inspection on 01 June 2016. The last inspection was completed on 02 February 2013 and the service was meeting the regulations we assessed.

Bakewells provides residential care and support for up to 34 people. The main part of the home has maintained many of the original features. In 2014 the home had a purpose built extension added to the main building known as The Deane. The Deane cares for up to eight people living with dementia. The Deane had been designed to an excellent standard incorporating the best practice guidelines set out by Stirling University

The Deane has a secure entry system, spacious communal areas with plenty of light and large bedrooms with en-suite facilities. The Deane opens out into a large garden which has been purposely designed with a sensory area full of colour and aromatic smells. There is a large rabbit hutch and run so people can sit and watch the rabbits playing.

The registered manager is the registered provider and has been in post for 17 years. The registered manager is also a registered nurse. A registered manager is a person who is registered with The Care Quality Commission to manage the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibilities for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

All the staff we spoke with said the registered manager and the Managing Director were dedicated, supportive and approachable. They said whatever people needed was provided to ensure people had the best quality of life they could achieve.

People we spoke with were settled and contented. Relatives and friends visiting the home told us they only had positive experiences and praise for this service. Staff treated people as individuals with dignity and respect.

Staff were knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively.

The registered manager and all the staff we spoke with were passionate about providing a service that placed people and their families at the very heart of the service. This was confirmed with us through speaking with relatives and visitors.

Staff told us they enjoyed working in both areas of the home. They received training in caring for people living with dementia. For example, The Jewels in Dementia Care. This is a recognised model of caring for people living with dementia. It explains the way of caring for people living with dementia using the analogy

of Five Precious Jewels which is easy to remember. It is a dignified terminology and a practical tool for best practice care suitable for anyone caring for people living with dementia.

Staff we spoke with told us how they encouraged and supported people to make decisions for themselves, which ensured people were able to live the life they chose.

Staff had received training about how to ensure people's rights were respected and how to safeguard people from abuse. They were able to describe the different types of abuse that may occur and said they would report any issues straight away. Staff told us how they were openly encouraged to raise any issues which were then reported to the local authority for them to consider under their safeguarding of vulnerable adults procedures. This helped to protect people who used the service.

Risk assessments and detailed care plans were in place. This helped staff to deliver the care and support people needed. There were robust medication systems in place to ensure that people who used the service received their medicines as prescribed.

People were offered appropriate food and fluids to maintain their nutrition and hydration. The catering team took pride in serving appetising and nutritious food. Those who required prompting or support to eat were assisted by patient and attentive staff which ensured that people's nutritional needs were met.

A wide range of activities were available which people's family and friends also were invited to take part in. Spontaneous activities took place, staff spent quality time with people to give them emotional support and comfort. Staff were seen reminiscing with people about their life, discussing the newspaper headlines of the day and sitting chatting with people. People were encouraged to pursue their own hobbies and interest such as knitting, drawing, using their tablets/iPad and completing word puzzles.

There were sufficient staff on duty to meet people's needs. If people were upset or unwell and more staff were required, this was provided straight away to support people. Relatives of people who had been unwell said they were kept fully informed.

Bakewells was the first residential home in Bolton to achieve the nationally recognized Investor in People award. This award demonstrated the home's commitment to staff training and development which enhances the care experience of the individual residents and their families.

The service had been awarded a 5 Star rating by the food hygiene standard board. This is the highest attainable rating.

## 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.

Staff were knowledgeable in recognising signs of potential abuse and the reporting procedures to the local authority. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of highly skilled and qualified staff deployed to ensure that people had their needs met in a timely way. The recruitment practices were robust.

We found the registered manager had systems in place to protect people against risks associated with the management of medicines; appropriate arrangements for the recording, safe administration, safe keeping, using and disposal of medicines were in place.

### Is the service effective?

Outstanding ☆

The service was very effective.

Staff received training, supervision and had a yearly appraisal. We observed that staff were highly skilled and experienced in delivering care and support to people who used the service.

People's mental capacity was assessed to ensure their rights were protected. People were supported by staff to make decisions for themselves.

People were provided with a choice of food and drink at mealtimes and throughout the day.

The Deane area of the home was designed to ensure it thoroughly met the needs of people living with dementia.

### Is the service caring?

Good ●

The service was caring.

We observed staff treated people with dignity, respect and kindness.

Staff were extremely knowledgeable about people's needs, likes, interests and preferences.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged and supported by staff to be as independent as possible to live the life they chose.

Staff had received training in end of life care.

### Is the service responsive?

Good ●

The service was responsive.

People were treated as individuals. Assessments were undertaken to identify people's needs and these were used to develop care plans for people who used the service. Changes in people's health and care needs were acted upon to help protect people's wellbeing.

The service provided a wide range of activities for people. Staff were responsive and undertook activities with people on a spontaneous basis to engage them.

Staff were knowledgeable about people's life history so they could speak with them about their lives and family and help them reminisce.

People we spoke with and their relatives told us they felt able to raise concerns and would complain if they needed to.

### Is the service well-led?

Good ●

The service was well-led.

An experienced registered manager was in place who was highly trained. They promoted the highest standards of care and support for people. This was confirmed through discussions with staff and relatives.

Up to date research was used in the service to promote people's quality of life.

Staff said they felt well supported by the registered manager who was approachable and listened to their views. The ethos of the home was positive; there was an open and transparent culture.

We found there was a friendly welcoming atmosphere to the home and this was confirmed with visitors we spoke with. Health care professionals were extremely positive about the quality of the service provided to people and their families.

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# Bakewells 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.

We inspected this service on 01 June 2016 and the inspection was unannounced. The inspection team consisted of three adult social care inspectors. One of the inspectors was new to the team and was shadowing the inspectors.

Prior to the inspection we looked at the notifications we had received for this service and reviewed all the intelligence the Commission (CQC) had received. We reviewed all of this information to help us make a judgement about this care home.

We contacted the local authority commissioners of the service and the Bolton Infection Control team to seek their views about the home. They told us they had no concerns about the home. We also spoke with the Advanced Practitioner Nurse (APN) who worked closely with service. The APN was very happy with the service and the care provided.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about the service. During our inspection we looked around the building, the garden area and the facilities available.

We looked at records. These included five people's care records and records relating to the management of the service including: policies and procedures; maintenance; quality assurance documentation; staff rotas; staff training, supervision and appraisal records; and complaints records.

We carried out a Short Observational Framework for Inspection (SOFI) where we observed people over the lunch time period. This helped us to understand the experience of people who were not able communicate with us to see how staff interacted with people.

We spoke with the Managing Director, the registered manager, the deputy manager, five care staff the cook and the housekeeper. We spoke with six people living at the home and with five relatives. We asked three visiting health care professionals for their views about the service.

# Is the service safe?

## Our findings

We asked people who used the service if they felt safe living at Bakewells. One person told us, "Absolutely, 100 % safe, all the staff are marvellous". Another person told us, "I couldn't manage living on my own anymore, I am exceptionally happy living here. I am very safe, comfortable and well cared for". A relative told us, "I know my [relative] is safe living here, I have no worries when I leave here, just peace of mind". Another said, "My [relative] was in very low place when they came to stay, the staff have been fantastic, they have offered support and encouragement and now [relative] is much better. I know [relative] is safe and well cared for". We saw evidence of cards that people had written to the management and staff thanking them for the safe care and support provided to their love ones.

Staff files evidenced a robust recruitment programme. Files included an application form, a job description, contract of employment, proof of identity, a minimum of two references and a Disclosure and Barring Service (DBS) check. DBS checks help services ensure people they employ are suitable to work with vulnerable people.

We looked around both areas of the home and found them to be tidy and fresh smelling. We found the premises were spotlessly clean and a domestic team were employed to help ensure all areas were up to standard. This meant people were cared for in a clean and hygienic environment as well as minimising the risk of cross infection within the home. One person spoken with told us, "The whole home is immaculately clean. My room is cleaned every day". Another said, "The standard of cleanliness is excellent". A relative told us, "Everything is always clean". Another said, "The home is well maintained and the cleanliness is of a very high standard". The home had an infection control champion whose role was to ensure that high standards throughout the home were implemented and maintained and to assist the registered manager with the monthly infection control audits.

Infection control policies and procedures were in place and infection control audits were undertaken. Infection prevention and control was included in the staff training programme. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care tasks. Hand sanitizing units were situated around the home and the communal bathrooms and toilets were equipped with liquid soap and paper towels. This helped prevent the spread of infection. The last infection control report from the infection control team of June 2015 gave the service a score rating of 99%.

During the inspection we saw how the innovative design of The Deane area of the home, which was specifically for people living with dementia assisted in keeping people safe and reducing anxiety levels. The Deane had been designed following consultation with Stirling University, one of the leading universities that specialises in dementia care. Attention had been given to use of natural and electrical lighting. The providers had taken into consideration that people living with dementia needed to clearly see their environment to help make sense of it and to make the most of their abilities. They found that the use of effective lighting helped people living with dementia see where they want to go and to identify spaces, rooms, equipment and signs. It helped them to see other people's faces and body language, to enjoy recreational activities, to join in everyday routines, and to enjoy the changing seasons. The registered manager found it helped

reduce accidents, particularly falls and unnecessary stress.

Detailed risk assessments were in place for the environment, laundry, food hygiene and the kitchen. All the risk assessments had been reviewed within the last 12 months, and all contained a date for next review. There were no obstructions or risks to people moving about the home. We observed that all fire exits were clear and were accessible.

The home had a 5 Star rating from Food Hygiene Standards. This meant that the kitchen, food preparations areas and equipment was clean and fit for purpose. This is the highest attainable rating.

Secure entry systems were in place where necessary to help keep people who used the service safe. On arrival, we found the front door of the home was locked and we had to wait for a member of staff to let us in. The front door was locked to prevent people being able to walk in to the home uninvited. The access area to the Deane was key coded. This was to help keep people living with dementia safe and prevent them from leaving the home unaccompanied which could place them at risk of harm. The service had CCTV cameras in place, which were located in all external areas including the gardens for added security for people who used the service and staff as the gardens were extensive. Internally these were located in the main office, store rooms, the Deane lounge and dining area. An example of the use of CCTV was to help protect people who used the service and staff from risk of harm. The registered manager confirmed that the CCTV could also help assess why some people living with dementia exhibited changes in behaviours and how these were triggered. The CCTV was used to promote learning and development, and to improve the quality of care when used appropriately. The managing director told us that prior to CCTV being installed discussions were held with people who used the service and their relatives. This meant that people were involved in any changes required within the home. Information about the use of CCTV cameras was listed in the Service User Guide with a full explanation of why this was used.

Staff had a good understanding of caring for vulnerable people. Staff were well trained and understood what an unsafe environment was and the impact this could have on people who used the service. Staff had a good knowledge of the people they were caring for and were attentive to their needs. We noted there was always a staff presence in the communal areas to assist people. For example, when one person was getting up from their chair, the member of staff made sure this person had their walking aid as they were unsteady. This helped to protect this person from the possibility of falling and helped to keep them safe.

The service had effective systems in place to identify and manage risks to people's health and well-being. We looked at the accident and incident record book. We found detailed records had been completed, including what actions had been taken to prevent reoccurrence. Where necessary referrals to the GP or falls clinic were made and this was documented. We found that the registered manager acted on advice from the falls clinic, for example pressure mats were in place so staff were alerted to people who were at risk of falling getting out of bed. We saw that all bedrooms, bathrooms and communal areas were fitted with a call assistance buzzer to alert staff that assistance was required. We observed that staff responded to the buzzer swiftly and efficiently.

Care plans included appropriate risk assessments including falls, nutrition, infection control, pressure ulcer. We saw a risk assessment relating to a person's preference for soft boiled eggs. The risk assessment indicated that the person had capacity to make their own choices and was aware of the risks related to undercooked eggs. People told us they had been consulted during the risk assessment and there were regularly updated so there were no unnecessary restrictions. Risk assessments reflected temporary changes, for example if a person became unwell due to a water infection and was at risk of falling, clear documentation was recorded in the care plan for staff to provide extra support. When the risk reduced, risk

management strategies changed to reflect this.

There was a dependency profile in each care plan. This outlined the dependency level of each person who used the service and was in turn used to influence staffing levels. Staffing levels were flexible so that if people needed extra support due to illness or hospital appointments this could be provided.

Staff told us about the equipment they used to ensure people were moved in a safe and appropriate manner. They had received training in this and we saw it was up to date. Staff told us about how they took their time with people so that their independence was promoted when they were moving, for example making sure that walking aids were in easy reach and supporting people with walking.

The registered manager told us staffing levels were constantly under review, were flexible and monitored and adjusted to make sure people's needs were met. This was confirmed by staff spoken with. One member of staff said, "If someone was very poorly and had no relatives extra staff would be on shift to make sure this person's care and support needs were met. Staff spoken with told us there were enough staff on duty to meet the needs of people who used the service. Agency staff were used occasionally when existing staff were unable to cover for sickness or annual leave. If agency staff were used it was always the same agency and staff sent had usually been at the home before and were, therefore aware of routines, systems and protocols at the home. They were also familiar to people who used the service, providing consistency for them. A relative we spoke with said, "I can find staff when I need them, there are enough staff, always someone around".

An appropriate safeguarding policy and procedures were in place. Staff we spoke with were able to demonstrate their knowledge of safeguarding procedures and were confident to report any concerns. They also had an awareness of whistle blowing and said they would not hesitate to report any poor practice they may witness. We spoke with relatives and asked if they had any concerns or witnessed anything they were worried about. Relatives told us they had no concerns at all. One relative told us, "I have never seen or heard anything that would make me worry about the care or the staff".

Staff were able to talk about areas of risk and were able to explain what they would do if they suspected that abuse had taken place. One person who used the service told us, "The staff are lovely I have never heard anyone even spoken to in an abrupt manner". A relative told us, "I visit here a lot and I have never seen or heard anything that would give me cause for concern".

We looked to see what systems were in place in the event of an emergency. There was a detailed fire procedure policy in place within the policy file. The care records we looked at contained Personal Emergency Evacuation Plans (PEEPs). A copy of these were also stored in a separate file within the office for easy access. PEEPs provided the fire service with information in the event of fire as to the location of rooms and the assistance people required to move them to a place of safety.

There was a fire safety file set up and in operation. Fire doors and fire alarm checks were scheduled to be completed weekly, emergency lighting was checked monthly and fire extinguishers and hose reels were on a yearly contact. External Fire safety audits / risk assessment been completed in August 2014 and February 2016. Control of Substances Hazardous to Health and Safety (COSHH) file was in place. This was well ordered and all areas covered, There were safety data sheets in place for all products used within the home.

The deputy manager told us about the medication system in operation at the home. The service used the Biodose system. This is where medication is stored in a pod. Each pod contained either tablets or liquid. There was photographic identification on the front of each person's tray, this helped minimise medication

mistakes. We saw medication was checked before offered to people and then recorded on the individual's medication administration record sheet (MARs). We saw that medicines including controlled drugs were securely stored. Controlled drugs were recorded in the controlled drugs register and these had been signed and countersigned when administered. The senior care staff had undertaken medication training and were responsible for the administration, ordering, receiving and disposal of medication. Any allergies identified were recorded.

The home had a treatment room where the drugs trolley was stored. We saw that the treatment room and the equipment used for example the medicines fridge was clean and tidy. The medicines fridge was set at the correct temperature and records were kept. The treatment room could be used for when the community nurses attended the home to visit their patients in private.

The service focused on how to continually improve safety for people who used the service in a way which supported them to live a meaningful life. This was discussed at team meetings where all staff views were respected and encouraged. Relatives spoken with also confirmed that the staff consulted with them about safety aspects within the home.

## Is the service effective?

### Our findings

People told us that they received care which supported them with their health and wellbeing. One person told us, "The standard of care is second to none. All the staff are wonderful". Another said, "I could not wish for better care and the food is really good".

The registered manager ensured the service met people's needs and preferences. All staff had completed dementia care training, which enabled them to work in both areas of the home. Staff, where possible had been offered choices of where they preferred to work. One member of staff who worked in The Deane told us, "I mainly work in The Deane, I love it".

We asked staff about the dementia training they had received. Staff spoken with offered a detailed overview of the training programme. Staff worked to a model of dementia known as 'Jewels in Dementia'. Staff told us the course was excellent and helped them to understand the person living with dementia as an individual. Staff learned how they could enable people to live their lives as they wanted to and as independently as possible. The "jewels" are the various progressive stages of dementia. The use of this terminology recognises the intrinsic value of the person at each stage. It places emphasis on what they can do, not what they have lost the ability to do. Staff were able to tell us how they applied the Jewels when caring for people living with dementia, for example diamond represented a mild stage of dementia, emerald, an early, moderate stage, amber, late moderate stage, ruby, severe stage, and pearl represented approaching end of life. Staff also told us this was a way of explaining to family the different stages of the journey for people living with dementia. The home had a dementia champion and a dementia assistant. The dementia champion attended bi-monthly meetings and reported back to the care team any new ideas or changes to be tried and implemented. The home also worked closely with the local area dementia team for advice and support.

We looked around the home. The premises were clean, pleasant, and bright and maintained to a high standard.

The new eight bedded extension, which provided care for people living with dementia conditions had been planned and built to an extremely high standard, incorporating the best practice guidelines set out by Stirling University.

Signage was clear around the home to aid people with orientation. In The Deane signs were at eye level in striking green on the ground floor and purple on the first floor. Light switches were prominent, being framed in a bright green colour or purple to ensure people were able to see them very clearly. There was an orientation board, which contained the date, day, weather and today's activities. Pictures were age appropriate and were of subjects chosen to aid reminiscence. Doors were painted in a way that provided good visual contrast between the doors and the walls. Bedrooms were recognisable with name plaques and photographs on doors. Bedrooms were furnished with drawers and wardrobes with open fronts so that people could easily see what was in them and act as an aid to recognition of their personal belongings. This can be very important for people living with dementia and can help promote independence and choice. All the bedrooms in The Deane had en-suite facilities; some had a fully equipped wet room with shower. There

was also a fully assisted bathroom for people who preferred a bath.

We saw that consideration had been given to the choice of flooring in The Deane, for example, carpets were neutral as patterned or use of colour could raise stress and increase the risk of falls among an already vulnerable user group.

We saw the main part of the home was also decorated to a high standard. Many of the original features had been retained. The communal areas were bright and airy and comfortably furnished. Attention had been given to the layout of the chairs in the room so that people could sit together in small groups which made it easier for people to chat. One person when asked if they like the layout of the chairs told us, "I like it like this it's more homely". Bedrooms were comfortable and some people had selected their own fittings and furnishings. We saw bathrooms were decorated to help ensure a relaxed and positive bathing experience. Appropriate signage was in place to help people to locate bathrooms, toilets, bedrooms and other areas of the home. Throughout the home we saw people had brought in personal items including pictures and mementoes and small items of furniture. Some people had private telephones in their room. One person told us, "I have a lovely room, it's very comfortable". Another person told us, "I have everything I need, the home is lovely". A passenger lift was available in both areas of the home to help people gain access to all parts of the building where necessary. There was space for activities to take place and a separate hairdressing salon for people to use.

We observed part of the lunch time meal in The Deane. We saw that crockery was also bright green in colour. This helps people living with dementia differentiate food from the plate and can promote better nutrition.

We carried out a Short Observational Framework for Inspection (SOFI). We sat and observed people in the small dining area to see how staff interacted with them. We saw staff supported and reassured people in making their way to the dining table. Staff encouraged one person to try and have some lunch and offered them the choice to dine in the dining room or in the lounge. We observed staff asking people if they required the use of a clothes protector, help with cutting their food and if they were enjoying their meal. Staff offered assistance as and when required. In the main dining room we observed people chatting and enjoying their meal. The lunchtime meal experience was seen to be pleasurable and unhurried.

We observed that in both areas of the home the dining tables were nicely set, appropriate cutlery and condiments were available. People were offered napkins or a clothes protector. People had the choice of hot or cold drinks.

Within the dining areas was a food preference list, which contained people's likes and dislikes along with any food allergies. The allergies were highlighted in red. This was used as a quick reference guide to ensure that nobody had chosen something or been given something they did not like or could not eat. Pictorial menus were available to help people decide what they wished to eat for each meal.

The registered manager and staff monitored people's food and fluid intake. Any concerns identified would be discussed with the GP and other relevant professionals, for example the Speech and Language Therapy team.

People we spoke with told us the food was very good and there was plenty of it. One person told us, "There's always a choice of breakfast dishes, you can have a cooked breakfast everyday if you want. If you don't fancy what is on the menu, the cook will make you something else". We saw that drinks and snacks were available throughout the day and there was access to a hydration station in the main dining room. Suppers were available before people retired for the night.

The home was set in mature grounds. The garden was safe enough for people to have a good walk around, with seats placed here and there for people to rest on. In one part of the garden there was a sensory area, filled with many different colours and aromas designed to stimulate people's senses. The home had rabbits for people who used the service to look at and enjoy. Many people may have had pets and being able to see the rabbits could help their well-being. We asked one person if they had the opportunity to sit out in the garden on nice days. They told us, "I get out in the garden as much as possible; it's beautiful to sit out there".

We looked at four care plans and saw that they included appropriate health and personal information. Issues such as personal care, medicines, mobility, falls, mental capacity, nutrition, activities and restraint were covered within the care plans. There were sections containing notes of professional visits, such as GP and district nurses and information about Lasting Power of Attorney (LPA). Reviews of support were undertaken at least monthly, or when required if changes occurred.

The registered manager told us that the local GP surgery were now holding monthly meetings regarding people who used their service to look at all issues. The registered manager was currently in discussions with another local surgery to put a similar system in place.

People told us they were regularly asked for their consent to care. We observed that staff routinely asked for people's consent before giving assistance and they waited for a response. Staff gave examples of how they looked for consent when people were unable to give this verbally, for example, through observing body language or facial expressions. We saw consent forms were signed by people who used the service or their representatives acting in their best interests for the taking of photographs, care interventions and other issues where consent was required.

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).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

DoLS information was recorded on people's files and the authorisation paperwork kept in a separate file along with best interest decision making records. We spoke with staff about DoLS and they were able to give examples of who was subject to DoLS at present, what the reasons for this were and what techniques they used to ensure people were kept safe with the least amount of restrictions.

The service had a matrix which ensured they knew who was subject to a DoLS authorisation and when each one was due for review and/or renewal.

The registered manager attended regular surgeries on MCA and DoLS and is a member of the Bolton mental capacity subgroup. Any new information from these groups was cascaded to staff.

We saw that Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were completed

appropriately and held in people's care files. There was a discreetly placed heart symbol on the bedroom doors of people who had one in place to help staff be able to instantly identify people with DNACPRs in place.

We saw that the induction programme was robust. Staff were required to read and sign as read a number of the most relevant policies. Training was undertaken by all staff, this included: orientation around the premises, moving and handling, food hygiene, fire training, safeguarding vulnerable adults, infection control, first aid and medication for seniors and night staff. Observations of all practical tasks were carried out and competence evaluated. We spoke with staff about the induction and one staff member said the induction was 'wonderful'. Another member of staff told us she had yet to undertake moving and handling training as she was new. She was not allowed to use equipment, such as hoists, until she had undertaken the training, which demonstrated the service's commitment to ensuring staff were fully competent prior to providing care interventions.

Staff spoken with told us training and development was encouraged and supported by the registered manager. Staff attended in-house and external training. Other training provided included; basic dementia and Jewels training, dementia therapy activities, Parkinson's awareness, continence awareness, end of life care, spirituality in end of life, nutrition, diabetes and communication. Most staff had a National Vocational Qualification (NVQ) level 2 or 3 in care; other staff were working to the Care Certificate.

## Is the service caring?

### Our findings

People who used the service and their relatives spoke positively about the staff and the service and the care and support they received. One person told us, "I couldn't wish for better care. I have company and all the staff are genuinely caring". Another said, "I won't call these girls [staff]. They do their best for me". One relative told us, "We can't praise them [staff] enough for what they have done for [relative]. The food is good, excellent. [Our relative] has been very poorly and they [staff] have made special bits and pieces to tempt her. Staff are superb, nothing is too much trouble".

During our inspection we observed the staff were attentive to people and responded quickly and efficiently when assistance was needed. We observed there was always at least one member of staff in the communal areas. Staff were seen sitting and chatting with people who used the service. When required staff offered reassurance in a kind and caring way. Staff were patient and understanding. The atmosphere in the home was relaxed and friendly. There was lots of laughter and respectful banter between staff and people who used the service.

We were told by one person who used the service everyone who worked at the home was lovely and caring from the management to ancillary team. They said, "Everyone has a kind word to say".

We spoke with the family of one person whose relative was celebrating their birthday. The family spoke highly of the care and support their relative received. They had no complaints or concerns about the service.

Visiting was not restricted and people were welcome at any time. Visitors told us they were always made welcome and refreshments were offered. We observed a relaxed and friendly atmosphere between staff and visitors. People who used the service could entertain guests in the privacy of their own room or in the lounges. We saw that visitors also engaged with other people who lived at the home, which made them feel included in the conversation. We were also made aware that some relatives still visited the home even though their loved ones had passed away.

We spoke with staff about diversity and human rights. Staff were knowledgeable about what they would do to ensure people had the care they needed for a variety of diverse needs, including spiritual and cultural differences. The home encouraged multi faith worship and some people attended church with family and friends. People were encouraged to continue with their interests and hobbies. We observed that one person was knitting baby clothes and another was sketching and drawing detailed designs. Some people who used the service had their own iPad and the service had access to WIFI and programmes such as Skype.

We observed that people were treated as individuals and were able to do what they wished, making their own individual decisions helped and supported by staff. Staff addressed people by their preferred name. This was documented in the care records.

We saw that staff respected people's dignity and privacy and observed that bedroom and bathroom doors

were closed when personal care was being provided. Staff knocked on bedroom doors and waited for a response before entering their room.

We spoke with one member of staff who had worked at the service for a number of years. They told us how much they enjoyed working at the home; they said they had job satisfaction knowing the people living at Bakewells were well cared for. We saw staff were highly motivated to provide a high standard of care. One member of staff told us that they were a good a team with good leadership which they thought was vital to the smooth running of the home.

The service provided end of life care. This meant that people could stay at the home and be cared for by staff they knew and could trust. The home had an end of life champion who helped train and support junior staff in the End of Life model. Staff had completed the Six Steps end of life training. We were told that the Six Steps programme tried to ensure that every possible resource was made available to facilitate a private, comfortable, dignified and pain free death. People's wishes for their care when they were nearing the end of life were clearly recorded within their care plans. Having prior knowledge of people's preferences meant that staff could support people to be cared for in accordance with their wishes at the end of their lives. Staff had been complimented by relatives for the care and compassion provided to their relatives and empathy and support offered to them during a very distressing time.

We saw evidence of some of the testimonials sent to the home, for example: 'To everyone at the Bakewells who cared for [relative] and nursed [relative] to such a peaceful end. A very warm thank you'. 'To all the Bakewells staff. Thank you all so very much for taking care of my [relative] especially the last few weeks of life. Your kindness and support will never be forgotten'. To all the carers and staff at Bakewells. I can't thank you enough for your care of my lovely [relative]. I know [relative] appreciated all you did and the love you gave. Also a big thank you for all the emotional support you gave me and the family over the last few very difficult weeks, I couldn't have done it without you'. Newspapers family announcement: '[ Relative] family would like to express their deep appreciation to the splendid and ever-supportive team at the Bakewells care home, all of whom showed true dedication to their profession and incalculable support and understanding'. For one person who was nearing the end of their life, their last request on their bucket list was to ride on the Flying Scotsman; staff at the home supported the family with this request.

## Is the service responsive?

### Our findings

People who used the service told us the service involved them in every step of their care. One person said, "We are asked about any changes such as menus and activities". People who used the service were encouraged to attend the residents' monthly meeting to ensure their views were expressed. One person said, "I like to go the meetings and find out what's going on". Staff on shift attended the meetings sitting with people who had difficulty hearing to help explain what had been said and to ensure they had the opportunity to express an opinion.

People told us that staff responded well to their needs. Comments included, "The care is excellent", and "If I am not feeling very well they ring the doctor straight away".

We saw in the care records we looked at that a comprehensive pre-admission assessment had been carried out before people were offered a place at Bakewells. This was to ensure that the home was suitable and that staff were able to deliver effective and safe care that met the individual's needs and preferences. Once people had made a decision to move into the home a care file was compiled.

Care plans were person-centred and included people's life story/personal history, which helped staff with their general interactions and to make activities meaningful for each individual. We saw the care records had been reviewed regularly to ensure the information reflected the person's current support needs. We saw that if any concerns had been identified, that where appropriate the family had been notified. This was also confirmed by relatives spoken with. One relative told us, "They [staff] let us know as soon as possible if [relative] is not so good and that they have contacted the doctor. The communication with the staff is excellent".

From the care records we looked at people had access to external healthcare services. These included GPs, community nurses, chiropodists, opticians, dentist, social workers and the mental health team who visited people living at the home as required. Where people needed to attend hospital appointments they would be accompanied preferably by a relative or a member of staff would escort them. People would not be unaccompanied during these visits unless it was their choice.

In the event of a person being transferred to hospital or another service, information about the person's care needs and medication they were receiving was sent with them to help assist with continuity of care.

We saw there was appropriate equipment supplied at the home, which had been assessed to help maintain people's comfort, safety, well-being and independence. These included recliner chairs, wheelchairs, walking aids and assisted bathing facilities.

We looked to see what activities were provided for people. The care records we looked at detailed people's hobbies and interests and we saw people were encouraged to continue these for as long as possible. For example adapting activities to suit individual needs including playing mini golf with a keen golfer and for another person the use of Ipads and videos of Spitfires for a person who flew them in World War 2.

We saw there was a weekly activity programme displayed in the hallway. The home had an activities coordinator who using the Pool Activity Level (PAL) Instrument, had developed an occupational profile for each person to explain their activity level. This can either be Planned Activity Level, Exploratory Activity Level, Sensory Level or Reflex Activity Level. An individual plan identified the varying degrees of support required for each person to best engage in the range of activities provided within the home and with personal activities of daily living. Activities included: Zumba, aromatherapy, board games, bingo, arts and crafts, baking, armchair exercises and archery. Outside entertainers were booked for sing alongs and dancing. People went out on shopping trips or to the local day centre; these visits had been arranged and were supported by staff from other agencies. People had access to daily papers and the home subscribed to the Daily Chat magazine which included news articles from bygone times, poems and quizzes. People were able to help in the garden and help care for the home's rabbits. The home had links within the community including churches and local schools. One person told us they liked to listen to the plays on radio four. There were activities to help aid with reminiscence such as large scrapbooks. We saw that for some people they enjoyed quality time chatting or walking around with staff.

The home had also been awarded a £10,000 grant from the lottery fund to encourage community engagement and support for people and their families living with dementia or other cognitive impairments. The aim had been to bring the community into the home and organising activities both for people who used the service and their families and members of the community to raise the awareness of dementia and other age related illnesses.

We saw that the complaints policy was clearly displayed in the hallway. The home had procedures in place for receiving, handling and dealing with any complaints or concerns. The home had not received any complaints within the last 12 months. One relative we spoke with said, "I am very comfortable to raise concerns with the manager if I need to".

There were numerous compliment cards from relatives. Some of the comments included: "To all the carers who touched mine and my [relative] life. Thank you from the bottom of our hearts". "To everyone at the Bakewells who made the last few years of [relative] life as happy as possible". "We are so grateful for all the help and support you gave [relative] and us. We will be for ever thankful". There was also a suggestions box prominently situated for people to use if they wished.

We were told people who used the service were encouraged to take part in the democratic process and all were registered on the electoral roll. Information was provided on all parties and candidates and people were encouraged and supported to vote.

## Is the service well-led?

### Our findings

There was a clear management structure in place. All staff were aware of their roles and responsibilities. The people with whom we spoke confirmed the service heard and acted on their views. There was excellent communication between people who used the service, their relatives and the management. One relative told us "They [staff] keep us informed all the time about how our [relative] is doing. We can always speak with [registered manager]; she always has time to listen to you". People who used the service told us the home was well led. One person said, "Both (registered manager) and (managing director) are always around. The way (registered manager) manages the home is excellent". Another person told us, "All the staff team are brilliant, you cannot fault them. They are passionate about their work and go the extra mile to make sure we are well cared for". This approach demonstrated that the registered manager promoted an open and transparent ethos within the home.

The registered manager and the managing director purchased the home 17 years ago. The deputy manager and many of the carers had worked at the home for several years. The registered manager had maintained their nursing registration and had the required qualifications and experience and was competent to run the service. When we spoke with the registered manager they had a clear understanding of the key principles and the focus of the service, based on the organisational values and priorities. The registered manager worked continuously to improve the service focusing on equality and diversity, fairness and inclusion. This meant that people living at Bakewells received care and support and benefited from a strong management team that had a positive sense of direction and a good track record of delivering good performance and improvement.

The registered manager and the managing director worked at the home most days. There was an on call system for staff to contact either the registered manager or the managing director in the event of an emergency. There was a deputy manager in post who was able to cover and ensured the smooth running of the home in the registered manager's absence. This showed us that the management team had oversight of the quality of the service offered.

We observed the registered manager made herself available to see how the care was being delivered thought out the day. The registered manager was available to support staff and people who used the service and offer advice and guidance. Staff spoken with told us, "The manager is 'hands on' she knows all the people living at the home and what their care needs and preferences are". Staff members we spoke with described the management as supportive and approachable. One staff member told us, "This is the best place I have ever worked at". Another said, "The manager is a very approachable and always around to help and support us".

The registered manager told us they had implemented an 'Employee of the Month' through which good performances were recognised. This had been received well by the staff. One member of staff jokingly told us, "We are quite competitive about achieving employee of the month".

The registered manager and the managing director told us they were continually working to improve the

service. The registered manager is involved with the Bolton Care Homes forum and the Bolton Association of Registered Care Homes (BARCH). These meetings provide the care homes with up to date information and training and development and opportunity for discussion and new ideas.

The home also had the Investors in People bronze award. This was reaccredited in September 2015. The Investors in People assessor reported that, 'Bakewells Care Home has a wonderful people culture and is evidently working, 'Beyond the Standard' in many areas. The home is encouraged to consider 'going for gold' or even 'platinum' at an appropriate point. The report was produced by the assessor and the review found that, Bakewells Care Home was precisely where it should be in terms of Strategy, Change Management and Employee Engagement. A small number of development opportunities had been identified to support Bakewells Care Home in sustaining its excellent people culture and in continuing to outperform the competition. The management were working to address these areas of development. The home produced a continuous improvement plan of business priorities to ensure they maintained an excellent reputation, to outperform similar homes and 'be the best' and to ensure a happy, engaged and motivated staff team. A final comment from the assessor stated, 'The assessor would like to congratulate Bakewells Care Home on the achievement of Investors in People Accreditation once again, for the excellent people culture which is evidently well embedded.

The home had a Statement of Purpose/Service User Guide which was available to people. This provided information on the services and facilities offered, the staffing structure and what people could expect from their stay at Bakewells. There was a brochure introducing The Deane and explaining the specialist service provided.

The registered manager told us that they had an excellent staff team that were dedicated to providing care to a high standard. The registered manager told us this was achieved through valuing staff, training and development, regular supervision and appraisals and through staff discussions.

The service provided other information for people who used the service, for example how to access advocacy services and community groups.

We saw that staff meetings and residents'/relatives' meetings were held. These meetings were recorded and actions documented. The meetings covered meals, the extension of the Wi-Fi throughout the home which had significantly improved the signal and information on the Advanced Nurse Practitioner services. The minutes showed what actions had been taken to address points raised. This showed us that relatives were listened to, supported and the registered manager showed concern for their wellbeing.

There was a newsletter which provided people who used the service and relatives with information about what was going on in the home. For example, introduction to new people, birthdays, entertainment and trips out and menu selections. There was information about training and staff issues. There was a section on continuous improvements which included the results of the 2015 survey. Positive comments included, 'A very caring environment'; 'The staff are very approachable and caring' and 'I would recommend this home to anyone'. Other topics included: laundry, activities, meals and the introduction of a small shop. These were followed up with the registered manager's responses and actions taken. There was now 'Tuck Shop' in operation where people could purchase sweets, toiletries, birthday cards and stationary. There was a section on the garden and a thank you to the 'resident' gardener who had planted and tended the garden providing a beautiful display of colour for all to enjoy.

The registered manager told us they operated an 'open door' policy so people who used the service, relatives and staff could approach them at any time. This was confirmed by people we spoke with.

The Deane had been purpose built with the needs of people living with dementia. Thought had been given to the design and décor of the building to help enhance the quality of life for people using the service.

The registered manager and the managing director regularly monitored the quality of the service by completing audits and checks. Some of the audits were completed monthly or weekly. This included care plans, medication, infection control, the environment, activities, health and safety. Any actions from the audits and timeframe for completion were recorded. We saw that equipment and appliances had been serviced in line with the manufacturers' instructions. Appliances such as gas, electric, small portable electrical goods, lifts and hoists had been serviced and certificates were valid. There was a contingency plan in place for dealing with any event that stopped the running of the service such as electrical or gas failure. This helped the provider to focus on continuous improvement by regular assessment and monitoring of the quality of the service.

The registered manager and the managing director engaged well with the Commission. Any incident or accidents that CQC needed to be notified of were sent in a timely manner. This meant we were able to see if appropriate action had been taken by the management to ensure people were kept safe.