

Four Seasons (No 10) Limited

# Bamford Grange Care Home

## Inspection report

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12 December 2016

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 8, 9 and 12 December 2016 and was carried out by one adult social care inspector.

The service was last inspected in July 2015 following which the service was rated as 'requires improvement'. This inspection was carried out to check sufficient improvements had been made to the service.

Bamford Grange Care Home is purpose built offering accommodation for up to 79 people. The home is set out in four units with all bedrooms being single with en-suite facilities.

The service had a registered manager in place. A registered manager is a person who had been 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 one breach 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.

Formal staff supervision had not consistently been taking place. Supervision provides staff and their manager the opportunity to discuss staff development and performance and any other issues that staff may want to bring to the attention of their manager and vice versa.

We recommend that the provider takes appropriate action to ensure that quality monitoring systems are used effectively and identifies all areas where shortfalls are found and records all actions taken to resolve those shortfalls, including staff supervision.

Sufficient numbers of appropriately trained care staff and qualified nursing staff were available to support people and help meet their assessed needs.

Medicines were managed safely with those staff with the responsibility for administering medicines in the home receiving appropriate training in this topic.

Each person using the service had an up-to-date care plan, risk assessments and other associated documentation in place.

All areas of the home were found to be clean and tidy and we observed domestic staff carrying out routine daily cleaning duties.

We observed some good interaction and communication between staff and people who used the service.

We saw that the service had a written complaints policy and a procedure which was visible throughout the home.

## 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.

Systems were in place to manage risks and for the safe handling of medicines.

There were sufficient numbers of appropriately skilled and qualified staff deployed throughout the home to ensure people had their needs met in a timely way.

Equipment used in the home, such as hoists, fire safety equipment, bed rails and passenger lift were appropriately maintained, checked and serviced on a regular basis which helped to minimise any unnecessary risk to people.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not receive formal staff supervision on a consistent basis.

People had access to external health and social care professionals that supported and provided people with appropriate treatments when required.

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

### Is the service caring?

Good ●

The service was caring.

We observed staff delivering care in a kind and caring manner. Staff demonstrated a good understanding of the individual needs of the people they were supporting and looking after.

We saw some positive interaction between people and staff, and people who were unable to express their views appeared calm, relaxed and comfortable with the staff that supported them.

### Is the service responsive?

Good 

The service was responsive.

Prior to a person moving into Bamford Grange a pre-admission assessment of their needs would be undertaken by the registered or deputy manager.

Care plans and risk assessments were in place to ensure staff had the information they needed to meet people's care needs.

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

### Is the service well-led?

Good 

The service was well-led.

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

There were systems in place to monitor the quality of service provided. However due to the shortfalls relating to staff supervision found during this inspection improvements are needed and a recommendation has been made.

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

# 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.

This inspection took place on 8, 9 and 12 December 2016. Our visit on 8 December 2016 was unannounced. The inspection was carried out by one adult social care inspector.

Before our inspection we reviewed all the information we held about the service. This included notifications that the service was required to send to us in relation to safeguarding and significant events, such as, serious injury. We also reviewed the previous inspection report for this service and the Provider Information Return (PIR) that the provider had completed in September 2016. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found that information provided was limited in details.

We were provided feedback about the service from one local authority that used the services of Bamford Grange. We also contacted Stockport Healthwatch for any information they may hold about the service. Healthwatch is an independent consumer champion that gathers and represents the view of the public about health and social care services in England. We did not receive any feedback from this agency.

During our inspection we observed how staff interacted with people using the service and how care and support was being provided in communal areas. 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 five people who used the service, one visiting relative, three qualified nurses, one senior care assistant, six care assistants, two domestic staff, the deputy manager and one visiting Operational Residential Support Director.

We looked at a range of records relating to how the service was managed; these included care records and records of medicines administered. We also reviewed training records, and examined the staffing rotas for four weeks prior to our visit.

## Is the service safe?

### Our findings

We asked one regular visitor if they felt confident about the safety of their relative living at Bamford Grange. They told us, "I am very happy with the care and support [relative] is provided with. I looked at a number of places before coming to this home. I come most days and see how safe [relative] is. I have no worries or concerns about [relative] safety; they are looked after extremely well."

We looked at the medication arrangements on the Windsor Unit and discreetly observed the nurse in charge administering the morning time medicines to people. Only qualified nursing staff had responsibility for administering medicines in the home. A monitored dosage system (MDS) was in operation. This is a system where the supplying pharmacist places prescribed medicines into a cassette containing separate compartments according to the time of day the medication is to be offered. Some medication however was not included in this system and was dispensed from separate bottles or individual boxes. We carried out a tablet count for six types of this medication and found all balances were correct. This indicated that appropriate measures were being taken to ensure that medicines were being managed safely.

Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These are called 'controlled drugs'. Controlled drugs (CDs) are prescribed medicines that are usually used to treat severe pain, induce anaesthesia or treat drug dependence. Some people abuse CDs by taking them when there is no clinical reason to do so. We saw that controlled drugs were stored securely in a locked metal cupboard. All controlled drugs were checked and counted, and we checked that a number of medicine patches corresponded with the balances recorded in the records, which they did.

The medicines trolley was locked when not in use and was attached by a security wire to the wall in the clinic room for added security. Both medicine fridge and room temperatures we checked and logged on a daily basis and we found records to be up to date and appropriately recorded.

At our last inspection of the service, it was noted on Windsor Unit 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 that at that time, people may not have received prescribed creams as intended by their General Practitioner (GP), which could result in unnecessary discomfort for the person.

In our discussion with the nurse, we were informed that if a person had been prescribed topical medicines such as creams, a body map showing carers where on the body prescribed cream(s) should be applied had now been placed in the person's room. The carer had the responsibility for applying the cream(s) and then informing the nurse in charge who would then check and complete the Medication Administration Record (MAR). We saw evidence that this was being done and people using the service who we spoke with confirmed this.

Some people at risk of choking had been prescribed a medicine called 'thick and easy'. This is a powder used to thicken fluids for people who may be at risk of choking when eating or drinking. At the last

inspection we found that this medicine was being used inappropriately and action was required to rectify this to maintain the safety of people using the service, and where such medication was only administered to those people prescribed it. At this inspection we observed that this medicine was only being administered to those people it had been prescribed for.

We saw evidence that all qualified nurses had received appropriate training in medicines management and each had received a competency assessment of their skills in this area since our last inspection of the service.

There were policies and procedures in place for staff to follow in order to reduce and minimise the risks of infection to people. There were hand washing facilities and suitable personal protective equipment (PPE) available, such as disposable gloves and aprons. During our time in the home we saw staff accessing and wearing PPE when supporting people with care related tasks and when carrying out other duties when such equipment was required to be used.

During the inspection process we undertook a tour of the home including viewing some bedrooms on each unit, communal toilets and bathrooms and all the communal areas of the home. All areas were found to be clean and tidy and we observed domestic staff carrying out routine daily cleaning duties. We asked one member of the domestic team about their duties and the support they received. They told us, "I have no problems at all with my job or working here. There is always plenty of cleaning materials for us to use and as I only work on the one unit I know what my duties are on a day to day basis." We also later observed this same member of staff cleaning down equipment such as hoists and wheelchairs. This meant that people requiring the use of such equipment could be assured that the equipment was clean and that the risk of cross infections minimised.

Cleaning schedules were in place on each unit and had been completed by domestic staff to confirm the relevant cleaning tasks had been completed. We also saw evidence that the registered manager or deputy manager completed a daily walk around and recorded their findings on an iPad system. Where shortfalls had been identified we found that appropriate action had been taken to remedy these.

At our last inspection of the service we found that the patio areas accessible from the Highgrove and Kensington units had some paving slabs that were uneven and posed a potential tripping hazard. Also, ramped facilities were not available to enable people in wheelchairs or with limited mobility to safely access the garden areas. During this visit we found that appropriate action had been taken to replace the uneven slabs and make the patio areas safer, which help to minimise the risk of people tripping on uneven surfaces. Ramps had also been put in place enabling people with limited mobility to access the garden with reduced risk.

We looked at the recruitment and selection process for the service and examined three staff personnel files. In each file all the relevant documentation was in place including, an application form, two appropriate written references and proof of identification and address. Each had a full and satisfactory Disclosure and Barring Service (DBS) check. The DBS checks aim to help and support employers to make safer recruitment decisions when employing new staff. This also helps to minimise the risk of unsuitable people being employed to work with vulnerable groups of people.

The deputy manager told us that staffing levels had improved since our last visit to the service and believed that appropriate levels of staffing were now being maintained in order to meet people's assessed needs safely and in a timely manner. We examined the rotas for the previous four weeks and found that consistent levels of staffing, including qualified nursing staff had been maintained and any vacant hours had been

covered. We asked each member of the staff team we spoke with about the staffing levels in the home and their comments included, "There has been a big improvement in staffing levels, a lot more staff have been employed", "Staffing has improved. We now get chance to take our days off without having to cover", "Staffing has definitely improved. We can now spend more time with the people not just carrying out tasks" and "Staffing levels are really good at the moment, we have been actually overstaffed at times. This is really good and enables us [staff] to spend some quality time with the residents, especially those who require full care."

People who used the service told us that the numbers of staff available to assist them seemed to have improved. One person said, "The staff don't seem half as hassled as they did before, they have more time with us [service users]." Another person told us, "I think the staff are wonderful. They all work hard and do their best for us. I can't complain there are usually enough staff around to help us." One visiting relative told us, "Some staff respond better than others, but I have seen an improvement in the numbers of staff around when I visit, which is nearly every day."

We looked at five care files, one from each of the units and we found risk assessments had been carried out and regularly reviewed to ensure people's needs were identified and care and treatment was planned to meet those needs, with known risks being appropriately managed.

We saw evidence to demonstrate that equipment used in the home, such as hoists, fire safety equipment, bed rails and passenger lift were appropriately maintained, checked and serviced on a regular basis which helped to minimise any unnecessary risk to people.

## Is the service effective?

### Our findings

In records and individual care plan files reviewed we found evidence that people using the service had access to multiple external care agencies, including General Practitioners (GP), Speech and Language Therapists (SALT), District Nursing services and health and social care workers. We found that care plans had been updated with any advice or guidance provided by health care professionals and we observed care staff following this updated information. For example, on Clarence Unit we looked at the care plan for one person who was identified at risk due to swallowing difficulties. The advice provided by the SALT was clearly defined in the care plan and observation of care staff during breakfast demonstrated that the advice given about supporting the person safely was being followed. Although the associated risk assessment identified that the person had an on-going risk of aspiration, the action taken by staff whilst supporting this person with their food and fluid intake reduced this risk.

People who used the service told us that the care they received was good and provided them with support from supportive, well trained staff. One person said, "Most of the girls [care staff] are very good, know what I need and provide me with the help I need." Another person said, "[Named carer] is wonderful when helping me, knows how I liked to be assisted."

One visiting relative told us, "Before [relative] came to live here I was concerned that they had lost weight, but since living here they have gained weight and look much better, healthier and happier, I have no concerns to report to you."

We saw that the service had a supervision policy but formal supervision was inconsistent. Some of the staff we spoke with told us they had not had formal supervision at all or not 'for quite some time'. A number of line managers told us they had not received any supervision at all and there had been no clinical oversight of their practice. They informed us that they were responsible for providing supervision to the staff on their individual units but lack of time had hindered the progress of planning and carrying out supervision with staff on a consistent basis. Supervision provides staff and their manager the opportunity to discuss staff development and performance and any other issues that staff may want to bring to the attention of their manager and vice versa.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as people employed by the service must receive appropriate support, training and supervision to enable them to carry out their duties.

Staff we spoke with confirmed they had received regular training from external and internal resources. Training records seen indicated what training the staff had participated in to date, both e-learning (electronic) and face to face. This training included moving and handling, safeguarding adults, dignity, basic life support, first aid awareness, Dementia Care Framework, fire safety, medicines management, catheter care and pressure ulcer prevention.

New staff had been placed on an organisational induction, which included at least two days of classroom

work, followed by supernumerary work alongside an experienced member of staff. We also saw evidence that staff new to health and social care had been placed on the Care Certificate, which is a professional qualification to equip new staff with the knowledge and skills which they need to provide safe and compassionate care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find.

We checked whether the service was working within the principles of the MCA. We looked at a five people's care plans which indicated they were subject to a current DoLS. Details of the DoLS were in place and we found that these had been appropriately authorised and approved by the local authority.

In our discussions with members of the staff team 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. Staff we spoke with also understood that people's capacity could be variable and this had to be taken into account when requesting people's consent when providing care and support. One member of staff told us, "People's capacity can change from day to day, especially where personal care is concerned. Where one day they will give consent to support, on another day they may not. It is important therefore to have regular best interest meetings if decisions are to be made on the person's behalf."

Menus were developed in consultation with the people using the service and the menu for the day was displayed in the dining rooms on each unit. We observed the provision of meals at lunch time on Windsor Unit. The meal offered was Lincoln sausage, mashed potatoes and onion gravy or homemade Chicken Korma, peas and carrots. These meals looked and smelt appetising and staff asked each person for their choice of meal and drink before serving it. A total of six members of staff supported people during the meal time and people were supported in an unhurried, kind and dignified manner. We observed that each member of staff spoke with the person during assisting them with their meal.

We saw evidence that care files included information about meeting people's nutritional needs. This information included checking the nutritional risk of the person on a monthly basis and monitoring people's weight on a monthly basis, and where any concerns about weight loss or too much weight gain was identified, weighing then took place on a weekly basis. We saw that there were fluid and dietary intake charts in place for people who needed closer monitoring and support with their dietary needs and these were regularly reviewed and checked as part of the organisations monthly quality auditing processes.

## Is the service caring?

### Our findings

People we spoke with who used the service said they received good care and support from all the staff that supported them. One person told us, "The staff are very kind and I am looked after very well". Another said, "We seem to have more staff around so they [staff] have more time to chat."

The atmosphere in the home was relaxed and friendly and our observation of staff's interaction with people using the service demonstrated that they knew people well and treated them with dignity and respect. The actions of the staff's interventions with people conveyed that they understood and supported the person according to their individual assessed needs and with the consent of the person. Personal care was provided behind closed doors and we saw that people looked cared for and were appropriately dressed. People who were unable to express their views appeared calm, relaxed and comfortable with the staff that supported them.

We observed staff on Clarence Unit using skills to guide people with dementia without causing them distress by using an approach that was gentle and reassuring. The way in which people with dementia responded to staff indicated that the staff knew them well and that people trusted them.

We looked at a number of bedrooms on each unit and found them to be personalised with objects and belongings that were highly personal and important to the people who used the service. People's personal clothing was put away in wardrobes and drawers.

The service was able to support people with end of life care and, where possible, people were involved in discussions and decisions about their end of life care. At such times the service accessed support from relevant healthcare professionals such as the district nursing service and Macmillan nurses. The person's own doctor would take the lead role and would participate in drawing up a specific care plan for a person's end of life care. At the time of our inspection there was no one in receipt of end of life care.

People were provided with information about Bamford Grange in the form of a brochure and a Service User Guide on admission into the home. Information on how to access the support of an independent advocate was displayed in the hallway of the home. 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 their personal opinion.

## Is the service responsive?

### Our findings

Prior to a person moving into Bamford Grange a pre-admission assessment of their needs would be undertaken by the registered or deputy manager. This would be carried out to make sure that the service could meet the assessed needs appropriately and safely. Background information about the person would also be sought from those people / services that had previously been involved in the care and support of the person.

During our inspection we spent time on each of the five units and looked at a total of five care files. Since our last inspection of the service in July 2015, new and improved care plan documentation had been introduced in the service. We found this new documentation to be much more person centred and user friendly. Information about the person had been written in a person centred way focussing on their abilities to maximise their independence as much as possible. We saw that capacity assessments had been completed and reviewed on a monthly basis. One file identified that the person had fluctuating capacity and was able to make non-complex every day decisions with more complex decisions being made with the person's son and other designated healthcare professionals. This meant that people's best interests were being reviewed and maintained in line with initial capacity assessments.

The new care plan documentation reflected where a risk was identified and the measures that should be taken to mitigate the known risk(s). For example, in one person's care file a completed Waterlow risk assessment had been put in place. This assessment measures the risk to skin integrity and identified this person was a high risk of developing pressure sores due to being nursed mainly in bed. A corresponding care plan had been put in place to guide staff in monitoring and providing relevant support to minimise the known risk. We also saw evidence that a visiting Tissue Viability Nurse (TVN) had been involved in assessing and developing relevant support plans.

In the care plans examined we saw that input had been provided by other healthcare professionals that were, or had been, involved in meeting the person's care needs, either prior to or during their time living in Bamford Grange. We saw that contact had been made with healthcare services such as, doctors, district nursing services, speech and language therapists (SALT), falls team, physiotherapists and social workers. Such multi-disciplinary working helped people living in Bamford Grange to receive a service that met their needs and respected their choices and wishes.

We saw that there was a complaint policy on display in the hallway and on each unit of the home. People using the service were also provided with details of how to make a complaint within the Service User Guide provided on admission into the home. All complaints were recorded electronically and then monitored by a complaints manager based at the head office of the organisation. We looked at the complaints records and found that there had been a total of five complaints recorded since our last inspection of the service. All had been investigated and responded to, to the satisfaction of the complainant(s)

The home employed the services of two part time activity coordinators and we saw a programme of activities displayed throughout the home. The home also owned a mini bus that was used to support people

to go on day trips and holidays in the nicer weather. Photographs were displayed of people enjoying these trips.

Throughout the inspection, we observed that staff, interacted with people in a calm and unhurried manner, taking time to chat and sit with them whenever possible. We saw staff encouraging and comforting people who sometimes got emotionally upset or distressed and observed care being offered and provided that was person centred and considered people's individual needs.

## Is the service well-led?

### Our findings

The home had a manager registered with the Care Quality Commission (CQC) who was on annual leave at the time of the inspection and the inspection process was therefore supported by the deputy manager who was present throughout. The deputy manager was also supported by the regional manager for the service.

In our discussion about the service with the regional manager, it was confirmed that they visited the service at least monthly but also called in on a regular basis to offer support to the management team.

We saw that there were systems in place to seek the views of people who lived at Bamford Grange and their families and / or representatives. Satisfaction questionnaires were sent out on an annual basis, with completed ones being returned to the head office of the organisation. The results of the completed questionnaires would then be analysed and results collated. Following this, a report was then produced and made available for people living in the home to read. We saw that a copy of the latest report was displayed in the hallway of the home.

Also in the hallway of the home was an electronic feedback system that any person could use to anonymously input information about how they found the service(s) being provided at Bamford Grange? Information was checked on a weekly basis and any issues identified on the system were flagged up to the registered manager who was then required to address them. No issues were identified on this system at the time of our inspection.

We saw evidence that a comprehensive range of audits were regularly completed by the senior staff of the home. This included care file audits, with actions to resolve identified issues being signed off by the registered manager. There were a range of daily, weekly and monthly audits that included medication, food safety, wound analysis, bed rail safety, and observation of staff practice and health and safety matters. The auditing system involved the use of i Pads to record all the information which could then be transferred electronically to a centralised system, with both the registered and regional manager having direct access to this information.

We looked at the processes in place for responding to accidents and incidents. We saw that the details of both accidents and incidents were appropriately recorded and then entered onto an electronic system by the registered manager. The regional manager confirmed that they received this updated information on a monthly basis, but were able to access such information on a daily basis if necessary. We found evidence that six safeguarding incidents had been notified to the Care Quality Commission from February to June 2016 inclusive with details of the outcome of each being stated.

When we spoke with the deputy manager and regional manager of the service it was acknowledged that the system of quality management of the service had not identified the shortfalls found during the inspection relating to the lack of provision of consistent formal staff supervision.

We recommend that the provider takes appropriate action to ensure that the quality audit monitoring

systems are used effectively and identifies any areas of non-compliance, for example, inconsistent staff supervision and actions taken to ensure compliance is achieved.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	People employed by the service were not receiving consistent formal supervision.
Treatment of disease, disorder or injury	Regulation 18 (2)(a)