

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?

Requires improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Puttenhoe provides care and support for up to 29 older people, who may also be living with dementia. It is situated in a residential suburb of Bedford. Six of the bedrooms in the service are for short re-enablement visits and two are for respite stays, the remaining 21 bedrooms are for full time residents. On the day of our inspection all 21 full time rooms were occupied, as well as three of the re-enablement rooms. The respite bedrooms were both vacant.

The inspection took place 09 September 2015.

The service had a registered manager. 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.

Summary of findings

Care plans had been written for people in the service, however they were not all aware of the content of these plans. There was no evidence to suggest that people or their relatives had been involved in the production of their care plans.

People felt safe in the service. Staff had been trained in safeguarding and were knowledgeable about abuse, and the ways to recognise and report it.

Risk to people and the general service had been assessed, and control measures implemented to ensure people were safe, whilst retaining as much independence as possible.

Staffing levels were appropriate, meaning there were enough staff on shift to meet people's needs and provide support. Staff had been recruited following safe and robust procedures.

Medicines were stored and administered by staff who had been trained and assessed to handle them safely.

Staff had the skills and knowledge they needed to support people appropriately. They had regular training to maintain these skills, as well as regular supervision and support to identify areas for development or concern.

Staff sought people's consent before providing them with care. If people were unable to make decisions for themselves, they were supported to do so following the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were positive about the food and drink they received in the service. They had a balanced, varied and nutritious diet.

People had regular access to healthcare professionals both within the service and local community. Where necessary, people were supported to attend appointments by staff from the service.

There were positive relationships between people using the service and members of staff. Staff treated people with kindness and compassion, and referred to people using their preferred names.

Staff treated people with dignity and respect. They also ensured people's privacy was upheld, particularly when carrying out tasks such as personal care.

People received personalised care which had been developed to meet their own specific needs and wishes. Staff knew and understood people well and care plans reflected their strengths and areas for support.

There were activities available to people which had been planned to meet their needs and wishes. There were also plans in place to develop the range of activities and increase the service's involvement with the local community.

People and their relatives were able to give the service regular feedback and people felt the service listened when they did. If complaints were made, the service took them seriously and responded accordingly. Compliments were shared to promote good practice.

The service had good and visible leadership in place. People, relatives and members of staff knew who the registered manager was and were able to approach them with issues or concerns.

Staff were empowered to perform their roles and felt confident that they could raise concerns if they were unhappy in any way.

There were systems in place to gather feedback and comments from people and their families. In addition, the service carried out a number of checks and audits to identify areas for improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from harm by staff who understood abuse and the reporting procedures for it.

People and the service had risk assessments in place and risks were managed appropriately.

Staffing levels were appropriate to meet people's needs.

Medicines were given to people safely and managed effectively.

Good



Is the service effective?

The service was effective.

People's needs were met by staff with the skills, knowledge, training and support that they required.

People's consent to care was sought and the service followed the principles of the Mental Capacity Act 2005 (MCA) and DoLS where necessary.

Food and drink was available to people throughout the day, and people were positive about the quality of this.

Medical and other healthcare professionals saw people on a regular basis and the service helped people to book and attend appointments.

Good



Is the service caring?

The service was not always caring.

People were not always aware of their care plans, or involved in the production and review of them.

There were open and positive relationships between people and members of staff. Staff treated people with kindness and compassion.

People's privacy and dignity were maintained and people were treated with respect. Visitors were welcome at any time.

Requires improvement



Is the service responsive?

The service was responsive.

The service was providing people with person-centred care, which was tailored to meet their individual needs.

Activities were provided on a regular basis to entertain people and there were plans to develop the existing activities programme.

Good



Summary of findings

People were able to provide the service with feedback and felt that they were listened to when they did so.

Is the service well-led?

The service was well-led.

The registered manager was well known and accessible to people, their relatives and members of staff.

There was a positive culture amongst the people and staff using the service. Feedback was also sought to help drive improvements.

Systems of checks and audits were in place to ensure high quality care was provided, and to identify areas for improvement if necessary.

Good



Puttenhoe

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 09 September 2015 and was unannounced.

It was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert used for this inspection had expertise in dementia and older people's care services.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events which the provider is required to send us by law. We spoke with the local authority to gain their feedback as to the care that people received.

During our inspection, we observed how the staff interacted with the people who used the service and how people were supported during meal times and during individual tasks and activities. We also 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.

We spoke with seven people who used the service and two of their relatives. During our visit we spoke with the registered manager, deputy manager and operations manager. In addition, we spoke with the activities co-ordinator, a senior carer, six carers, the chef manager, the maintenance operative, an administrator and two members of the domestic team.

We looked at eight people's care records to ensure they reflected their needs and were up-to-date. We also reviewed eight staff recruitment files including supervision and training records. In addition to this we looked at records for the maintenance of facilities and equipment that people used. We also looked at further records relating to the management of the service, including quality audits, in order to ensure that robust quality monitoring systems were in place.

Is the service safe?

Our findings

People felt safe within the service. They told us they were confident with the staff that provided them with support. One person told us, “I feel safe here, the staff are very kind and gentle.” Another said, “I am safe here, I’m not frightened of anyone or anything.” People’s relatives were also confident that their family members were safe. One relative said, “He’s safe and happy here.” Another relative told us, “I have peace of mind that she’s well looked after.”

Staff were able to describe the different types of abuse and potential signs which may indicate that somebody had been abused. They were also able to tell us about the actions they would take to prevent abuse, as well as procedures for reporting any abuse that did occur. One staff member told us, “If I suspected abuse I would go straight to my manager.” Staff also told us that, if necessary, they would report incidents over their manager’s head. This included internally, for example, contacting the operations manager, and externally to organisations such as the local authority safeguarding team or the Care Quality Commission (CQC). We saw that there was information regarding safeguarding and useful contacts available throughout the service for people, relatives and staff to refer to. We also saw that staff had access to the provider’s safeguarding and whistleblowing policies, as well as regular training in this area.

The registered manager told us that they worked with the local authority safeguarding team to ensure incidents were appropriately recorded, reported and investigated. They also told us that the outcome of these investigations were used to update people’s care plans and risk assessments. We looked at records and saw that the registered manager had reported safeguarding concerns to the local authority, as well as the CQC. Other incidents and accidents were also reported appropriately, investigated and followed –up to determine if any further action was required.

Risk assessments were in place to help maintain people’s safety. People told us that they were aware of risk assessments, but they didn’t prevent them from doing anything they wanted to. Staff and the registered manager told us that, where possible, people were encouraged to do as much for themselves to maintain their independence. They explained that risk assessments were used to identify areas where people may need additional support and guide staff about the support required. Throughout our

inspection we observed people being supported to carry out tasks and activities. During these, it was clear that staff had a good understanding of the risks which each person faced and took suitable steps to ensure these risks were managed. For example, as people prepared to walk around the service, staff ensured the appropriate walking aid was available and within their reach. Records also showed that risk assessments were in place for each person. These highlighted potential hazards to people, as well as steps for staff to take to help reduce the chances of those hazards occurring. We found risk assessments for each individual, in areas such as moving and handling, nutrition and falls, as well as general risk assessment for the service and environment. We saw that they were regularly updated and were reflective of people’s current needs.

Staff explained to us that the service had plans in place for them to follow in the event of an emergency, such as fire. We looked at these plans and saw that they were robust and reviewed regularly. There was also evidence of regular checks and maintenance of emergency systems and equipment, to ensure they were in working order if called upon.

People told us that there were enough members of staff to meet their needs. One person said, “There is usually enough staff, I don’t usually have to wait long for help.” Another person said, “There’s always carers around in the lounge if you need anything.” People’s relatives were also positive about staffing levels within the service. One relative said to us, “Oh yes, there’s usually enough staff here.” Members of staff told us that they felt there were enough staff on each shift and explained that they were happy to cover shifts if necessary, to ensure people received continuous care. One staff member told us, “We are a team here and we never mind getting called to cover a shift.” The registered manager explained to us that the service used agency staff on a regular basis, however they always used the same members of agency staff to ensure people received care from a familiar face. They also told us that staffing levels were not set-in-stone, and could be adjusted if people’s needs changed. For example, if somebody became unwell and required additional support, staffing levels would increase. Records, and our observations confirmed that staffing levels were appropriate to meet the needs of people living in the service.

Is the service safe?

Staff members informed us that they were unable to start working at the service until a background check had been completed. This included the service seeking references from past employment and a Disclosure and Barring Service (DBS) check for each person. During our inspection we observed one prospective employee visiting the registered manager to show them a newly received DBS check. Records also showed that all staff had received background checks and had gone through a suitable recruitment process.

People told us that they were supported to take their medication by staff. One person told us, “I would never remember to take them, they explain what they are to me.” Another said, “I can ask for painkillers but they usually ask when doing the regular round.” Staff told us that medication could only be administered by trained staff

who also received competency assessments from the registered manager. We observed one staff member during a medication round. We saw that they gave people their medication in accordance with their Medication Administration Record (MAR) chart. They spoke to people about their tablets before they gave them and also gave people the time they needed to take them with their preferred drink. For example, they sat with one person and explained to them that they were being given the final tablet in a course of antibiotics, therefore wouldn't be receiving that particular tablet again later. We looked at people's MAR charts and saw that they had been completed in full and that medication administration had been signed for by staff. There were also safe systems in place for the ordering, receiving and storing of medication.

Is the service effective?

Our findings

People felt that staff were knowledgeable and had the skills they needed to meet their needs. One person told us, “The carers are good, they know what they are doing.” Another person told us, “Staff are well trained and dedicated to their role.” People’s relatives were also positive and felt that staff were competent in their roles. One relative told us, “Staff know what they are doing, I watch them a lot.” During our inspection we observed staff providing people with care throughout the day and saw that they displayed the skills and knowledge people required.

Staff told us that, on commencing employment with the service, they received induction training and were supported by the whole staff team. One staff member told us, “If we have new staff we all try to support them when they are on induction.” This enabled new staff to get to know the role they would be performing, as well as the people and staff they would be working alongside. Staff inductions were a mixture of mandatory training, such as moving and handling, as well as shadowing more experienced members of staff on shift. Staff told us that they felt this gradual approach was useful and helped them grow in confidence before working more independently.

Staff also told us that they received regular training and support from the service after their induction. Staff were positive about the training that they received and explained that they could book onto additional courses in areas of their specific interest. They also told us they received a mixture of formal, and informal supervision from the registered manager and deputy manager. This meant they had regular opportunities to seek support and provide feedback about any issues or concerns they may have. One staff member said, “We have good training here, we have to keep up-to-date.” Another member of staff said, “I have supervision each month.” Records confirmed that staff received regular training and that future training courses were booked in. Supervision records showed that management met with staff to discuss areas of development or concern.

People told us that staff always sought their consent and offered them choices before supporting them with their care. One person told us, “Staff are good, they talk to me and ask me what I would like to do, a shower or a wash, I like having a choice.” People’s relatives also felt that their family members were given choices and asked for consent.

One relative said, “They always ask and explain to Mum what they are going to do, she often forgets.” Staff confirmed that they asked people for consent before providing care, even if they were providing a routine care element, to ensure their actions were reflective of people’s current opinion. Throughout our inspection we observed staff providing people with choices and asking for their consent.

Staff members explained to us that they followed the guidance of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards within their role. They explained that these were used to help them work with people and their families to make decisions for people who were unable to do so themselves. The registered manager told us that eight people had DoLS applications in place which had been approved by the local authority, and three others had pending applications waiting to be approved. They also told us that other applications may be made for people, and that these would be prioritised according to the levels of risk to each person. We saw evidence that the service had carried out suitable mental capacity assessments for people and that applications had been made to deprive people of their liberty if necessary.

People were positive about the food and drink they received at the service. One person said, “The food is very good, the cook comes out and talks to us about what we like.” Another person said, “I look at the menu the day before and we can choose, but I usually have what’s on the menu, it’s all lovely.” People’s relatives also felt that the food was good. One family member said, “Mum enjoys the food, she eats well and has put weight on.” Another relative told us, “I have seen the food quite often, it’s very good.” Staff explained to us that people were given choices of meals each day. If they didn’t like the options available, the kitchen would prepare them an alternative. In addition, the kitchen prepared meals and snacks which the night staff could give to people who were up through the night. We observed a calm and relaxed atmosphere during meal times and saw that people were served their meals quickly and efficiently. People were given plenty of time to eat and, if required, staff were on hand to provide people with support. Hot and cold drinks were available to people throughout the day and staff were happy to prepare drinks for people on request. If necessary, people’s food and fluid intake was monitored and used to make referrals to health professionals, such as a dietician.

Is the service effective?

People told us that they were supported to see healthcare professionals whenever they needed them, both within the service and the local community. One person told us, “The nurse comes in to check my leg regularly, she talks to the carers about the dressings.” Another person said, “If I have to go to the hospital, a carer comes with me.” Staff confirmed that they helped people to book and attend appointments with their healthcare professionals. In

addition, the service had close relationships with a number of local services, such as a GP’s practice, which allowed people to get the care they needed in a timely fashion. During our inspection we observed a range of healthcare professionals visiting the service. Records confirmed that people regularly saw the healthcare professionals that they needed to and that their recommendations were used to update people’s care plans.

Is the service caring?

Our findings

People were not always aware of their care plans, or whether or not they had been reviewed on a regular basis. One person told us, “I know they must write something about me, but I don’t know what it involves.” Another person said, “We just get on with things on a day-to-day basis.” People’s relatives also expressed a lack of involvement or knowledge of people’s specific care plans. The registered manager explained to us that they were aware of this issue and that there were plans to re-introduce the role of designated keyworkers for people. These keyworkers would then be responsible for supporting people to understand and contribute to their care plan. Records showed that care plans were in place for people and that they were based on people’s known abilities, likes and preferences. There was a lack of evidence in care plans regarding people and their relative’s involvement in their compilation.

There was information available to people throughout the service, including a service user guide, which explained local procedures, such as raising complaints and the variety of activities on offer. There was also information regarding abuse and reporting procedures and contact information for advocacy services if somebody needed additional independent support.

People were positive about the approach and attitude of staff and the service. They told us they were treated with kindness and compassion and that staff had taken the time to build strong relationships with them. One person told us, “They really care about me and how I’m feeling, I’m very happy here.” Another person said, “I have a good relationship with the carers, they know me well.” People’s relatives had a similar point of view. One family member told us, “They do care for him well, they know he likes a joke and they have a laugh.” Another said, “They really look after Mum very well, I feel confident she is enjoying her life here.”

Staff were also positive about their role at the service and the people they supported. They told us that they had

taken the time to get to know people and build up strong relationships. A number of staff had been at the service for a number of years and therefore knew people well. One staff member told us, “I treat residents like I would my family, it is important to me that they are happy.” Another said, “I have been here over 10 years, I would do anything for them.”

During the inspection we observed a warm and welcoming atmosphere within the service. There were positive and open interactions between people and staff throughout and both groups were clearly relaxed and confident in the presence of the other. People were seen to share jokes with staff and engage in conversations with them. When staff spoke with people they used gentle touch and body language to help make the person feel comfortable and at ease. Staff clearly knew people’s communication preferences, needs and abilities and used this knowledge to support people each day.

People felt that their privacy and dignity were upheld by staff, and that they treated them with respect. One person told us, “They always close the doors when I am on the commode.” Another person said, “They keep things personal to me.” People’s relatives also felt that the privacy and dignity of their family members were maintained by staff. One relative told us, “The door is shut when she is being attended to.” Another told us, “I have watched the staff with others, they are very respectful.” During our inspection we observed staff interacting with people in a respectful way and ensuring that their dignity was preserved. They called people by their preferred names and worked hard to ensure people were relaxed and comfortable.

People and their relatives told us that visitors could come to the service at any time. Staff confirmed that visitors were welcome at any time. They did explain that the service had protected meal times, to ensure all the people at the service could eat without distraction. There were a number of lounges and dining areas where people could receive visitors, as well as in their own bedrooms.

Is the service responsive?

Our findings

People received person-centred care from the service. People told us that they were happy with the care that they received and that members of staff treated them as individuals. They told us that a number of staff members had been at the service for a long time, meaning they could build up trust with them, as they knew them so well. People also expressed that they felt their independence was promoted by the staff, and that staff knew what they were and were not able to do for themselves. One person told us, "They know what I like, we have discussed it many times." Another person said, "I know I am getting looked after as a person, not just a number." People's relatives also felt that care was centred on people's individual needs. They told us that they regularly saw staff discussing people's specific needs and wishes with them.

We saw that people had personalised care plans in their files. These were based upon their individual strengths and care needs and provided staff with guidance about the care that each individual wanted and needed. We also saw that each person had a pre-admission assessment, which provided the service and staff with information about the person before they moved in.

People told us that they were able to bring their own belongings and furnishings with them, to decorate their rooms as they wished. They also told us that staff would sit with them and talk about their past and their belongings. One person told us, "I have got quite a few of my personal belongings in here, I enjoy talking to staff about my photos." Staff members confirmed that people could bring whatever they wanted to make themselves feel more at home in the service. During our inspection we saw staff talking with people about their life and looking at pictures with them.

The service had an activities programme to help keep people entertained and busy during the day. People told us that they enjoyed taking part in the activities and that they could choose whether or not they attended each day. We

spoke to the activities co-ordinator, who told us that they tried to arrange regular activities which people had informed them they enjoyed. They also arranged these at times that suited people, to ensure they got the most out of the activity. During our inspection we observed a number of people engaging in activities such as playing cards and bingo, which they clearly enjoyed.

The registered manager explained that there were also plans to further develop activities for people. Part of this development was the planned refurbishment of one lounge to make it a functional tea room. This would serve as a social space for people to relax in and see visitors, as well as an area which the local community could visit to enjoy and engage with people living in the service.

People told us that they felt the service listened to any comments of feedback they offered. One person said, "It's flexible here so we can change things within reason." Another person told us, "I just talk to staff if I have a problem, things get sorted out quickly." People's relatives also felt that they were listened to if they raised concerns with the staff or management at the service. They explained that they could easily pop into the office to talk to the registered or deputy manager and their concerns would be resolved. Both people and their relatives explained that they raised concerns quickly and they were dealt with. This meant they didn't see their feedback as a complaint and didn't feel the need to raise a complaint with the registered manager or provider. All the people we spoke to were confident that they could make a complaint if they needed to and knew what to do to raise one. Records showed that the service had received few complaints, but those that they had were managed appropriately. The registered manager had investigated and responded to the complaint and taken action to resolve the issue where possible. We also saw that the service had received a number of positive comments and thank-you cards from people and their families. Many of these were displayed in the hallway so that people and staff could see the positive feedback which had been received.

Is the service well-led?

Our findings

People felt there was positive leadership at the service. All the people we spoke to knew who the registered manager and deputy manager were and felt they could approach either of them if they had a problem or concern. They also told us that they were regularly at the service, to ensure things ran smoothly. One person said, “It all seems well organised, they know what they’re doing.” Another told us, “I know that if I’m not happy they sort it out.” People’s relatives were also positive about the leadership of the service. One relative told us “I see both managers often. I don’t need to make an appointment, I just go to the office.” Another said, “I have seen the manager come round, I haven’t had much to do with her but I know who she is.”

Staff were also positive about the management of the service. They explained to us that they felt well supported and were able to approach the registered manager or deputy manager with any concerns. They also expressed that there was a positive culture within the staff team, and that staff worked together and provided each other with support where necessary. One staff member told us, “I know there is always a senior I can talk to, I often talk to the registered manager as well.” Another member of staff said, “We are all here to help each other, that way the residents benefit.” During our inspection we observed a number of positive interactions between members of staff at all levels. In addition, the provider’s operations manager was visiting the service during the visit, providing both the registered manager and staff team with support and guidance where needed.

Staff were aware of the providers whistleblowing procedure, as well as the need to raise any concerns regarding the practice of staff or management. One staff member told us, “I would have no problem speaking out if I saw something I didn’t like.” Another said, “I like it as it is a happy place to work, no one is afraid to speak up if things aren’t right.”

People told us that the service arranged regular meetings to provide them with updates about the service and to

provide them with a platform to raise any concerns or issues with the care they received. We saw evidence that these meetings took place and were booked on a regular basis, and that feedback was given to people when points were raised.

Staff told us that they also had regular meetings and that these were useful ways of sharing information and ideas, as well as making sure that everybody was working in the same way. One staff member told us, “We do have meetings to discuss things.” We saw that these meetings were recorded and, where necessary, actions assigned to people responsible for their completion.

People and their relatives told us that satisfaction surveys were carried out to provide feedback on the service and identify areas for development. One relative told us, “A survey is done, but it is all ok anyway.” The registered manager told us that separate surveys were sent to people and their relatives, to gain different insights into the service people received. There were also plans for the development of a staff survey, to add an additional perspective. We saw records to show that survey’s had been carried out and the feedback given used to identify areas for development.

The registered manager told us that they conducted a number of regular checks and audits to ensure the service was delivered to a high standard and to identify areas for development. The maintenance operative spoke to us about a wide range of health and safety checks that they were responsible for, to ensure the service was a safe environment for people to use. We looked at records which confirmed that these checks were carried out, and that actions were taken to remedy any concerns. We also saw evidence of a number of care quality audits conducted by the registered manager and provider, in areas such as care plans, medication and nutrition. These were used to identify good practice, as well as areas for development. We saw that action plans were put into place, and carried out, to address issues raised during audits.