

Four Seasons (No 10) Limited

Bamford Grange Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 28 September and 9 October 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector.

At our last inspection in May 2017 we found three breaches of regulations relating to the way safeguarding concerns were managed and followed up, a lack of regular supervision of staff and ineffective quality monitoring systems. At this inspection we found improvements had been made and the service was now meeting these requirements.

Bamford Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Bamford Grange is a nursing care home in the Shaw Heath area of Stockport and can accommodate 79 people. The home is divided into five units each with a communal lounge and dining room. The home has an enclosed garden which is accessible from the on the ground floor.

People told us they felt safe in the home. Regular checks were made on the equipment and premises to ensure they were safe.

Risks to people were assessed and they were supported to do the things they chose in as safe a way as possible.

Sufficient, well trained staff were on duty. The home performed appropriate background checks on people before they were offered employment.

People's medicines were stored and administered safely. Records relating to the administration of medicines were clearly written and regularly audited.

The home was clean and in a good state of repair. Staff were trained in infection control and during our inspection we observed staff following good infection control practice.

People's needs were assessed and regularly reviewed to ensure they were receiving support in the way they chose and preferred, including where their culture of beliefs influenced the way they chose to receive support.

Staff were well trained and received regular reminders to keep their training updated. Regular supervisions were held with staff to provide them with support.

People were supported to eat and drink and were not rushed. A choice of meals was available people said

they enjoyed the food. Where people required special diets, staff ensured they received appropriate meals.

Where people needed specialist support from other healthcare professions, they were referred promptly and we saw advice given by other professionals was followed by staff.

The home was acting under the principles of the Mental Capacity Act and people were asked for their consent before support was given. Where people lacked the capacity to make decisions for themselves, appropriate processes were in place to identify the person's best interests.

People told us they felt treated with compassion and respect. We observed friendly, support interactions between staff and people living in the home during our inspection.

People were treated as individuals and were encouraged to be as independent as possible and to do the things they could for themselves. People's privacy and dignity was respected.

Complaints were investigated thoroughly and where possible were discussed face to face to resolve issues as quickly as possible. People told us they felt able to speak up if they weren't happy.

Processes were in place to provide care to people as they neared the end of their life if the person wished to continue to be supported in the home.

The home had a registered manager in post. The 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.

People living in the home, their relatives and staff and felt the registered manager had improved the home since they started and had promoted a more open culture.

The registered manager knew their responsibilities well and had a good oversight of the running of the home through a regular presence on the units and technology systems.

Management and staff in the home worked well with other agencies and welcomed their support and feedback.

The home had the report and ratings from the previous inspection on display both in the home and on their website.

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 protect people from abuse.

Sufficient staff were on duty to meet people's needs safely.

Regular checks on the environment were conducted to ensure it remained safe.

Is the service effective?

Good ●

The service was effective.

Staff told us they felt supported and received regular supervision.

People were patiently supported to eat and drink.

Prompt referrals were made when people needed support from professionals outside the home.

Is the service caring?

Good ●

The service was caring.

People were treated in a respectful and friendly way.

People told us they and the staff knew each other well.

People's independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were encouraged to participate in a variety of activities in the home.

Complaints were taken seriously and investigated thoroughly.

Processes were in place to support people if they chose to

remain in the home as they neared the end of their life.

Is the service well-led?

The service was well led.

Robust systems were in place to ensure oversight of quality within the home.

People living in the home and staff said things had improved since the registered manager had started there.

Management of the home were keen to identify how the home could be improved further.

Good ●

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 28 September and 9 October 2018. The first day of the inspection was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information that we held about the service and the service provider. This included notifications which the provider had told us about, information from other agencies such as the local authority and clinical commissioning group and information from whistle-blowers and the general public.

During the inspection we spoke with the manager of the service, deputy manager, five people living in the service, two relatives of people and four members of staff.

We looked at the recruitment records of three staff, the care records of four people, supervision and training records, staff rotas and other records relating to quality and audit checks done by the home along with maintenance and servicing records.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We walked around the home and looked in communal areas, bathrooms, the kitchen, store rooms, medication rooms and the sluice. We also looked in a sample of bedrooms and the garden areas.

We also checked that the previous Care Quality Commission rating for the service was prominently displayed for people to see. The last inspection report and rating was displayed in the reception area and on the service's website.

Is the service safe?

Our findings

At our last inspection we found the home was in breach of Regulation 17 of the Health and Social Care act (2008) (Regulated Activities) Regulations 2014 Good governance as we found there was poor management of safeguarding concerns. At this inspection we found systems were in place to protect people from abuse and staff we spoke with demonstrated a good understanding of the types of abuse they needed to be aware of and how to report any concerns they had. We saw records showing, where appropriate, referrals were made to the local authority safeguarding adults team and CQC. Less serious concerns were also recorded and shared with the local authority on a regular basis. Where actions arose from safeguarding or other concerns, we saw these actions were taken.

This demonstrated that the home was now meeting the requirements of Regulation 17 of the Health and Social Care act (2008) (Regulated Activities) Regulations 2014 Good governance.

People told us they felt safe living in the home. One person we spoke with told us, "I'm very comfortable here." Risks to people were assessed and people's care records contained an assessment of how people wished to be supported with a variety of daily tasks. Where risks had been identified further assessments were in place to identify how the person could be supported in the way they chose in the safest way possible. These were reviewed monthly and management in the home received email prompts advising them which assessments were due for review so they could ensure they were done in a timely manner.

Regular safety checks were conducted within the home. Members of the management team conducted five 'walk-arounds' a week during which they conducted visual checks on the home. The home operated a 'find and fix' policy for minor issues where the person identifying the issue took responsibility for resolving it. The maintenance person in the home also conducted regular safety audits of water, window restrictors and other safety equipment in the home to ensure it was safe and in a good state of repair.

The registered manager told us, "Staff are empowered to address issues and if they need the help of the maintenance person they can go straight to them rather than coming to us first.". A member of staff confirmed, "If we see anything we can just get it sorted. It works well." The home had a maintenance log where issues had been recorded by staff. The log was checked daily and issues were signed off by the maintenance person when they had been fixed.

Plans were in place to help keep people safe in the event of a fire in the home. Any assistance people would need was recorded in personal evacuation plans which were kept in an easily accessible 'grab bag' so, in the event of fire, the information could be shared with emergency services. Regular fire drills took place at different times of the day, including at nights and weekends, to ensure all staff were aware of what they needed to do in case of fire.

People told us they felt there were enough staff in the home and during our inspection we observed when people needed supporting this was done promptly and in an unhurried way. When people in their rooms pressed their call bell, staff also attended to them in a timely manner. Staff we spoke with confirmed they

felt they usually had enough staff on duty. One member of staff we spoke with told us, "It's fine. If we think we are under-staffed we go and speak to [the registered manager] and they listen."

The registered manager explained the level of support each person needed was assessed monthly and this was used to calculate a recommended staffing level however extra staff would be on duty if required. They told us, "We have to battle for additional staff but if we need them to keep people safe then we have them. We are putting extra staff on the night shift as it is very busy."

Appropriate checks on people's background were made before they were offered employment in the home. These included checks made with the Disclosure and Barring service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks helped to ensure only suitable applicants were offered work with vulnerable adults.

Where nursing staff were being employed, their interview was competency based to ensure they had the necessary clinical skills. We reviewed recruitment records and saw the interviews held with people were comprehensive and well documented.

The home managed people's medicines safely. Medicines were stored appropriately in a locked, air conditioned room and medicine administration records (MARs) were kept securely and were legibly written. We did note that the temperature of the room the medicines was stored in had not been recorded every day. Some medicines may lose their effectiveness if they are stored at too low or too high a temperature. During our inspection the Care Home Officer from the local Clinical Commissioning Group (CCG) was conducting an audit of the use of medicines in the home and they also found the management of medicines to be satisfactory.

People's care records showed that their medicines were reviewed regularly and where staff in the home felt changes could be made referrals were made to their GP. We saw examples where a person's behaviour had changed which staff felt may be down to their medication and the GP had agreed and changed their prescription.

People were protected from the risk of infection in the home. Staff were trained in infection control and during our inspection we observed them wearing personal protective equipment such as disposable gloves and aprons and following good infection control techniques when supporting people.

During our inspection we found the home to be clean, in a generally good state of repair and we noted no malodour. One person living in the home told us, "The domestics are very good. They keep the place very clean and tidy."

Some areas of the home had been identified as being in need of redecoration and the work was due to commence shortly after our inspection. Some carpets in people's bedrooms appeared to be in need of replacement. The registered manager explained that they had identified this prior to the inspection and had asked the provider to authorise their replacement.

When things went wrong, we saw investigations had taken place to identify the cause of the incident. Details of the incident were entered onto a tracker which allowed staff to run reports to identify and trends or themes and identify where improvements or changes to practice could be made. All the homes run by the provider used the same system which allowed them to identify trends across the homes.

Is the service effective?

Our findings

At our last inspection we found the home was in breach of Regulation 18 of the Health and Social Care act (2008) (Regulated Activities) Regulations 2014 Staffing as we found people employed by the service were not receiving consistent formal supervision.

At this inspection staff told us they felt more supported since the registered manager had started and were receiving more regular and meaningful supervisions. One member of staff told us, "They have been really supportive. They understand what I'm good at and are developing the staff to be more skilled and involved."

We saw records indicating who was responsible for completing supervisions with which members of staff and saw dates of supervisions were recorded ensuring the supervisions were regular.

This demonstrated that the home was now meeting the requirements of Regulation 18 of the Health and Social Care act (2008) (Regulated Activities) Regulations 2014 Staffing.

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 authorisation 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. We found the service was meeting these requirements.

People's needs and choices were well documented in their care records allowing staff to see easily how the people wanted to be supported. The records contained assessments of people's capacity to make decisions and different assessments were in place for different decisions.

Where people lacked capacity, records explained what decisions the person was able to make and what support they needed in order to make the decision. An example of this read, "[Person] is able to make simple decisions such as what to drink or what to eat. For more complex decisions, [Person] needs the support of family and staff alongside other professionals to make decisions in his best interest."

Where people lacked capacity to make decisions for themselves we saw minutes of meetings involving the person's relatives and other professionals to ensure that decisions were made in accordance with what the person would have chosen for themselves. We saw an example where a meeting to make a decision regarding a person's finances had been postponed to see if changes to the person's medication would

enable to them to be better able to make the decision for themselves.

Staff told us they felt their training was good and they felt confident they had the skills and knowledge they needed to support people safely. We saw records showing new staff underwent a comprehensive induction process which was aligned with the Care Certificate, a nationally recognised set of standards for health and social care workers. Where staff needed extra training to enable them to support people with different needs this was arranged. The manager explained the local Speech and Language Therapist (SALT) team were setting up a training scheme and had asked for the home to be involved in the training.

People were supported to eat and drink and maintain a balanced diet. People told us they enjoyed the food. One person we spoke with told us, "Yes, it was very good as always. I always enjoy the food." Another person said, "We get a choice and it's very nice."

Mealtimes were relaxed and calm and people were encouraged to eat where they chose. Each unit had a dining area with tables laid with place mats and cutlery and each table had a vase of flowers and a menu stand.

Most people chose to eat in the dining rooms, some people chose to sit at the laid tables but some chose to eat in the lounge areas. Other people chose to sit in the corridor and have their meal and others chose to eat in their rooms. Where people chose to eat in their rooms we saw their meal was covered and served on a tray with a napkin and condiments.

People were allowed to enjoy their meal at their own pace and where people needed support, staff supported them patiently. We saw one person wasn't enjoying their meal and so staff offered them alternatives.

A choice of squashes were available throughout the day and people who were not able to help themselves were regularly offered hot and cold drinks. Staff we spoke with understood the importance of good hydration and nutrition.

People's weight was monitored regularly and where appropriate, referrals were made to Speech and Language Therapists (SALT) for advice on how people could continue to be supported to eat and drink enough. Advice from the SALTs was recorded in the person's care records and their care plans updated accordingly.

The service worked well with other organisations and healthcare professionals to ensure people received timely support that could not be provided by staff in the home. People in the home were encouraged to register with a local GP who visited the home on a weekly basis. People were supported to attend hospital appointments outside the home and rotas were amended to accommodate this.

People were encouraged to personalise their rooms with furniture and ornaments. Rooms we saw during the inspection contained mementos and personal items making the rooms feel personal. One person we spoke with told us, "I like having all my stuff. The staff are very careful when they clean and never damage anything."

Is the service caring?

Our findings

People told us they felt they were treated with kindness and respect. One person we spoke with told us, "The staff are wonderful, very good indeed." Another said, "It's smashing really, everything is great. Smashing staff." Relatives we spoke with also felt people were supported in a compassionate way. One relative told us, "It's great. There's a lovely atmosphere. It's very down to earth." Another relative told us, "We're welcome to come in anytime and it's always a nice welcome." In one unit we saw the daily board had the message, "Our residents do not live in our workplace, we work in their home."

People said they and the staff knew each other well. One person told us, "I know the staff and I'm looked after. They can't do any more than what they do." During our inspection we observed staff interacting well with residents and engaging them in different ways. Some people enjoyed a lively conversation with staff while we observed other staff sitting and holding hands with a person as they watched a film quietly. This demonstrated that staff understood people's preferences.

The Accessible Information Standard (AIS) is a regulation which aims to make sure people are given information in a way they can understand. The home was meeting this standard by identifying and recording any communication needs people had and flagging these so the information could be shared with other healthcare professions if the person needed support from outside the home. The manager explained information could be tailored to suit the person's needs on an individual basis.

We saw staff communicate with people well and where people wore glasses or hearing aids, staff ensured they were to hand for the person to use.

People were able to exercise their choice in the support they received. We observed staff asking people about their preferences in a variety of situations ranging from their choice of drinks to their preferred seat in a car on a day trip. People's care records illustrated people's preferences and explained to staff how they could best support the person depending on how they chose to be supported. One example read, "If [Person] doesn't want to sleep in bed then encourage them to sleep in a chair with their feet elevated. Offer a drink and snack." Throughout our inspection we saw people's choices were respected.

People were encouraged to remain as independent as possible. We observed a person eating a yoghurt with support from a member of staff. The person was having difficulty getting the last bit of yoghurt out of the pot but rather than take over completely, the member of staff held the pot which enabled the person to scoop the remaining yoghurt out for themselves. Where people needed support to move around, staff ensured they had the correct equipment, for example a walking frame, and allowed the person to move themselves under supervision from staff.

Where people needed support with personal care, we saw this was done in a quiet unobtrusive way to protect people's dignity. People told us they felt their privacy was respected. One person we spoke with told us, "Staff always knock before they come in even if the door is open."

Is the service responsive?

Our findings

People's care records reflected the person's individuality and demonstrated how they, and people important to them, had been involved in planning their care. The care records were divided into sections so the person's needs could be comprehensively assessed and they contained a good level of detail about the person's choices and preferences, including any cultural preferences or needs.

At the time of our inspection the needs assessment for people with enduring mental health issues was being replaced with a STAR based assessment programme. The STAR programme is a widely used evidence based tool to help support people with mental health needs.

The activity coordinators in the home helped people to complete a 'living my choices' document which took the form of a scrap book with different sections, for example, the person's life story, relationships that were important to them, their beliefs and likes and dislikes. These were used to help staff get to know the person better and also allowed the activity coordinators to suggest activities that the person would enjoy. The registered manager explained, "It's a way of developing the relationship as well as getting to know more about the people."

Each person had a key worker who was responsible for making sure the person had everything they needed and got to know them a bit better. The registered manager explained, "We've re-introduced it recently. It's for the therapeutic benefits so they build the relationship with each other rather than the practical things."

A variety of activities were available in the home. Trips out were arranged monthly and during our inspection some people went on a day trip to Blackpool. Other people told us they were going clothes shopping or Christmas shopping with members of staff and people had recently been supported to attend sporting events. During our inspection we observed staff engaging people in ball activities and reading books. People told us they enjoyed the activities. One person said, "There's always something going on."

The home also had themed sensory sets containing a scent and a CD of noises relating to the theme, for example a forest, which staff could use to prompt conversations and ask people what it reminded them of.

Shortly before our inspection the home had introduced a resident of the day scheme where each unit within the home tried to make the person feel particularly special. The home manager and the activities coordinator met the person to see if there were any activities the person wanted to take part in that weren't already on offer, the kitchen staff visited them to see if they wanted particular meals that day and the person's bedroom was given a deep clean. Although the scheme was new, people told us they thought it would be good. One person said, "It's a good idea. I'm looking forward to it being my turn."

People told us they felt able to raise any issues with staff but also knew how to complain formally if they wanted to. The home had a complaints policy which detailed how complaints would be dealt with and when the person complaining could expect a response. We reviewed the complaints received by the service and found they had been investigated thoroughly and responded to promptly. We saw that meetings had

often been arranged with the person complaining. The registered manager told us, "It often helps if we can involve people in discussions to prevent issues escalating."

Complaints were recorded on the provider's incident tracker system which allowed trends and recurring themes of complaints to be identified both within the home and across all the provider's homes.

At the time of our inspection no-one was receiving care at the end of their life however the home had policies and procedures in place to allow people to remain in the home as they neared the end of their life. The registered manager said, "Everything is ready if a person needs it. We would work with the other people involved if that's what the person wanted."

Is the service well-led?

Our findings

At our last inspection we found the home was in breach of Regulation 17 of the Health and Social Care act (2008) (Regulated Activities) Regulations 2014 Good governance as we found the systems in place to monitor and evaluate the quality of the service were ineffective.

A variety of regular quality and safety checks were performed in the home and were completed using a dedicated tablet which logged the information directly onto the provider's quality system. This provided the registered manager with oversight that appropriate checks were taking place. The registered manager showed us the quality system and the types of alerts they received if checks had not been completed in a timely manner.

The quality system allowed the registered manager to analyse the data from the checks that had been done to identify any themes and where improvements could be made. The provider also analysed the data across all its homes to see if there were any wider trends that could indicate where the homes could be improved. Where improvements had been identified we saw these had been implemented.

This demonstrated that the home was now meeting the requirements of Regulation 17 of the Health and Social Care act (2008) (Regulated Activities) Regulations 2014 Good governance.

The home employed a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and was notifying CQC and other organisations when certain events happened in the home in line with their responsibilities.

People living in the home, their relatives and staff all spoke highly of the registered manager and told us they had noticed an improvement in the home since they started. One person told us, "The new manager has made a lot of improvements for the better. They are very easy to talk to." Another person told us, "The place has got a lot better since they have been here."

Staff we spoke with told us they felt the registered manager was changing the culture in the home for the better. One member of staff we spoke with told us, "It's loads better now. We're working more as a team." Another care worker told us, "It used to be difficult to know who to go to with the different units but now we know [the manager] is there and if we've got any problems we can speak honestly with them."

People told us the registered manager was accessible and they were often seen around the home. One person told us, "They are always coming to say hello and check I'm ok." The registered manager explained, "The management team do five formal walk-rounds a week to do visual checks and see if there are any problems. We do it between us so it's not always the same person looking at the same things. We are out and about around the home a lot more than that though." The formal walk-rounds were logged onto the

provider's quality system and the management team received prompts if they were not completed on time.

The manager explained that they wanted to give responsibility to the staff for the areas they covered. They told us, "We have a daily heads of department meeting to discuss the resident of the day, agree priorities and share any issues. I want to delegate some responsibilities as it helps people develop and feel proud about their work, for example the domestic team can decide and tell me which areas need doing and they feedback in the daily meeting. I don't need to follow them round. It reinforces the find and fix process we have as if staff find a small problem they are empowered to take control and resolve it."

Regular meetings were held with people living in the home to discuss how they felt and any changes they would like to see. We saw minutes of a recent meeting where the activities and the food in the home had been discussed. We saw suggestions made during the meeting had been implemented. Regular staff meetings were also held for staff which they said they found useful. One member of staff told us, "You get to know what's going on first hand rather than gossip and you can have your say."

The registered manager told us they were in the process of setting up a 'friends of Bamford Grange' group to involve residents and the wider community and was also producing a newsletter which would contain news and information about the home and other events of interest in the wider community.

Staff in the home worked well with other agencies and welcomed their feedback. We saw there was a collaborative approach to providing support for people. A work experience scheme was in place allowing young people who were interested in working in care to come into the home and provide companionship and support for people.

The previous inspection report and ratings were on display in the reception area of the home and also on the home's website.