

Four Seasons (No 10) Limited

Bamford Grange Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bamford Grange Care Home is a residential care home providing personal and nursing care to 70 people at the time of the inspection. The service can support up to 79 people.

Bamford Grange Care Home provides care across separate five units. Units specialise in dementia care, general nursing and mental health.

People's experience of using this service and what we found

Medicines management was not always safe. Staffing levels were appropriate on the day of the inspection. Staff had recently been strategically assigned to units and were being moved between units less. Newly recruited staff were getting to know people. People told us they felt safe at Bamford Grange. The home was clean and staff wore the recommended personal protective equipment.

People did not always had access to regular activities. People were receiving support with some aspects of their personal care. However, oral healthcare delivery was an area that still required improvement. At the time of the inspection the provider was rolling out a new programme of activities. Complaints had been managed in line with the provider's complaints policy.

There remained inconsistencies in how staff monitored and recorded care. However, the newly registered manager was making improvements at Bamford Grange Care Home and was implementing changes to many areas of care delivery. Most staff told us they felt more settled and were optimistic about the future. However, we did find some issues during the inspection that the home's quality systems had not identified.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 17 December 2020) and there were three breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection improvement had been made. However, the provider was still in breach of regulations in relation to person-centred care, governance and medicines management.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 October 2020. Three breaches of legal requirements were found, and we issued a warning notice to the provider. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing, person-centred care and governance.

We undertook this focused inspection to check the service had followed their action plan and to confirm

they now met legal requirements. This report only covers our findings in relation to the safe, responsive and well-led key questions.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bamford Grange Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to person-centred care, governance and medicines management at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do continue to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bamford Grange Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors, an inspection manager, a medicines 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.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We asked the local authority for information about the service. We gathered information that the local authority and Healthwatch held about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with ten people who used the service and seven relatives about their experience of the care provided. We spoke with 16 staff members including the registered manager, the managing director, four

nurses, a domestic and nine care staff.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including health and safety records were reviewed.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. Staff who administered medicines failed to ensure that records to monitor stock levels always corresponded. This made it difficult for staff to audit whether medicines had been given.
- Staff did not always administer medicines at the correct time.
- Staff did not always keep accurate records of medicines. For example, medicines administration records had not always been signed to show medicines had been given. One medicine was being given every day to a person but there was no record of this.
- Staff did not always record when medicines used to thicken a person's fluid (to aid swallowing) was used. Some records showed fluid thickener had been given incorrectly so we could not be sure this was being managed safely.
- Staff did not always follow guidance from a pharmacist when administering medicines that were not taken by mouth. Care plans lacked the required detail to guide staff on how these medicines should be safely given to people.
- Audits completed by the provider had failed to pick some of the issues found.

Medicines were not always managed safely. This placed people at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

At the last inspection the provider did not have effective systems in place to ensure the quality and safety of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of Regulation 17.

- Shortfalls persisted in record keeping. For example, staff did not always complete fluid charts for people who were subject to fluid restrictions or for people with a recommended fluid intake target. However, staff had made some improvements to how they monitored and recorded care at the home.
- Staff did not always ensure risk was escalated and investigated. For example, staff had not updated the care plan and risk assessment for one person in relation to an incident that had occurred. The care plan and

risk assessment were reviewed, but staff had not referred to the incident or recorded how they planned to mitigate future risk.

At this inspection the provider had not made enough improvement to ensure the quality and safety of the service was monitored. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safety checks relating to the building and environments were carried out to a high standard by the maintenance team.

Staffing and recruitment

At the last inspection the provider had failed to ensure that sufficient staff were available to meet people's needs. This was a continued breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had ensured there was an appropriate number of staff to support people's needs on the day of the inspection.
- Staff told us they felt more positive working at Bamford Grange, and they were not being moved to work in different areas of the home as often.
- The provider was still using agency staff until the team at Bamford Grange Care Home was fully staffed. The registered manager told us, "We have block booked agency staff to promote consistency. We are recruiting and are supporting new staff to learn people's needs and complete their training. We are hopeful that staffing will continue to stabilise in this future."
- Staff recruitment was robust. Staff were subject to screening to ensure they were suitable candidates to work in the care sector.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People felt safe at Bamford Grange Care Home. One person said, "I am safe, if I feel worried I can talk to the staff." Six out of seven relatives also told us they felt that their loved ones were well cared for and were safe at the home. Staff knew how to report concerns appropriately.
- The provider had acted on advice from the last inspection in relation to the recording of mattress settings and infection control. The registered manager told us they were keen to learn from incidents to improve the quality at the service.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

At the last inspection we recommended that the provider refers to current best practice to prioritise meaningful interaction for people cared for in bed. We also found the provider had failed to ensure staff provided people with individualised care which met their needs. This was a continued breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider was still in breach of Regulation 9.

- People were receiving improved support with personal care in some units of the home. However, delivery of personal care had not improved consistently across all units of the home. During the inspection we identified several people that had not been supported with their care needs to a high standard. We shared these specific instances with the management team who assured us they would immediately address these issues.
- The provider's records did not demonstrate that people were always supported with appropriate oral healthcare. Staff did not always record that oral healthcare had been delivered in line with people's care plans. The management team assured us they would take immediate action to ensure people were receiving appropriate support with their oral healthcare.
- People had limited opportunity to take part in activities that were socially and culturally important to them. There was a team that arranged activities, however activity records did not demonstrate that people had access to regular activity, stimulation and interaction. This put people at risk of social isolation and cognitive decline.

The provider had failed to ensure staff provided people with individualised care which met their needs. This was a continued breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The managing director of the service told us that activities were currently being improved. They said, "Activity provision is very much a priority for Bamford Grange going forward. We are currently training staff to provide activities under a new activities model. We hope to see a real improvement in this area when the revised model is completely rolled out."

- Care plans were reviewed regularly but required further streamlining to ensure people's needs were presented clearly, and were easily accessible to staff. New staff were still getting to know people. One staff member said, "We have a number of agency and new staff at the moment, but this is reducing. The quality of care is improving as the staffing situation is improving."
- People could be supported to have window visits and other contact with relatives by prior arrangement. Staff at the home were making attempts to keep up with relevant guidance and recommendations to facilitate visits. A relative told us, "The home lets my mum use their phone to ring me or the carers text me if my mum wants anything. I have been doing window visits regularly and I am going to have a [lateral flow] test so I can go and see her soon."

Meeting people's communication needs; Improving care quality in response to complaints or concerns

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the Accessible Information Standard (AIS). Information could be provided to people in alternative formats. For example, in large print or another language.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that identified information and communication needs were met for individuals.
- People and their relatives knew how to make a complaint or raise concerns.
- The registered manager welcomed complaints and was keen to learn from them. One relative said, "I have been in touch with the registered manager over a few concerns. They do respond to our contact, usually by email."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection the provider did not have effective systems in place to ensure the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection. Therefore, the provider was still in breach of Regulation 17

- Management and senior staff completed a variety of regular checks and audits of the service. However, audits for checking on the quality and safety of medicines were not always effective. They failed to identify and mitigate some of the risks associated with medicines administration that we identified during the inspection.
- The provider had improved some areas of recording and monitoring such as nutritional intake and pressure relief. However, some monitoring records were not completed fully to demonstrate that care was delivered in line with people's assessed needs. For example, monitoring of creams administration, fluids and oral healthcare was inconsistent.

The provider did not have effective systems in place to ensure the quality and safety of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home now had a manager who had registered with the CQC in December 2020. Staff told us the new manager was making a great effort to improve the home. The inspection team could see that progress in the delivery of care had been made since the last inspection, despite finding some areas that still needed further improvement.
- Most staff told us felt positive about the changes and improvements at Bamford Grange Care Home and

were optimistic about the future. One staff member said, "The management team are approachable and have communicated effectively with the staff." Another said, "I feel much more settled at work now things are changing." Newer staff members told us they had been well supported.

- The management team had recently spoken to each staff member to obtain feedback and address any areas of concern. The managing director told us that the findings were being collated at the time of the inspection and actions prompted by staff's feedback would be shared with them soon. Despite this, three staff members told us they were still dissatisfied management's direction and approach.
- Relatives told us they had been asked to complete questionnaires about the care at Bamford Grange Care Home. Four out of seven relatives told us that communication could still be improved at the home and they would like the home to be more proactive in updating relatives with things that are happening at the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of, and they and the provider had systems to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager had notified us, as required, of significant events which had happened in the home. This meant we could check they had taken appropriate action in response to incidents. The notifications showed the provider had acted on their responsibilities under the duty of candour, sharing information about incidents with appropriate people.

Continuous learning and improving care; Working in partnership with others

- Staff developed their skills and knowledge through further training and accessing support from visiting health professionals.
- The registered manager and wider management team were committed to improving care where possible. They held up-to-date knowledge of national developments in the care sector.
- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The local authority was working with the home to continue to drive improvement.

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 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	The provider had failed to ensure staff provided people with individualised care which met their needs. Regulation 9 (1) (b)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	The provider did not ensure that medicines were managed safely. Regulation 12 (2) (a) (b)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider did not have effective systems in place to ensure the quality and safety of the service. Regulation 17 (2) (a)
Treatment of disease, disorder or injury	