

Springcare (Knutsford) Limited

Bucklow Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bucklow Manor Care Home is a residential care home providing personal care for to up 56 people. The service provides support to people aged 65 and over and those living with dementia. At the time of our inspection there were 39 people using the service.

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

People and their relatives were complimentary about the care and support provided at Bucklow Manor. Staff knew people well and treated them as individuals, with dignity and respect. Relatives felt included and described a homely environment, where staff were kind and caring.

Systems were in place to protect people from the risk of abuse and staff understood their responsibility to report any concerns. Risks to people were assessed and managed as safely as possible. Areas of the building needed redecoration and a bathroom required refurbishment. The provider had a schedule of works in progress.

There were enough staff to respond to people's needs. The service had recently recruited several new staff. Systems were in place to recruit staff safely. Staffing levels were kept under review and were due to be increased shortly due to some new admissions to the home. People received their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The home was well-led. Effective systems were now in place to oversee the safety and quality of the care provided. Managers led by example and were very visible, they knew people well and were focused on delivering person-centred care. Communication was effective, staff were supported through regular supervision sessions, appraisals and various meetings. There was a focus on staff training and development.

The provider sought feedback from people and relatives. Relatives told us the registered manager listened and acted on feedback. There was a focus on continuous improvements, with various projects in progress. Managers worked in partnership with others, including health and social care staff.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 4 October 2019) and there were 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 we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Bucklow Manor 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Bucklow Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bucklow Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 6 people who lived at the home and gathered feedback from them. We also gathered feedback from the relatives of 5 people. We spoke with 13 staff members; this included the registered manager. We observed people in areas throughout the home and could see the interaction between people and staff. We watched how people were being cared for by staff in communal areas, this included the lunchtime meal.

We reviewed the records at the home. These included recruitment, accidents and incidents and quality assurance audits. We looked at numerous medicine administration charts and 4 care plans, along with other relevant documentation to support our findings. Following our visit we reviewed further records provided by the manager.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to do all that was reasonably practicable to mitigate risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks were assessed and managed as safely as possible.
- Care plans contained risk assessments which identified when people were at risk and guided staff on the actions to take to mitigate the risks. For example, sensor equipment was used where people were at risk of falling.
- A detailed and regularly reviewed handover sheet also provided information to staff about individual risks and how to manage these.
- Staff managed the safety of the environment and equipment through checks and actions to minimise risk. A fire risk assessment, personal emergency evacuation plans, and regular safety checks were undertaken on equipment.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse.
- Staff had received training in safeguarding adults. They understood their responsibility to report any concerns and said they felt confident managers would take appropriate action.
- Safeguarding concerns had been escalated appropriately and action taken to keep people safe when required.
- During the inspection one person made a comment which we shared with the registered manager and was reported under safeguarding procedures. After making some enquiries the local authority found no further action was required, but measures to monitor were put in place.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff sought people's consent to provide care and where people did not have the capacity to make decisions, best interest decisions were made following an assessment. However, we discussed one example with the registered manager where a best interest decision needed to be fully recorded.

Staffing and recruitment

- There were enough staff to meet the needs of people living at the home. Managers regularly reviewed staffing levels and adjusted them accordingly when needed.
- Staff felt able to respond to people's needs, one staff member commented, "We take our time we don't hurry things. We can spend time with people."
- We found one of the lounge areas was full and busy, whilst another lounge was not fully in use. The registered manager confirmed they planned to re-open the lounge with an increase in staffing, as some further admissions to the home were in progress.
- The provider had developed an effective strategy and had recruited several new staff. This meant the service was no longer reliant on the use of agency staff and there was a stable staff team.
- Staff were safely recruited. Staff had pre-employment checks to assess their suitability before working with people.

Using medicines safely

- Systems were in place to ensure medicines were administered safely.
- Staff responsible for administering medication had been trained and their competencies were regularly checked.
- Medicines administration records (MAR) indicated people received their medicines at the right time. Appropriate guidance was in place for staff, including protocols for when to administer "as required" medicines, apart from in one case, which the deputy manager addressed straight away.
- Staff recorded the date of opening on creams and ointments so they knew when they would expire, however we saw a couple of examples where dates not been recorded and highlighted this to the registered manager.

Preventing and controlling infection

- The environment was clean. However, aspects of the building needed re-painting and refurbishment, one bathroom had experienced a leak. The provider had a plan of works in place and a new maintenance person had been recruited who had begun to undertake redecoration.
- Staff followed policies and procedures in relation to infection control, which were reviewed and in line with current national guidance.
- Staff had access to appropriate PPE and had been trained in how to use this safely.

Visiting in care homes

- There were no restrictions on visiting at the home. We saw various visitors throughout our visit, and visitors were not required to make an appointment.

Learning lessons when things go wrong

- Where accidents and incidents occurred, these were recorded and reviewed to consider any themes or trends and to consider actions to prevent any occurrences.

- The registered manager used information from incidents as a learning opportunity to review and improve the service where necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Overall people were positive about the support they received, comments included, "The carers are very good, they are kind" and "I love it here."
- Relatives were extremely complimentary about the way staff treated and supported their loved ones. They said, "The staff are amazing" and "It's amazing, (relative) has settled so well and it has exceeded my expectations."
- People felt at home and relatives described staff being like a family. We observed staff being patient, kind and caring in their approach.
- Staff knew people well had built effective relationships. A relative commented, "The staff know (relative) really well and they know me really well too."
- There was an equality and diversity policy in place and staff had received relevant training. Assessments included information about people's backgrounds, cultural and/or religious needs and staff treated people as individuals. The registered manager told us how they had developed communication books to aid communication where English was not a person's first language.

Supporting people to express their views and be involved in making decisions about their care

- People expressed their views about how the service was delivered through ongoing communication and surveys.
- Care plans had been developed with the involvement of people and their relatives. They referred to people's capacity to make decisions. One relative told us, "They involved the family in the care planning, the communication is excellent."
- Staff understood the importance of supporting people to make their own decisions and choices where they were able. During the inspection we observed staff offering people choices.

Respecting and promoting people's privacy, dignity and independence

- Feedback indicated staff treated people with dignity and respect.
- The management team had worked to develop the culture to ensure staff respected people's privacy and dignity.
- Staff knew when people needed their space and privacy and respected this. People were able to spend time alone if they wanted to.
- Staff encouraged people to maintain their independence where possible. For example, one relative told us staff provided their relative with butter in a separate pot which was important, as it enabled them to butter

their toast independently.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider did not operate effective systems to assess, monitor and improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service was well-led. Effective systems were now in place to oversee the safety and quality of the care provided. A monthly managers report enabled the provider to have oversight of the service.
- Various audits and checks were regularly undertaken. However, in one example, systems had not identified an air-flow mattress had accidentally become deflated. The registered manager took immediate action to address this and strengthened the system in place.
- Staff understood their roles and managers had clear expectations. The registered manager was keen to support staff to develop and progress through further training.
- Systems were in place to ensure records were complete and kept up to date. Care Records were detailed, and person-centred.
- Communication was effective, staff were supported through regular supervision sessions, appraisals and various meetings.
- The provider understood their duty of candour responsibilities and was open and honest with people. The CQC had been notified about certain events as legally required. The home's current inspection rating was on display.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about how the service was managed and told us the manager was accessible and responsive.
- The registered manager and deputy led by example and were very visible, they knew people well and were focused on delivering quality care. They were undertaking relevant training to develop leadership skills.
- 'Namaste' sessions took place, which promoted people's wellbeing. Namaste care involves a range of

physical, sensory and emotional approaches which can support people living with advanced dementia through various activities. Training was being rolled out to enable all staff to provide this approach to people in future.

- Staff were positive about the management of the home and felt supported. They told us, "I'm really happy to work there" and "The staff are fantastic, the attention to detail is amazing, we're a really good team."
- The management team had worked hard to train, support and build an effective staff team. Training and mentoring to support new recruits, especially in relation to communicating with people living with dementia, was an ongoing focus.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought feedback from people and relatives through annual surveys. The results of which were on display, with information about action taken in response.
- Regular meetings were held to involve people and relatives in the development of the service. A relative told us these were "open forums" and that managers would listen. Another relative said the manager was "very open" to hearing feedback.

Continuous learning and improving care; Working in partnership with others

- The registered manager had recently completed an action plan in partnership with the local authority around some improvement actions.
- The provider was in the process of implementing various electronic recording systems. They had various other projects in progress to make ongoing improvements.
- Staff worked in partnership with various community health and social care professionals and external agencies, including local authorities. For example, meeting with district nurses to develop relationships.
- Relatives told us the service took account of their needs and were very supportive. The manager had arranged for a health professional to talk at a resident's meetings which people found beneficial, one person commented, "They arranged for the advanced dementia nurse to come and talk, that was brilliant."