Barchester Healthcare Homes Limited

Stamford Bridge Beaumont DCA

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

Stamford Bridge DCA (Domiciliary Care Agency) provides personal care to some people living in their own or rented accommodation within an assisted living complex. People can choose to use some of the facilities from the neighbouring nursing home which is on the same site. At the time of this inspection there were 17 people living in the complex and two of those were receiving a regulated activity.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Systems were in place to assess and monitor the quality of the service provided. People told us they were happy with the level of care and support provided by staff, which met their needs.

People were kept safe from harm and abuse. Policies and procedures were updated regularly and staff understood how to identify abuse and report it. Risks to people were identified and managed to prevent people from receiving unsafe care and support.

The service was staffed to meet the needs of people using the service. People received their medication as prescribed and in a safe way. One health professional had identified that a person self-administering their medicines had missed taking their evening dose on one occasion. We discussed this with the provider and they were following this up with the relevant people involved.

Recruitment policies were in place and checks were completed prior to employment which, ensured people were of a suitable character to work in a care setting.

The service had suitable measures in place to prevent and control infection.

Staff received an induction to the service to enable them to carry out their role and understand their responsibilities. Staff had the right competencies and skills to meet people's needs and undertook regular training. Staff received regular supervision and an annual appraisal to support them.

People's nutritional and hydration needs were met. Staff assisted with preparing meals and made sure people had adequate fluids throughout the day.

People were supported by staff when they needed to attend healthcare appointments. Appropriate referrals were made to health professionals who supported people's health and well-being.

Staff supported people to have maximum choice and control of their lives, in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated with care, kindness, dignity and respect. People received care and support that considered their needs and preferences. Staff were knowledgeable and understood people's care needs.

Care plans reflected how people would like to receive their care and support, and covered people's diverse needs, such as their religious needs and preferences.

People knew how to make a complaint and were confident it would be dealt with appropriately. No-one was currently receiving end of life care.

Further information is in the detailed findings below

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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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 checked 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 23 July 2018 and was announced.

We gave the provider two days' notice of the inspection site visits. This was to enable staff to ask for people's consent to a home visit from an inspector. We needed to be sure that someone would be available to speak with us.

The inspection team consisted of one adult social care inspector.

We used information the provider sent us in the Provider Information Return (PIR) to plan the inspection. The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the local authority commissioning and safeguarding teams to gather feedback about the service. We visited the provider's office and spoke with the acting manager, the regional manager and a care co-ordinator.

We looked at two people's care records, medication records, two staff recruitment and training files and a selection of records which included; maintenance and repairs, quality assurance and fire safety records. We visited one person in their own home and observed care staff interacting with them.

Good

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People told us they felt safe being cared for by staff. One person said, "Yes, I feel very safe." Records showed staff had completed safeguarding training and knew about potential types of abuse and how to report them. Staff described how they kept people safe, one said, "Any safeguarding concerns would be reported to the manager and local safeguarding authorities."

Recruitment was robust. Staff files recorded pre-employment checks to ensure potential staff were of suitable character to work with people in an assisted living setting. Staff had completed online training for infection prevention and control.

Care plans were in place they were reviewed monthly and updated with any changes. Risks assessments were recorded in people's care plans which provided guidance for staff on how to mitigate identified risks. However, we found one risk assessment for falls had not considered the persons cognitive impairment, which would have increased the overall risk score. This was an isolated case and the overall risk level did not change as the result of the changes. The manager told us they would ensure future assessments were checked to make sure they had taken all current information into account.

Accidents and incidents were recorded in detail; this information was reviewed to prevent any further re-occurrence. Emergency evacuation procedures were in place for the safe evacuation of people from the service.

Staff rotas showed consistent numbers of staff were available to meet people's needs. One person told us, "There's always staff on duty." One member of staff advised, "Staffing levels seem fine. We never have any problems." We observed sufficient numbers of staff to meet people's needs during the inspection. Staff told us that they could always ask for additional staff to support from the adjoining nursing home should they need it. Staff were knowledgeable about people's needs. People told us consistent staff provided care and support to them.

Policies and procedures were in place for the safe management of medicines. Staff administering medicines received annual training and competency checks. These supported staff to manage and administer people's medicines safely. However, we found one person who self-administered their own medicines had on one occasion fallen and been taken to hospital, where it was identified by the ambulance service that their evening medicines had been missed. There had been previous falls and the manager told us they would discuss this area with the person to ensure they were managing their medicines appropriately and if necessary a re-assessment of needs would be completed. This was an isolated incident that the manager took measures to address during the inspection.

Good

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People told us they thought staff had the skills and knowledge needed to provide the level of care and support they needed. One person said, "Staff help me to wash and dress. I'm happy with the support the carers provide for me."

New staff completed induction, which included training and discussions around policies and procedures. One member of staff said, "I have completed all my usual training this year and additional training. I have the pharmacy's medicines training to do next." Records showed that staff had received regular training, supervisions and annual appraisals to support them.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where restrictions were needed to keep people safe, the manager was aware to submit applications for DoLS to the local authority for further assessment and approval.

People told us staff always asked for their consent. One person said, "Staff ask for my consent and sometimes I don't give permission." One member of staff said, "We know people well so we know their normal responses. If a person looks unwell we would suggest a GP visit's or if unkempt we would offer some help until they feel better. If they needed a re-assessment of needs we would arrange this. I had one person that was frightened to take a bath and suggested I take them to the nursing home to have a look at the bathing facilities with a view to them trying it out when they were ready. They bathe there regularly now." This showed us staff encouraged people's independence and worked well to support people when making decisions around their health and well-being.

On admission into the service staff completed an initial assessment of people's needs, this information detailed the person's preferred name and medical information. Staff involved people when developing more detailed care plans which included how people would like to be supported.
Staff told us some people cooked their own meals or received assistance from staff, other people chose to eat in the adjoining nursing home. One person told us, "I have lunch and evening meal in the nursing home with [name]. Some days the food is better than others, it's a matter of taste. There is plenty of choice." Staff records showed training had been completed in basic food safety and allergens.

The provider worked in partnership with health professionals to ensure people's immediate needs were supported. Records showed communications with a variety of health professionals.

Corridors were wide so people using mobility aids could manoeuvre easily. Some electric scooters were in the main hall, risk assessments were in place and plans in progress to build an outside storage facility.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People spoke about how helpful and caring staff were. One person said, "They [staff] do care, it shows in their attention to us. When I visit the nursing home during the afternoons they often pop in two or three times to check how I am."

Staff took time to chat with people and asked if they needed help with anything. One member of staff said, "You can't work here unless you really care for everyone. It's got to be inside you and I feel passionate about the quality of care we provide."

Staff provided people with care and support in a friendly and patient manner. Staff gave people opportunity to mobilise independently. We also observed staff being jovial and laughing with people living at the service. This created a warm, and welcoming atmosphere where people felt comfortable approaching staff for guidance or advice.

Staff had received training in dignity in care and knew how to respect people's privacy. One person told us, "They [staff] always knock on my door before entering. They keep me covered up when washing and dressing me."

There were no restrictions on visiting times to the service and people told us they could come and go freely. One member of staff said, "Relatives visit sometimes 2-3 times a week." The manager told us that residents meetings were held monthly. One person said, "We have monthly resident's meetings and more informal coffee mornings where we can discuss things."

Information on advocacy services was available for people to read. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

The provider stored information securely in locked offices and had updated their policies and procedures to remain complaint with the new data protection laws.

Care plans recorded information that was important to people, including any religious beliefs, interests and hobbies. Staff told us, "We listen to people, it's about what they want and need. I always ask if they need anything from shops when I'm going and if they do we get it for them if they don't want to join us." People practicing their any faith were supported by staff, if needed.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

Care plans included information about people's daily routines. People we spoke with told us staff gave them choices and always respected their wishes. One person told us, "Staff ask me what I would like for breakfast and cook whatever I want. They know what I like." People's care records were updated monthly and included changes in their needs. This ensured information remained centred around the person and reflected their current needs.

Daily records were used to record information including personal cares completed, oral hygiene and captured details in relation to people's general well-being. Handovers were in place at the end of each shift to ensure staff were informed of any significant changes in people's needs.

People we spoke with agreed they had opportunities to tell staff if anything needed changing or could be improved. One person said, "I'm sure I have completed a survey questionnaire, not sure when though I can't remember. If I had anything I wanted to raise I would speak with the manager or person in charge." This showed us that people were confident in raising any concerns or issues they may have with the staff or manager.

People could access the main nursing home for activities and events if they wished to do so. We saw posters within the service that informed people of any future events so they could decide whether they wanted to attend. One person advised, "I attend musicians with [name] in the main nursing home. I play classical music which is my favourite in my own flat."

We observed several people attending the informal coffee morning held in the main lounge. The majority of residents were independent or required a small amount of support from carers. This meant people often arranged their own daily routines in line with their own preferences and choices, such as; visiting friends in the service or trips outside the home independently or with relatives. People had a variety of choices which promoted their independence and prevented social isolation.

The provider had a comments, complaints and compliments policy in place and people told us they were confident raising any concerns with the manager. One person told us, "The lady in charge always takes action." Complaints had been managed in line with the provider's policy. One compliment was stated, "A big thank you from me to you, for your kindness."

People told us they had their own landlines or personal mobile phones to communicate with people. The service involved people and their relatives by ensuring Newsletters were available or copies sent to people on request.

Where people had discussed their wishes and preferences for end of life care, this and any advance

decisions had been documented in their care plans.

Information about Accessible Information Standards was visible within the service so that people with cognitive impairment could request communications in different formats if needed.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

The service had a manager in post that was in the process of registering with the Care Quality Commission (CQC). Since our inspection we have had confirmation that their registration has been validated and accepted by the CQC. A registered manager is a person who has registered with the Care Quality Commission. 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.

Staff spoke positively the management of the service. One member of staff said, "[Name of manager] has a lovely way about them. It makes you want to come to work because you feel supported." People told us they were happy living at the home and that the management team were very friendly and helpful to them.

Staff told us there were various methods of communication all staff were aware of the communications book and both staff or people living at the service could put their ideas for improvements forward by using the suggestions box.

The provider had implemented a full range of quality assurance systems to monitor and improve the service. This ensured that improvements were highlighted and addressed in a timely way. The provider also completed their own visit of the service every three months, the most recent dated 19th April 2018 had been completed by the manager and regional manager. This detailed that the building was very clean and tidy, refurbishment of three flats, a review of one of the care plans. In addition, the front door and canopy were due to be repainted following a request from a resident's son. This showed us that the manager took people's suggestions on board and identified areas that were working well and that may require improvements to be made. The visit report did not specify any timescales in place to action the improvements or who would be responsible for them - even though the report did specify that this was required. The manager advised this information would be added in future reports.

The they are not registered yet manager told us they maintained best practice and kept ahead with changes to legislation by registering with organisations such as CQC and the Health and Safety Executive's website for updates on key topics. In addition, they continually completed regular training each year to keep their knowledge up to date.

Business contingency plans were in place which included important key contacts if an emergency occurred.