C.T.C.H. Limited

Bredon View

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

This was an unannounced inspection which took place over two days on the 7 and 8 July 2016. Bredon View provides nursing and personal care for up to 26 people. Accommodation can be provided for people who wish to live together. People have access to two lounges and a dining area, en-suite bedrooms, and assisted bathrooms. A rear garden provides an outdoor seating area and is accessible to all people. At the time of our inspection 19 people were living there. There were eight people who had been diagnosed as living with dementia.

At the last comprehensive inspection in November 2014 we rated this service as requires improvement in the key questions, effective and well-led. This related to the lack of effective quality assurance auditing, outstanding maintenance issues and not recognising the needs of people living with dementia. Action had been taken to address these.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not present during this inspection. The deputy manager was present and two representatives of the provider attended in her absence.

People received individualised care which reflected their personal wishes, routines important to them and their likes and dislikes. People were supported to make choices about their day to day lifestyles. They had developed positive relationships with staff who understood their needs well. People's care and support had been reviewed with named staff and their care records had been kept up to date with their changing needs. People had access to health care professionals when needed and were supported to maintain their health and well-being. People's rights were upheld and staff had a good understanding of how to keep people safe. Any risks people faced were assessed and hazards minimised by providing the appropriate equipment or delivering the care and support they needed.

People had access to a range of activities which were meaningful and reflected their individual lifestyle choices. People's individual dietary needs had been considered and meals provided which reflected these. People's medicines were safely administered. Staff had access to a range of training and individual support to make sure they understood their roles and responsibilities. They said they communicated well as a team and health care professionals confirmed they worked well with them. There were enough staff to meet people's needs.

People's views were sought to monitor the standard of the service provided. Any issues or concerns were acted upon to make improvements to people's experience of their care and support. The registered manager was open and accessible. People, visitors and staff were positive about their style of management. There were a range of quality assurance systems in place to monitor the service provided and action had

been taken to address any shortfalls. External audits of the home confirmed the improvements which had been made.

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. People's rights were upheld. Safeguarding systems were understood by staff. People were kept safe from the risks of harm or injury.

People were supported by enough staff to meet their needs, who had been through a satisfactory recruitment and selection process.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective. People were supported by staff who had the skills, knowledge and experience to meet their needs. Staff were supported to develop in their roles and had individual and group meetings promoting good communication within the team.

People's consent was sought in line with the Mental Capacity Act 2005. Deprivation of liberty safeguards had been authorised.

People had been supported to stay healthy and well through access to a range of health care professionals. People's dietary needs had been considered and adjustments made to their meals to reflect these.

Is the service caring?

Good

The service was caring. People were treated with kindness and sensitivity. Staff reassured them when upset and were respectful of their right to privacy.

People talked about their care and support with staff. They had access to information in formats which were easy to understand.

People were encouraged to maintain their independence. Visitors were made to feel welcome.

Is the service responsive?

Good

The service was responsive. People received care which reflected

their individual preferences, likes, dislikes and routines important to them. Staff responded quickly to changes in people's needs to keep them healthy and well.

People had access to a range of meaningful activities.

People and their relatives were confident any concerns would be listened to and action taken in response to address any issues raised.

Is the service well-led?

Good

The service was well-led. People's views helped to improve their experience of care and shape the service they received.

Quality assurance systems monitored the standards of care.

The registered manager was open and accessible. People and staff held her in high regard.

Bredon View

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.

The inspection took place on 7 and 8 July 2016 and was unannounced. One inspector and an expert by experience carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was older people living with dementia. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law.

As part of this inspection we spoke with nine people using the service and four visitors. We spoke with the representative of the provider, the deputy manager, five care staff, two cooks, two domestics and joined staff at a handover between shifts. We reviewed the care records for three people including their medicines records. We also looked at the recruitment records for three new staff, staff training records, complaints, accidents and incident records and quality assurance systems. We observed the care and support being provided to people. We used the Short Observational Framework (SOFI) for inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We received feedback from two health and social care professionals and commissioners.

Good

Is the service safe?

Our findings

People's rights were upheld. People told us they felt safe living in the home. Staff had a good understanding of safeguarding systems and had confidence the registered manager would respond appropriately to any issues they raised. They explained their responses to unexplained bruising. Body charts had been used to record any bruising or injuries and accident and incident records commentated on the action taken to keep people safe from further harm. Staff had completed safeguarding training and information for them and for people living in the home was displayed in shared areas. The registered manager ensured staff reflected on their knowledge of safeguarding and safe moving and handling practice through individual meetings with them and displaying posters for discussion. The registered manager was aware of their responsibilities to report any safeguarding concerns to the relevant authorities such as the police, the local safeguarding team and the Care Quality Commission.

People were protected against any risks. A person commented, "If I feel a bit wobbly, a member of staff will assist." Each person had been assessed to identify any hazards they might face. For example, people at risk of falling or developing pressure ulcers. Accident and incident forms were closely monitored so that any emerging trends could be quickly reacted to and the relevant precautions put in place to prevent further harm or injury. This action included providing equipment to keep people safe such as hoists, slings, sliding sheets or walking frames as well as investigating any health issues which might have increased the risk of falling, such as infections. People assessed as at high risk of falls had the relevant risk assessments in place and care plans described the support they needed to reduce the risks of falls. Electronic alarms had been installed in people's rooms maintaining their independence and alerting staff if there was a problem so they could respond quickly. People at risk of developing pressure ulcers had been provided with equipment such as cushions, mattresses and foot rests and staff confirmed they applied creams as prescribed to maintain the condition of their skin. Health care professionals told us, "A person has a pressure ulcer but this is due to their condition and not lack of care, they are managing this very well."

People had safety measures in place should there be any emergencies. Each person had an evacuation plan which described what help they needed to leave the building in an emergency. An emergency folder kept in the office provided staff with information about emergency services and out of normal hours management support. People had individual call bells in their rooms which escalated to an emergency call if left unanswered after a specified length of time. People's call bells were within easy reach and people said they were answered in a timely fashion. Staff were heard explaining to people if there was likely to be a short delay before they were able to attend to their needs.

People benefitted from an environment which had been totally renovated and was well maintained. Checks had been carried out at the appropriate intervals for health and safety systems such as fire, water, infection control and electrical devices. An inspection by the local fire service in 2015 had confirmed the fire systems within the home were "well above average". Servicing contracts were in place for equipment. Staff also completed health and safety audits to make sure systems and equipment were safe. Where actions were identified these had been completed. The Food Standards Agency had awarded the home the top rating of five stars for the operation of its food services.

People were supported by enough staff to meet their needs. People told us, "There's always someone available" and "There's always enough [staff] on duty." One person also commented, "They could do with more staff. I think they're looking for staff at the moment". Staff said they were busy but were able to spend time with people individually. They told us, "We are not task orientated; we are very good at putting the resident first before any task" and "It can be rushed, particularly early mornings." The deputy manager said they were recruiting additional staff to fill two part time vacancies. This would help to alleviate some staff who had been working long shifts to cover annual leave and vacancies. Staff were observed taking breaks throughout the day. The roster confirmed any spare shifts had been covered. Staff said the registered manager and deputy manager also helped them if needed.

People were safeguarded from the risks of potential harm through satisfactory recruitment and selection procedures. A new checklist had been introduced which confirmed when the necessary checks had been completed such as verifying why people left former employment in social care. Any gaps in employment history were investigated and the reasons recorded. Staff did not start work before a satisfactory Disclosure and Barring Service (DBS) check had been made. A DBS check lists spent and unspent convictions, cautions, reprimands, plus any additional information held locally by police forces that is reasonably considered relevant to the post applied for. A representative of the provider said recruitment and selection was being moved to a central office and would be carried out corporately rather than by individual registered managers. As part of their interview process prospective staff had been invited to shadow existing staff at the home. This gave people the opportunity to meet with them and give their feedback about the suitability of applicants. New staff completed an induction programme and shadowed existing staff during this period.

People's medicines were administered safely. Staff were observed giving people their medicines to people at times they wished to have them. If people refused their medicines they were asked again later if they wished to have them and staff said this was usually successful. People's medicines were kept securely and at the right temperatures so they would not spoil. Medicines administration records (MAR) had been completed correctly. Handwritten entries had been countersigned as correct by two staff. The stock levels of medicines dispensed in blister packs were maintained on the MAR. Additional stock records were kept for medicines provided individually. Creams, liquids and eye drops were labelled with the date of opening and disposed of appropriately. Any medicines which needed additional security were appropriately managed and administered. People had individual protocols in place for any medicines they needed to be given as necessary. The use of over the counter remedies had been authorised for use in the home by a health care professional. People commented, "My meds are always at the right time. I take 14 different tablets each day" and "I have tablets. At 10pm every day."

Good

Is the service effective?

Our findings

At the inspection in November 2014 we found the needs of people living with dementia had not been considered by providing an environment which promoted their independence. Signs had been displayed around the home providing information about where key rooms were located such as toilets, the lounge and the dining room. People had chosen pictures to put on their bedroom doors so they could easily recognise their rooms. Activities included reminiscence therapy and music people engaged with was played. Resources intended to engage people living with dementia had also been bought such as a dementia ball and dementia resource box. Carpets had been replaced by washable flooring and people had better access to the garden.

People were supported by staff who had the skills and knowledge to meet their needs. People told us, "Staff are great" and "Can't fault them." New staff said they completed the care certificate during their induction. The care certificate sets out the learning competencies and standards of behaviour expected of care workers. Staff confirmed they had access to a range of training and training considered as mandatory, such as first aid, moving and handling and food hygiene had been kept up to date. They also completed training which reflected people's individual needs such as dementia awareness, end of life and diabetes. Staff spoke positively about their professional development and proudly talked about registering for the diploma in health and social care at all levels. A training record had been kept to manage the training needs of staff. A representative of the provider said the training needs of staff would now be managed by the provider instead of registered managers which would provide a corporate overview of the training needs of staff.

People benefited from staff who were supported in their roles. Staff said they felt supported and had individual meetings (supervision) with the management team. A schedule of planned supervisions for 2016 had not been followed but it was evident staff had access to a range of individual support. In addition to individual meetings they had been observed performing key tasks such as personal care and medicines. They also had discussions about themes such as safeguarding and moving and handling. The provider information return (PIR) stated, "Training and observations demonstrate staff competence." Staff also attended daily handover and staff meetings to reflect about people's needs and the care and support provided. Staff said communication between the team was "excellent" and there was a "really good connection".

People made choices and decisions about their day to day lifestyle. They were observed being offered choices by staff about what to eat and drink and choosing activities. Staff did not make assumptions about people's preferences but offered alternatives just in case they felt like a change. One person when offered a choice said, "Yes, I'll try that one today." People's capacity to consent had been assessed and when they were unable to make decisions about aspects of their care this was clearly identified in their care plans. 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. Decisions made in people's best interests were recorded and those people involved were

identified. When people had a lasting power of attorney for health and welfare and/or property and financial affairs evidence had been obtained to verify this. Where a lasting power of attorney was appointed they had the legal authority to make decisions on behalf of a person, unable to make decisions for themselves, in their best interests.

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 MCA. The application procedures for this in care homes 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. A checklist had been developed to assess whether people had been deprived of their liberty. When this indicated they were, an authorisation had been applied for from the supervisory body. We discussed with a representative of the provider one checklist which stated a person had not been deprived of their liberty but when reviewed said they were under constant supervision and control. A DoLS application had not been made. The representative of the provider said this would be reviewed again and an application submitted if needed.

People's dietary needs had been monitored. A universal screening tool had been used to assess their risks of malnutrition. When people had been considered at risk of weight loss their dietary intake had been closely monitored. A cook confirmed food was fortified with butter, full cream milk and cream. Fortified drinks had been prescribed by their GP if needed. People's weights had been taken either weekly or monthly. People living with diabetes had alternatives to sugar and sugar free deserts. People's allergies had also been considered and they had food which was safe for them to eat. A notice about allergens in the food had been displayed in the dining room. People at risk of choking had their food blended and staff blended each food item separately so there was colour on people's plates and it looked appetising. People had been provided with adapted crockery to help feed themselves. People were encouraged to eat as independently as possible. Staff were observed only helping people if they were unable to carry on.

People told us, "You've always got a choice of two. I don't like fish, so they make me bacon and eggs [when there's only fish on the menu]. I don't have to ask" and "I'd prefer to see fresh vegetables being used. I've seen that they use a lot of processed vegetables." The menu offered two main meal choices each day. A cook said alternatives would be provided if people did not want anything being offered. We observed a person, who did not wish to have a hot meal, requesting a sandwich and this was provided. On the first day of the inspection, people's deserts had been placed on their table before they had finished eating their main meal. One person immediately stopped eating their lunch. We shared these observations with a representative of the provider and on the second day of the inspection the cook waited until people had finished their main meals before offering them a choice of desert. The meals prepared for the two days of the inspection were very similar and did not reflect the menus. A representative of the provider immediately looked into this and made sure the correct ingredients were available to produce the meals on the menus, which offered a nutritionally balanced diet. People had access to hot and cold drinks and snacks including fresh fruit. A relative told us, "I was glad to see Mum's weight gain [when she came here]. They [management and visiting GP] diagnosed her Alzheimer's early and were able to stabilise her condition, she gets good care."

People were supported to stay healthy and well. The home benefitted from the enhanced services provided by a local surgery, whereby one GP was responsible for visiting each week; this meant that people saw a doctor when they needed to and their medication was reviewed regularly. A person confirmed, "GPs make regular visits, or they can be called." People had been referred as needed to the relevant health care professionals. Records had been kept detailing the outcome of the appointment. Staff, during a handover, passed on any updates about people's physical or mental health. A health care professional told us, "Staff

are confident to ask for help. We have a good working relationship. They always listen, document and act straight away."

Good

Is the service caring?

Our findings

People were treated with care, kindness and sensitivity. They had positive relationships with staff and could be heard sharing light hearted moments. People said, "If I over-sleep they bring breakfast to my room. They give me a hand to get dressed. There's always conversation with staff and residents" and "The word 'home' describes it well. I live here, it's my home." Relatives commented, "Carers are so lovely, have big smiles and people love them" and "Mum is very well looked after." A health care professional reflected, "It's a fun atmosphere, staff are friendly and approachable. If staff are happy, then people are happy." Staff were observed offering praise and encouragement to people.

People's disabilities and their religious, spiritual and cultural needs had been highlighted in their care records. Adjustments had been made to the environment to promote people's independence around their home. For example, people with poor mobility were able to safely use first floor corridors which had a gradual slope. People liked to go to a local place of worship and also attended religious services held in the home every two weeks. A visitor commented how people had developed relationships with the local community by attending the nearby church. Members of the congregation visited people in the home.

People's human rights were met. Staff had completed equality and diversity training. They supported people to meet with friends and relatives in private, if they wished, and respected their right to a family life. Relatives confirmed, "I am always made to feel welcome" and "I am made to feel welcome and offered lunch." Staff had been prompted to use appropriate forms of address to people calling them by their preferred name rather than using endearments. People's personal information was kept securely and confidentially.

People's past lives and history were known by staff. Care records had explored their personal histories and lifestyle choices. This helped staff to not only understand people but to communicate effectively with them. People's care records summarised their communication needs and how to support people when upset or distressed. Staff responded quickly to people to help them manage their emotions. They knew what would help people to become calmer, whether offering a drink, giving them space or putting music on. A health care professional said, "Staff give people a chance to express themselves". When people were unwell or in discomfort staff responded appropriately offering them an additional cushion to support an aching back or elevating their legs.

People talked with staff about their care and support each month. A record had been kept evidencing their discussions and people had signed these to confirm they agreed with the care they received. A relative confirmed, "When mum had her stroke they kept me informed." Staff were observed enabling people to make choices about their daily lifestyle, encouraging independence and respecting the decisions they made. For example, a person decided to spend time in their room rather than join people in the lounge, their lunch was taken to them and they later joined people when they felt able to. People had information and access to lay advocates and
statutory advocates such as Independent Mental Capacity Advocates (IMCA). Advocates are people who provide a service to support people to get their views and wishes heard.

People had access to information which was accessible and produced in formats appropriate to their needs. Signs around the home had been produced on yellow backgrounds with large black text and illustrated with photographs, enabling people with sensory problems or people living with dementia to read and understand them. Complaints and safeguarding information was available in easy to read formats which used plain English and was illustrated with pictures and photographs. Staff had taken photographs of people taking part in activities and these were displayed in albums which people shared with visitors and relatives.

People were treated respectfully and their dignity and privacy were upheld. People said, "If I'm in the bathroom when they knock and come in to my room, they go away and come back later; they don't start shouting through the door." A health care professional said, "The quality of care is exceptional". Staff were observed gently reassuring people and were sensitive to their needs. They knocked on people's doors before entering and explained to people what they were going to do and why. Staff did not rush people but supported them at their pace. Meal times were unhurried and staff focussed on people they were helping chatting with them and describing the food on the plate. People were encouraged to maintain their independence whether maintaining their mobility, dressing or eating their meals.

Good

Is the service responsive?

Our findings

People received care which reflected their individual needs and responded to changes in their circumstances. People's needs were assessed prior to admission to make sure the home could provide their care and support. Each month a named member of staff reviewed peoples' care with them to make sure it continued to reflect their wishes and requirements. A person confirmed, "I've agreed with what's in my care plan. My eldest son is their [management's] contact, I'm happy with that arrangement." People's care records described their likes, dislikes, routines important to them and their history. Care plans indicated what people could do for themselves and what they needed help with. Staff said, "We really understand how people feel" and "Care plans provide a life history and what they like." A relative told us, "The staff are extremely friendly. The care is personalised, not across the board but tailored to each resident's needs."

People also had personal information detailed in a record promoted by a national organisation. The "This is Me" document pulled together information supplied from people and their relatives providing a personalised account of their background and lifestyle. This included their views about their quality of life, what they enjoyed and how they wished to be supported. This enabled staff to deliver care which centred on people individually and responded to their individual preferences. The deputy manager said documentation had significantly improved and staff were more confident "providing care to the standard people want".

People's changing needs were responded to quickly. Staff communicated well with each other and health care professionals to make sure people received the appropriate treatment or support to stay healthy and well. For example, in response to a number of falls a person was referred to their GP who prescribed medicines for a physical condition. Staff confirmed the person had not experienced any further falls. People living with dementia had the support of mental health professionals when needed as their condition progressed. Staff worked closely with them, raising concerns as people's mental health changed. A health care professional commented, "They have some difficult people to cope with and they have improved their quality of life." They also said, "Care plans are good and are kept up to date." Relatives confirmed they were kept informed of any changes in people's needs.

People had access to a range of activities. There was mixed feedback about the activities being offered, some people and their relatives were happy and other people and their relatives thought activities could be improved. Staff commented that activities were dependent on their capacity to offer them and did fluctuate at times. During the inspection people enjoyed participating in a fitness and music session with an external provider. They had waited for the session with eager anticipation and were fully engaged throughout. Staff were also observed spending time individually with people sharing a drink, chatting and doing nail care. A bingo session had been held one afternoon which people said they liked. A screening room provided a large screen where people watched movies usually with popcorn and drinks. Other activities included reminiscence, massages, music and games. People had requested a boat trip to be arranged and one person had booked a flight in a helicopter. Staff told us, "There are lots for people to see and engage with, it's absolutely lovely." A health care professional commented, "People are always doing activities."

People said they would raise concerns with staff or the registered manager. They were confident they would

be listened to and action taken in response to any issues they might have. A person told us, "I have a good rapport with the manager, so if I want anything changed, that's how I'd do it." Relatives commented, "I would talk with [name – registered manager]" and "If I had a complaint I would talk to the manager she is always there, her door is always open". They described how an issue was raised about a person living in the home and how this had been responded to quickly and effectively. Information about how to make a complaint and who to contact should complainants be unhappy with the response was displayed around the home. The provider information return stated, "A simple matter for concerns form is available to all to try to prevent concerns becoming full blown complaints." There was evidence matters for concern were dealt with promptly and action taken when needed to address any issues raised. These were mainly around maintenance issues and people's laundry.

Good

Is the service well-led?

Our findings

At the inspection in November 2014 we found quality assurance audits had identified a number of actions to be implemented and these had not been complied with. The building had been completely refurbished and any outstanding maintenance issues had been resolved. Visits by a representative of the provider continued each month and reports had been produced with action plans. These were being monitored to ensure actions were addressed. A representative of the provider explained how these visits and the reports being produced were under review. During the inspection when concerns were raised with a representative of the provider, such as staff not following the mobile phone policy and people's experience of their mealtimes, action had been taken immediately to address the issues. Additional quality assurance audits had been completed by staff for health and safety systems, care planning, medicines and infection control. Accident and incident records had been audited to ensure the necessary action had been taken in response to each accident and to monitor developing themes.

People were asked for their views about the service they received in a variety of ways. Their feedback was an integral part of the provider's quality assurance audits. Residents' meetings provided the opportunity for them to discuss meals and activities. Each year a survey was sent out to people asking for their feedback. People also met individually with a named worker to talk about their care and they also said they would talk with the registered manager who had "an open door". Staff said they would talk with the registered manager about any issues or concerns they might have and were confident she would address their concerns under the whistle blowing procedure. They gave examples of when action had been taken previously.

The registered manager was supported by a deputy manager. Staff said they were "open and accessible" and worked alongside staff when needed. People told us, "I'd see [names] for any changes, they're both very friendly" and "I think [name] is excellent." The registered manager was aware of her responsibilities with respect to submitting notifications to the Care Quality Commission. The rating from the previous inspection had been displayed in the home and on the provider's website. Staff said the registered manager was the "best manager I have had" and "couldn't ask for a better manager". A health care professional commented, "I can't praise them enough, we have a good relationship with the manager and staff." Staff reflected how the registered manager shared her values with them, providing "person centred care" and creating a "home from home". Visitors confirmed this saying, "It doesn't feel like a care home", "A happy environment" and "It has a lovely family atmosphere, more a sense of this is our home."

The deputy manager discussed the good communication between staff, management and health care professionals. They also said how important family was and the door was "always open" to the office, encouraging the "good connections" with people and their family. They recognised the challenges of keeping people safe and ensuring all staff were aware of their responsibilities. Health care professionals said, "The communication with us has changed; they have excelled themselves" and "This is one of the better homes I have come across."

The registered manager was a member of a local care providers association, a learning exchange network and staff attended an activities network. They also worked closely with the provider's dementia link worker

forum. There were strong community links with local places of worship. People used local facilities such as shops. External inspections by commissioners, fire and the food standards agency had resulted in good outcomes recognising the improvements in the services provided to people.