Mr Manmohun Ramnial

Bafford House

Inspection report

Bafford House
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Date of inspection visit:
30 May 2022

Date of publication:
06 July 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Bafford House is a residential care home providing accommodation and support for up to 19 older people and people living with dementia. At the time of our inspection there were 17 people using the service.

People are accommodated in one adapted building which provides people with single bedrooms with wash handbasin. There are communal toilet facilities and an adapted communal bathroom. There is a garden and parking to the front of the building.

People's experience of using this service and what we found
We found the provider's quality monitoring systems had not always enabled them to identify shortfalls in the service and action had not been taken to make all the required improvements following our last inspection. Despite this, we did find some improvements had been made since our last inspection in November 2021 and any continued shortfalls had not impacted on people's safety.

Some action had been taken to improve people's safety since our last inspection. However, action was still needed to ensure staff training was up to date and a people would be monitored at regular intervals for injury following a fall.

People's risk management records had not been reviewed on a regular basis to ensure the agreed safety actions remained effective and appropriate. To help mitigate the risk of staff not having relevant information about how to manage people's risks and care needs, staff and managers talked on a frequent basis about people's risks and needs to ensure their support remained appropriate. Managers worked with staff daily delivering care so were able to monitor for emerging risks and changes in people's abilities.

The provider told us they continued to face challenges in recruiting and retaining staff. This had impacted on their ability to complete tasks which supported the effective governance of the service. Managers and care staff consistently needed to be redeployed to complete tasks in areas which remained inadequately staffed. Recruitment records needed to be completed when checks were undertaken.

We observed staff to be patient and kind with people, working in a calm way to support people's wellbeing. People told us they felt safe and looked after. A person said," You get all the help you need." A relative explained their relative required a lot of support to live with dementia and said, "They have done a marvellous job."

People had access to their GP as needed and staff ensured referrals for further support, for example, assessment for equipment or mental health review were completed. Staff worked with other services, such as NHS Rapid Response and the emergency services so people could receive support for unexpected ill health. We made a recommendation to support improvement of people's oral care assessments.

People's medicines were managed safely and in people's best interests. People were provided with food and drink to support their health and help given to eat and drink where needed. People's wish to remain independent was also respected.

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. Staff worked with people to ensure care was provided at times when people were able to provide verbal or implied consent.

Since our last inspection applications for deprivation of liberty safeguards (DoLS) had been completed and submitted for people who could not consent to live at Bafford House or here restrictions had been applied in a person's best interest.

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 22 December 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

At this inspection we found the provider remained in breach of regulations in respect of good governance and some areas of risk management.

In respect of DoLS, 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 this regulation.

Why we inspected
We undertook this unannounced inspection to check whether the Warning Notices we previously served in relation to Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. We found these had not been fully met and more time was needed to comply with these.

We found no evidence during this inspection that people were at risk of harm. Please see the safe and well-led sections of the full report.

We also inspected to check if the provider had followed their action plan in relation to a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We found the provider had made improvements and had met this legal requirement.

This report only covers our findings in relation to the Key Questions safe, effective and well-led. The overall rating for the service has not altered from requires improvement based on the findings of this inspection.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 Bafford

House on our website at www.cqc.org.uk.

Enforcement and Recommendations
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 and will take further action if needed.

We have identified continued breaches in relation to good governance and safe care. We also identified a new breach in relation to staffing and staff training.

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

We took enforcement action in relation to the breaches of good governance and safe care at our last inspection and will continue to monitor improvement through the action in place.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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? The service was not always safe.	**Requires Improvement**
Is the service effective? The service was not always effective.	**Requires Improvement**
Is the service well-led? The service was not always well-led.	**Requires Improvement**

Bafford House

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
Two inspectors carried out this inspection.

Service and service type
Bafford House 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. Bafford House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is not required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 30 May 2022 and ended on 7 June 2022 when we completed gathering information for the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who had worked with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with three people who use the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with two relatives to gain their view of the services provided. We spoke with two care staff, the deputy manager and the provider. We reviewed risk assessments and selection of other care records pertaining to the care of nine people. We reviewed records relating to the Mental Capacity Act and Deprivation of Liberty Safeguards for 10 people. We also reviewed records relating to the administration of covert medicines and best interests decisions for three people.

We reviewed a selection of other records relating to the management of the service which included, staff rosters, two staff recruitment files, training record, falls log/audit, two care plan audits, 3 medicines audits and one infection control audit. We reviewed other records relating to health and safety and maintenance checks. We reviewed assessments and certificates relating to fire, Legionella, safe use of chemicals and gas safety.

We reviewed the service's falls management policy.

Requires Improvement

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 for this key question has remained requires improvement. 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.

Assessing risk, safety monitoring and management
At our last inspection the provider had failed to robustly assess and manage the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection while improvements had been made, the provider had not fully met the requirements of the warning notice and was still in breach of the regulation 12.

- Staff still required fire safety training to ensure they would know how to use fire safety and evacuation equipment safely. The provider arranged a date for this to take place during the inspection. Staff still required up to date first aid training.
- A formalised post falls protocol was not followed. This meant staff might not identify people's injuries following a fall, that might develop over time, so that prompt medical attention could be sought if needed.
- People's risk management plans were not routinely reviewed. Changes in people's health and risks, for example following a fall and distressed behaviour was known to staff. However, information was not readily available for staff to refer to when supporting people's changing needs to ensure the agreed risk management arrangements were recorded and remained effective.

Systems had not been fully established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This is a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvement was seen in how people were protected from infection. The use of personal protective equipment (PPE) and its storage had improved, and action had been taken to reduce the risk of the growth of Legionella bacteria in the water system.
- Staff had completed a fire drill four weeks prior to this inspection. Although there was no record of this or recorded evaluation, the provider confirmed staff had responded well to the fire alarm sounding.
- A gas safety certificate had been obtained and risk assessments completed for products used in the service which come under the Control of Substances Hazardous to Health (COSHH).
- Other safety improvements included upgraded window restrictors and newly replaced floor coverings in some rooms which reduced risks of associated trips and falls and the spread of infection.

Staffing and recruitment

● The provider had continued to face challenges in recruiting and retaining staff since the last inspection. Due to a lack of staff, in areas such as housekeeping and laundry, and at times in the kitchen, staff and managers were consistently needing to cover tasks in these areas. This meant there was little time to provide meaningful and therapeutic activities for people and managers did not have the time to complete their recording, monitoring, and supervisory tasks to support them to meet regulatory requirements.
● Managers confirmed staff were not fully updated in training required to ensure they practiced safely and within the law.
● A relative said, "There is no real stimulation for people, staff are very kind, but I don't see it, I do not see any activities taking place."
● Agency staff were used to support staffing numbers, however, agencies did not always have staff available to meet the provider's request. This could place people at risk of not receiving the care and support they needed to meet their needs.

The provider had failed to deploy sufficient staff in number and skill to ensure the smooth running of the service and to meet people's needs. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Although the provider told us they had assured themselves of some staffs' character and past employment history, this was not evident in some staffs' recruitment records which the provider stated they did not always have time to complete fully.

Recruitment records were not always complete. This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Disclosure and Barring Service (DBS) checks had been carried out on all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse
●. Staff had received training on safeguarding adults and knew to report any concerns they may have to the managers of the service.
● Managers were aware of their responsibilities to share safeguarding related concerns with external agencies such as the local authority, police and CQC. These agencies require this information so they can check that appropriate actions have been taken to safeguard people.

Using medicines safely
● People's medicines were managed safely, and people were provided with support to take their prescribed medicines.
● Some medicines were prescribed to be used 'when required' to help manage people's behaviours triggered by distress or anxiety. We saw these medicines were used infrequently. Managers explained that staff were usually able to prevent an escalation of behaviours by speaking with people calmly, helping them to understand what was going on around them, using distraction techniques or simply allowing the person space to naturally calm down.
● Medicines were prescribed and ordered in time for when they were required. This included end of life medicines.

Preventing and controlling infection
● Following our last inspection, we signposted the service to the local authority's infection prevention and

control (IPC) team for support. Staff had received training from the team and had worked with them to improve their IPC practices and process. During this inspection we saw these improvements had been sustained.

● We were assured that the provider was preventing visitors from catching and spreading infections. The provider was following current government guidance in relation to visitors to the service.

● We were assured that the provider was meeting shielding and social distancing rules. No one at the time of the inspection required shielding.

● 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.

Staff were supporting visiting in line with current government guidance which meant, there were no restrictions on visiting. A person told us they enjoyed going out with their relative. A relative told us they had been able to visit their relative, who had been assessed as end of life during the time the service experienced a COVID-19 outbreak. They had been grateful to be able to do this although subsequently their relative's health had improved.

Learning lessons when things go wrong

● Managers told us they had learnt lessons from the support provided by the IPC team, and this had helped them when the service experienced a COVID 19 outbreak.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At our last inspection we recommended the provider consider current guidance on staff training and development. The provider had not made the improvements.
- Staffs' training needs had not been reviewed by the manager, and there was no formal staff supervision or appraisal system in place.
- For staff who had been previously employed by a care agency, but who had later become employed by the provider, the provider had relied on staff having received adequate and appropriate training by their previous employer.

Staffs' training, learning needs and competencies were not adequately reviewed. Staff had not received ongoing training required to meet people's needs. This puts people at risk of receiving unsafe or inappropriate care and treatment through a lack of appropriate staff training and supervision. This is a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The deputy manager informally supervised and monitored staffs' competencies when working with them.
- One member of staff was being supported by the deputy manager with their level 3 award in adult social care which would help further their career.

Ensuring consent to care and treatment in line with law and guidance

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

At our last inspection we found the provider had failed to complete and forward applications under Deprivation of Liberty Safeguards (DoLS) to the local authority for people who could not consent to live at Bafford House or who had been subject to restrictive practices such as administration of covert medicines. This was a breach of regulation 11 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 11.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met

● DoLS applications had been completed and submitted to the local authority (the supervisory body) who had yet to assess these applications.
● Where people had been assessed as lacking mental capacity to make decisions about their care and treatment, these had been made in their best interests. We saw this for medicines prescribed to be administered covertly (hidden in food or drink).

Supporting people to live healthier lives, access healthcare services and support
● Staff could support people to access NHS dental treatment if required but the service had not been able to access NHS routine and preventative dental services. No oral assessments were in place to identify the individual support people might require with teeth and mouth care.

We recommend that the provider considered current oral care guidance and review their assessments accordingly.

● People had access to regular chiropody and optical services.
● Community nurses provided support with people's health needs as required, which included support with any wounds, skin assessments or diabetes management.

Supporting people to eat and drink enough to maintain a balanced diet
● People were not given a choice of what they ate at the lunchtime we observed, although everyone appeared to enjoy the food provided. The provider confirmed alternative meals could be provided.
● Food was provided in a form which met people's needs. One person's food was provided in 'soft' form making it easy to swallow and staff unobtrusively monitored them to ensure they did not choke. This person had previously been assessed by a speech and language therapist and this guidance given to the staff to follow.
● We observed people being provided with support to drink in between meals to maintain their fluid intake. Staff were attentive at all times when supporting people.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were, assessed by managers of the service, prior to admission to ensure these could be met.
● People were treated equally, without discrimination and the care delivered, considered people's protected characteristics, personal choices and wishes. One person told us they preferred all their care and meals to be delivered to them in their bedroom, which staff supported.
● Staff recognised the need to support skills people retained which enabled people to remain as independent as possible. We saw this in the measured support given to people at mealtimes, in the support and encouragement given to people to mobilise independently and the support given to people to make simple daily choices.
● People's diversity was respected. One person took pride in their appearance and they told us staff

supported them to make choices about their clothes and the additional adornments they liked to wear.

Staff working with other agencies to provide consistent, effective, timely care
● GPs did not complete a regular or planned visit, but people could be seen by a GP if needed. Where required people were referred to and seen by specialist mental health practitioners.
● Staff were able to get advice or guidance from the GPs' surgery as required.
● In the event of a person becoming unwell staff worked with paramedics or members of the NHS Rapid Response team to ensure people received timely and effective care and treatment.

Adapting service, design, decoration to meet people's needs
● There was space for people to walk with purpose safely, if they chose to. Toilet doors had signs on them to help people locate them.
● A bathroom was on the lower ground floor and was adapted with a bath hoist making it accessible for people with limited mobility.

Requires Improvement

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 for this key question has remained requires improvement. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to put in systems and processes to help them effectively identify shortfalls in their service and to remain compliant with necessary requirements and regulations. Systems were ineffective in identifying risks and driving improvement. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection while improvements had been made, the provider had not fully met the requirements of the warning notice and was still in breach of the regulation 17.

- Although the provider understood that improvements were needed to the service action had not been taken following our last inspection to make all the required improvements. Audits were limited to support the provider to identify improvements that still needed to be completed and to monitor that the improvements made would be maintained.
- The deputy manager informed us that they had reviewed eight people's care records since February 2022,however this had not always resulted in an alteration to the review dates in the electronic system or an update in the person's care records.
- Although we saw a 'weekly health and safety check' record this just referred to bedroom numbers and other named rooms in the building and had ticks alongside these. It did not record what was looked at as part of this check. There remained no health and safety audit which would help the provider ensure they were remaining compliant with all necessary areas of health and safety.
- The provider did not have a system in place to monitor completion of staff training, supervisions and appraisals and which would help them plan and organise future training requirements, such as appropriate fire evacuation and first aid training sessions.
- Due to challenges with staffing managers explained their annual audit plan had not been implemented for 2022.
- In our last inspection we recommended that the provider seek advice on ways of seeking feedback to help inform a service improvement program. During this inspection the provider did not have a formal system in place for gathering feedback from people, relatives, staff and other stakeholders to help inform their improvement program. The last staff meeting was in January 2022 when there were different staff employed.

● We also made recommendations regarding recruitment and staff training and action had not been taken to make the required improvements.

Although we found people had not been harmed and some improvements had been made the provider still did not operate effective systems to assess and monitor their service against required regulations. , This is a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Both the provider and deputy manager met their responsibilities for ensuring notifications were submitted to CQC in the event of incidents involving people who used the service or a person's death.
● A relative said, "(Provider and deputy manager) always ring or email me with any changes, they are always informative."
● Staff met regularly throughout the day to discuss information with the provider and deputy manager, this included any changes in people's health, presentation or any concerns they may have.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● Both the provider and the deputy manager promoted a culture where people who used the service came first and the delivery of people's care took priority.
● Both supported staff as much as was possible and they were visible and approachable to both people, people's relatives and staff. A relative said, "(Provider) is lovely."

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
● Both the provider and deputy manager understood their responsibilities in relation to duty of candour.
● They promoted a culture where staff were able to be open and honest about things which had not gone to plan.
● Relatives had been informed about accidents or incidents involving their relatives and given an explanation of what happened and informed about the actions taken to address things.

Continuous learning and improving care
● We found that some learning had been taken from previous inspections and this was seen in the improvements which had been sustained However, the provider's resources and systems were limited in being able to develop staff teams, measure the quality of the service and drive improvement.

Working in partnership with others
● The provider works with commissioners of care to enable people to access care when they require it.
● The service has worked particularly hard to support commissioners in placing people whose needs are challenging and sometimes complex.

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 18 HSCA RA Regulations 2014 Staffing The provider did not ensure there were sufficient staff in number deployed to support the running of the service. Regulation 18 (1) Staff were not provided with appropriate training and supervision opportunities to ensure they remained suitably skilled and knowledgeable in their roles so they can perform their duties safely. Or support to further develop their learning so the service can benefit from more skilled and qualified staff. Regulation 18 (2)