Bafford House Residential Care Home

Bafford House

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

About the service:
Bafford House is a residential care home which provides personal care to 19 older people and people living with dementia or a mental health condition. At the time of the inspection 15 people were receiving care. Bafford House is located in Charlton Kings, a suburb of Cheltenham. The home is set in well presented gardens which people could access. There was a range of communal areas that people and their relatives could use.

People's experience of using this service:

•□People and their relatives felt Bafford House was a safe and homely place. People enjoyed spending time with the staff and were comfortable in their company.
•□Staff understood the risks to people and the support they required to ensure their health and wellbeing.
•□The registered manager and provider had clear plans to increase the stimulation and support people living with dementia received. The provider had provided additional support to the service to achieve this goal.
•□People's dignity and rights were protected. People were supported by caring and compassionate staff.
•□Care staff spoke positively about the service and felt they were supported and had access to all the training and professional development they required.
•□The provider had a clear plan and vision for Bafford House. Staff were aware of this vision and were focused on providing high quality, person centred care.
•□People's needs were met by sufficient numbers of staff to ensure people's safety and well-being.
•□Staff had a good understanding of people's needs. People's healthcare and wellbeing needs were being met. People were supported with their dietary needs.
•□Staff understood their responsibility to report concerns and poor practices. The provider followed the duty of candour and ensured people and their relatives, as well as appropriate agencies were informed of any concerns.
•□The provider had systems to monitor and improve the quality of service they provided at Bafford House. The provider ensured opportunities were taken to learn from incidents, accidents and complaints.

Rating at last inspection:
Requires Improvement (The last report was published 31 May 2018). We had not identified any breaches of the regulations, however improvements which had been made had not been fully embedded at this inspection. Following our last inspection, conditions imposed on the providers registration remained in place, which meant the provider supplied us with bi- monthly updates on their governance systems. Additionally, we met with the provider to discuss the improvements they were making at Bafford House.

Why we inspected:
This was a planned inspection based on the previous rating. At this inspection we found that the service had

improved. We rated the service as "Good". Previous CQC ratings and the time since the last inspection were also taken into consideration.

Follow up:
We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Good. We have asked the provider to apply to remove conditions imposed on their registration from August 2017 as these are not required to improve the service any more.

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 effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

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 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.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

Bafford House provides accommodation for older people who need personal care. The service also provides dementia care and care to people living with a mental health condition.

Notice of inspection:

This inspection took place on the 31 May and 4 June 2019 and was unannounced.

What we did:

We looked at information we held about the service including notifications they had made to us about important events and information the provider had supplied us as part of their positive conditions. We sought feedback from local authority commissioners and healthcare professionals who visited the service.

We visited Bafford House and spoke with five people and three people's relatives. We also spoke with seven members of staff. This included four members of care staff, a housekeeper, the manager and the provider.

We reviewed four people's care records, policies and procedures, records relating to the management of the

service including audits and quality assurance reports, records of accidents, incidents and complaints, staff training and supervision records and systems the provider maintained in relation to recruitment.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; learning lessons when things go wrong.
• People felt safe living at Bafford House. Comments included: "The staff look after me, they keep me safe"; "I'm safe, relaxed and comfortable" and "I am safe, no problems." People's relatives told us they had piece of mind that their loved ones were safe. One relative told us, "I have peace of mind, he is settled here and is safe. It's the best place for him."
• Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the manager or provider and knew which organisations to contact outside the home if required.
• The provider reported and shared appropriate information with relevant agencies to safeguard people. The provider and manager ensured people and their relatives were informed of any concerns and learnt from any incidents or concerns.
• Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Any learnings identified through investigations was shared with staff and used to prevent similar incidents occurring in future. Audits carried out by the manager showed there were no trends when or where accidents had occurred.

Assessing risk, safety monitoring and management.
• People's risks were identified and assessed by the provider, manager and care staff. Staff completed risk assessments in relation to people's health and wellbeing and actions needed to be taken to reduce these risks. One person was at risk of developing pressure ulcers. Staff had clear guidance on how often the person required to be supported with repositioning to protect their skin integrity. Staff recorded when they had assisted the person with repositioning. The manager monitored these records to ensure people were supported to reposition as per their care plan. Additionally, the person was cared for on pressure relieving equipment and was supported with the application of topical cream to maintain their skin health.
• Risks assessments had been completed in relation to people's mobility needs and people's risk of falling. Each person had a detailed mobility risk assessment which where appropriate, included guidelines provided by healthcare professionals. For example, one person's mobility had recently declined. Staff had clear guidance on how to assist the person, which including assessing the support they required daily. We observed staff following this guidance.
• One person was living with diabetes and clear guidance was provided to staff on how to assist the person with managing their healthcare needs. This included when the person's wellbeing had deteriorated, and signs staff should be aware of.
• Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection.
• People could be assured the building and equipment used to assist people with their mobility was safe and routinely serviced and maintained. The provider had systems in place to ensure any health and safety and

maintenance issues were addressed, however they had identified prior to our inspection some checks in relation to fire safety and one piece of mobility equipment had not taken place as expected. They had plans in place to address these shortfalls and after the inspection had ensured the one piece of equipment that had gone past the recommended service date had been serviced. The provider had ensured that whilst a routine service was pending that staff ensured the equipment was working effectively. Following the inspection, the provider supplied us with information that the equipment had been serviced and that mandatory checks in relation to fire safety had been restarted and allocated to a member of staff.
• Staff were provided with current information relevant to their work. For example, staff had recently been given information regarding sepsis and the signs they needed to be aware of when assisting people.

Staffing and recruitment.
• There were enough staff, at any given time, to meet people's needs. The provider and manager ensured agency staff were sought to cover any unplanned staff absences. For example, one member of staff had left prior to the inspection, the service were covering these shifts through staff working additional hours and agency staff. Where agency staff were used the provider and manager ensured they were regularly used. Two agency workers worked nights at Bafford House and had worked consistently with the service over the last two years.
• People and their relatives told us there was enough staff to meet their needs and their requests for assistance were responded to promptly. Comments included: "There is always a member of staff around" and, "They [staff] are genuinely nice and attentive."
• Staff told us that there were enough staff to meet people's needs. Comments included: "It's good here, better than I've known it"; "It's comfortable. We don't stress, and we have time to get things done" and, "We get time to engage with people one on one. I have no concerns."
• The provider had recruitment systems in place to ensure staff were of good character, however they had not always recorded interview discussions or where they had unsuccessfully sought staff references. We discussed this with the provider who informed us they would ensure all requests they made were fully documented. All staff had worked at the service for a number of months and the manager and provider worked alongside them to ensure the care they provided was in line with their expectations.

People's medicines were safely and effectively managed to ensure they were available when people required them.
• Staff received training to be able to administer people's prescribed medicines people with their medicines. The manager and provider assessed the competency of care staff regarding medicines to ensure they had the relevant skills.
• People were supported to take their medicines in a calm and patient manner. People were given time to take their medicines. Care staff ensured people received their medicines when required or if possible at a time suitable to their preferences.
• Specific protocols were in place for medicines which were prescribed as to be administered, 'When required'. This provided staff with information to know when and how to provide people's pain relief and medicines for distress and anxiety.
• One person could receive some of their prescribed medicines covertly. Staff worked with the person's GP and representatives in their best interest to ensure their health and wellbeing was maintained.

Good

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.

Good: People's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
• People's needs were fully assessed with ongoing involvement of their close relatives and representatives and where necessary based on their assessed needs from healthcare professionals.
• People had access to information to help them understand their care and treatment and promote a good quality of life with positive outcomes for people.
• Universally recognised assessment tools were used to assess people's needs, including their mobility needs and the use of specific equipment. This ensured staff delivered evidence based-practice and followed recognised and approved national guidance.

Staff support: induction, training, skills and experience.
• People and their relatives spoke positively about the care staff that supported them or their relatives and felt they had the skills to meet their needs. Comments included: "The staff are good"; "The staff do look after me" and, "The staff are fantastic, they know what to do."
• Staff spoke positively about the manager and provider. They felt they had the training and support they required to meet people's needs. Staff comments included: "We are doing training through [distance learning provider]. It gives you what you need"; "We have the training and support to ensure people have care which is individualised to their needs" and, "The training has given us really good insight, there has been a strong focus on dementia."
• Staff had opportunities for professional development, including completing qualifications in health and social care. One member of staff told us, "We can request training and we discuss training in supervisions. I wanted more training around Sepsis."
• The manager and provider had an overview of staff training needs and when staff required additional training or support. The provider and manager had engaged with healthcare professionals and a local care home support team to provide training to their staff team.
• Staff spoke positively of the support they had at induction, including shadowing experienced care staff. One member of staff told us, "I had everything I needed when I started. [Manager] and [Provider] provided lots of support and training."
• Staff had access to supervision and support, including regularly one to one meetings with their line manager. Staff spoke positively about the support they received from the provider and the manager. One member of staff said, "I feel listened to. [manager] is good to talk to."
• Any concerns around staff performance identified through concerns or observations were followed up in supervision meetings to enable the registered manager and staff member to make a plan of action.

Supporting people to eat and drink enough to maintain a balanced diet.
• People spoke positively about the food they received. Comments included: "I like the food, it's

homecooked"; "The food is lovely and there is plenty of it" and "The food looks good and [relative] enjoys it."
• The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements, including textured diets. All staff were aware of people who required a textured diet, including pureed, fork mashable or thickened fluids. Where Speech and Language Therapist (SALT) guidance had been sought this was clearly recorded in people's care plans. We observed people were supported in accordance with this guidance.
• People's dietary risks were known. For example, one person had been assessed as being at risk of choking as they would eat their meals at a quick pace. Staff needed to ensure food was soft and bite size as the person would not always chew and during our inspection the provider showed us how they ensured the person was protected from risk. Care staff had clear guidance to follow to ensure the risk to the person was reduced.
• Where people were at risk of malnutrition this was discussed with the care staff team to enable fortified diets to be provided. People's GP and where relevant, dieticians were involved to ensure people's health and wellbeing were maintained.
• People's dietary preferences were recognised and met. One person preferred their food to be pureed as they didn't like any solid bits in their food. This had been clearly recorded and showed that the persons choice was respected.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.
• Care staff worked alongside GP's and other healthcare professionals to meet people's needs and respond to any changes in their needs. Staff made referrals to healthcare professionals if they felt someone required specialist input. One healthcare professional told us, "We're contacted when they need help."
• Where advice had been sought this informed people's care plans to enable staff to follow this guidance to meet people's needs. For example, one person received support from district nurses and chiropodists to assist them with them with their healthcare needs, including podiatry.
• The service sought advice when reviewing people's mobility equipment. They worked alongside occupational therapists and followed recognised best practice guidance to ensure people were assisted to mobilise safety and remain independent.

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 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.

• We checked whether the service was working within the principles of the MCA. Care staff we spoke with understood that people must be supported to make independent decisions where it was possible for them to do so. Comments included: "We always promote and offer choice, encourage them to wear what they like or pick the drink they want" and "We always try and promote people's choice."
• People and their relatives told us their choices or their relatives' choices were respected. Comments included: "The staff encourage and prompt, they are really good and engaging him" and "They work at my pace."
• Where people were living with dementia, staff supported them to make an informed choice, by providing clear options. One member of staff told us how they supported one person to make simple decisions, such as what they would like to eat, drink or wear.
• The majority of people living at Bafford House were being deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment with

appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the DoLS. We checked and assured ourselves the service was following the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were known to the organisation and they were included in decisions made about the person's care. One relative told us, "The involve me and discuss changes with us."

Adapting service, design, decoration to meet people's needs
• People had the freedom to move around their home, or units (depending on their individual capacity). Where appropriate, people living on the ground floor could orientate themselves around the home and access facilities including communal lounges and the dining room. People were supported by staff to access the home's gardens and the local community.

Good

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

Good: 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; Respecting and promoting people's privacy, dignity and independence.

• People and their relatives spoke positively about how kind caring and compassionate the care staff were. Comments included: "They definitely do care", "They make me feel very relaxed here" and "They make sure [relative] is happy here."

• We observed staff supporting people to be engaged in activities which were tailored to their needs. Staff took opportunities to engage with people and ensure they were comfortable. One member of staff was supporting one person to decide what activity they would like to do, including going for a walk. All staff took the time to talk to people and engage with them, even if this was just a simple greeting.

• People responded to staff positively. We observed that people were comfortable with staff and enjoyed spending time with them. One person was anxious during the first day of our inspection. Care staff provided the person with reassurance and support. They talked with the person and supported them to spend the day how they wished. The person was calm with staff and was happier after receiving reassurance. Staff told us how they supported the person and the support they required to maintain their wellbeing. Staff clearly cared for the person and provided support tailored to their needs. The person told us, "They're great girls." A visiting healthcare professional visiting the person told us, "The staff know the gentleman really well. They've identified issues, followed guidance. The care is good."

• People were encouraged to do as much as they were able to. For example, we observed staff assisting one person to move around the home. Staff told us they assessed the person daily as some days they could struggle. They supported the person to walk with a mobility aid as far as the person was comfortable. When the person was unable to carry on they asked the person if they would like to have a wheelchair. The person was comfortable and in control throughout.

• People and their relatives told us people's dignity was always respected by care and nursing staff. Staff told us how they respected people's dignity and the importance of making sure people were comfortable. We observed that staff ensured people's personal spaces were always respected. For example, knocking on their bedroom doors before entering (even if they knew the person was not in the room) and by talking and engaging with people before assisting them, whether with their meals or their mobility.

• Staff understood how to assist people and promote their involvement with all care activities. Staff explained that they treated everyone as an individual and understood how much each person could be involved or do for themselves. One member of staff said, "We encourage people to do as much for themselves as possible. For one person that stimulation is so important. It helps promote their independence." Another staff member told us, "We encourage people to spend their days as they choose. We can encourage, however some people like to do their own things, like reading or watching the world go by."

• Staff spoke positively of the people they cared for and understood their needs, preferences and life

experiences.
• The service respected people's diversity. Staff were open to supporting people of all faiths and belief systems, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Supporting people to express their views and be involved in making decisions about their care.
• People's communication needs were known, recorded and understood by care staff. Staff could describe the support people needed to enable staff to understand their wishes and support their decision making. Where people were living with dementia and could not communicate their views or concerns, staff would observe their facial expressions, changes in behaviours and body language to gauge their views, needs or if someone was in pain or discomfort.
• People were at the centre of their care and where possible were supported to make decisions, as well as being involved in reviewing their own package of care. One person told us, "I feel the staff know me well. They ask for my views."

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
• People and their relatives spoke positively about the care they or their relatives received and felt it was personalised to their needs. One relative told us, "We are happy with the care, it meets [relatives] needs." People's relatives and representatives told us they were kept informed of any changes in their relative's care. One relative told us, "They always keep us informed and up to date." Any conversations with people's relatives, representatives or healthcare professionals were recorded on the provider's care planning system.
• Each person's care plans contained information about their life, including their relationships, occupations and hobbies and their preferences. For example, one person's care plan detailed their life history, including that French was their first language. It also detailed their religious needs and the support they required to meet their religious needs.
• While people's care records were personalised and reflective of people's needs, the manager had identified that ongoing daily notes could do with more personalisation. They were working with staff through one to one meetings and team meetings to help improve the quality of these records.
• The manager had completed a dementia leadership award (a local recognised qualification in relation to dementia care). They had incorporated ideas from this training into the home. This included supporting staff on how they provide person centred care for people living with dementia. They had also placed life history cards and folders in people's bedrooms. This included information important to the person that staff or their visitors could read. One person had a folder full of pictures. These pictures were of the person and people important to them. Staff told us how they used the pictures to talk to the person about their relationships.
• Staff had skills and experience to identify when people's health was deteriorating, and their support needs were changing. Staff discussed how they supported people and made referrals to people's GP with their permission. On the first day of our inspection staff had raised concerns to the manager and provider about one person, who was at increased risk of infection. One member of staff told us, "We can always tell when they're not well. She'll only tell certain people. However, you can tell, they act differently, they are less active, and their appetite isn't good." Staff had sought the advice of the GP as the person was at risk of Sepsis and often required support from hospitalisation or support from healthcare professionals.
• Staff discussed the importance of ensure people received timely medical support. One member of staff said, "We know people well. When people are living with dementia, it can be difficult for them to communicate pain. Identifying concerns earlier keeps people out of hospital and in the home, which they prefer.
• People enjoyed accessing the home's gardens, spending time with their relatives as well as enjoying one to one activities and activities provided by external entertainers. People enjoyed engaging with staff with walks, discussions and games. People were offered a choice of activities. People told us they were happy and enjoyed living at Bafford House. One person said, "I never feel bored. I like to do reading, sometimes we have busy days."

Improving care quality in response to complaints or concerns:
• There was a complaints policy in place which advised people what to do regarding concerns and complaints and if they were not satisfied with any outcome. One person told us, "If something wasn't right I would tell you, or anyone. I know they would sort it." One person's relative said, "I would go to the manager if I had any concerns."
• The provider and manager explained there had been no complaints made to the service since our last inspection. The service had taken the opportunity to seek the views of people and their representatives and had kept a record of all compliments they had received.

End of life care and support
• People were supported at the end of their life by care staff. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available.
• People's end of life wishes had been explored with people and their representatives. These included preferences in their end of life care and support and identifying any specific religious or cultural needs.

Good

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• The provider discussed the home and the care people received as the legacy of the registered manager. Since our last inspection in March 2018 the registered manager had sadly passed away. The provider was running the service alongside a manager who had been in post for a number of years. Staff were aware of the registered manager, their impact on the home and the importance of the care they provided to people. In the home's garden a memorial bench was in place providing people and staff the opportunity to remember the registered manager.
• The manager and provider had a clear vision to provide people with person centred care which promoted their health and wellbeing. This vision was communicated to staff. One member of staff told us, "They [provider and manager] support us to provide good person-centred care."
• People and their relatives spoke positively about the manager and provider and felt the home was managed well. Comments included "We have no concerns, I think the home is well run" and "I think they run a good home."
• Staff spoke positively about the provider and the manager and the support they received. Comments included: "I think the service has definitely improved. We have regular staff meetings which we need. Things are running well now"; "I think the home is calmer and more organised. We have the support we need" and "[manager] and [provider] are very supportive. They had helped me find my place."
• The provider understood their duty of candour responsibilities to be open and honest with people and their family when something had gone wrong. The provider ensured that where safeguarding concerns were raised that all relevant parties were informed. The provider notified CQC as per the legal regulations.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.
• The manager and provider had effective systems to monitor and improve the quality of care people received, as well as assessing people's care to ensure it was effective. The manager carried out monthly audits in relation to people's care records, the management of medicines and incidents and accidents. Where shortfalls had been identified these informed an action plan which was allocated to individual staff to complete. For example, one audit identified action needed to be taken in relation to 'as required' medicine expiry dates check. This was rectified and the action recorded.
• Policies were in place, and staff were aware of emergency planning procedures and systems of escalation for immediate and long-term management of major, unplanned incidents with the least disruption to people's care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• Staff were kept informed of changes and adjustments to what was required of them. The provider and manager had arranged for monthly meetings. These meetings were used to communicate important messages and changes, as well as discuss the expectations of care staff. Care staff were also given the opportunity to express their views on the service and changes they would like to see made. One member of staff told us, "It helps us to feel listened to."
• The manager and provider had implemented a huddle meeting initiative within the home. These huddle meetings were designed to enable staff to discuss their views and have quick discussions as well as providing support. Staff spoke positively about these meetings and support and reassurance they provided. One member of staff told us, "If we're having a bad day or we need some support we can have a huddle." Another member of staff said, "I think it's a very supportive environment and promotes our wellbeing."
• The manager had started to seek the views of people's relatives through questionnaires. They had a plan to collate all the questionnaires when they were all received and identify any actions which could be taken. During this time the manager was reviewing all comments and views and identifying any actions or discussions which were required. For example, one relative had made a comment around communication. The manager had discussed this with them to help identify an improvement. The majority of views received as part of the questionnaires were positive with people's relatives praising the service.

Working in partnership with others:
• The provider had sought the advice and support of local authority commissioners and Inclusion Gloucestershire (a local charity which carries out service user led quality checks of the service). The provider had listened to the advice provided and had made some changes to the service. For example, from a recent quality assurance visit from commissioners they had updated and implemented a new business continuity plan.
• The service worked with a range of services aimed at supporting care homes in Gloucestershire. This included a local care home support team, Proud to Care Gloucestershire as well as the local dementia education team. The provider, manager and staff spoke positively about the support and advice they had received and how they used this to continually drive improvements to Bafford House.