Bupa Care Homes (CFHCare) Limited

# Gorton Parks Nursing and Residential Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| Is the service safe? | Requires Improvement |
| 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 inspection took place on 19 and 20 April 2016 and was unannounced.

Gorton Parks Nursing and Residential Home was last inspected in July 2014 when we identified four breaches of the regulations we reviewed; these related to guidelines for managing challenging behaviour, lack of stimulation for people living with dementia, acting in accordance with the Mental Capacity Act (2005) (MCA) and having effective quality audit systems in place for the service.

Following the inspection in July 2014 the provider wrote to us to tell us the action they intended to take to ensure they met all the relevant regulations. Part of this inspection was undertaken to check whether the required improvements had been made. We found improvements in all four areas.

Gorton Parks Nursing and Residential Home is owned by BUPA Care Homes. The service consists of four 30 bedded units Melland House, Abbey Hey, Sunnybrow and Debdale. Part of the Debdale unit and a fifth unit on the same site are contracted to the NHS for re-ablement services for people discharged from hospital. They were not part of this inspection; being inspected by the CQC hospitals directorate. Each unit specialises in either nursing or residential care. Each unit has a lounge, dining area, a conservatory, a smoke room and a kitchenette. All bedrooms are single with no en-suite facilities. Accessible toilets and bathrooms are located near to bedrooms and living rooms.

The service had a registered manager in place. 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.

People told us they felt safe in the service and had no concerns about the care and support they received. They told us staff were always kind and caring. Staff had received training in safeguarding adults and knew the correct action to take if they witnessed or suspected abuse. Staff were confident that the unit managers, clinical lead and registered manager would act on any concerns raised.

We noted improvements had been made to the risk management and behaviour management plans. However we found that behaviour management plans were not completed in the care plans we looked at on one of the units.

A process was in place to recruit suitable staff; however records of staff recruitment did not fully evidence that the people who used the service were protected from the risks of unsuitable staff being recruited. We found the reasons for gaps in three people's employment history had not been recorded. The registered manager told us they would add this as a question for candidates at their interview. Care staff received the induction, training and supervision they required to be able to deliver effective care We saw, and were told, that the staffing levels were sufficient on each unit for staff to respond to people's requests for support in a

timely manner. Additional staff were being recruited to cover for staff on annual leave or training and reduce the need for the use of agency staff.

We saw that medicines were managed safely throughout the service. People told us that they received their medicines as prescribed. Protocols were in place to guide staff as to when 'as required' medicines were to be administered. More detail was required in the protocols on two units to clearly describe how staff would recognise the signs that the person was becoming agitated and required an 'as required' medicine to be administered.

All areas of the home were clean. Procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply. Regular checks were in place of fire systems and equipment. We found that some checks had not been completed in early 2016 due to the recruitment of a new maintenance person. We were assured the outstanding checks would be completed by May 2016.

People told us they always received the care they needed. Care records we reviewed showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. Care records had been regularly reviewed to help ensure they accurately reflected people's needs.

Systems were in place to help ensure people's health and nutritional needs were met. Records we reviewed showed that staff were proactive in contacting relevant health professionals to ensure people received the care and treatment they required.

We noted that improvements had been made for assessing whether people were able to consent to their care and treatment. The manager was aware of the action to take to ensure any restrictions in place were legally authorised under the Deprivation of Liberty Safeguards (DoLs). However we found that best interest decision forms had not been consistently completed in all the units.

A programme of activities was in place to help promote the well-being of people who used the service. Records we reviewed showed people were supported to access activities on both a group and individual basis. Additional activity officers had been recruited since our last inspection. We saw that two of the three activities officers had been off work for an extended time. Activities had reduced during this period.

The service had an advanced care planning process in place to support people at the end of their lives. We were told by a visiting GP the end of life support people received was excellent, with people being able to be supported within the service, rather than be admitted to hospital, if they chose to. Close relations had been built with the GP practice; the home is in the process of registering 48 people with nursing needs with the practice.

There were effective systems in place to investigate and respond to any complaints received by the service. All the people we spoke with told us they would feel confident to raise any concerns they might have with the manager.

We noted there were a number of quality audits in the service; these included medicines, care records and the environment. Action plans were completed following the audits. Monthly statistics were compiled for monitoring purposes on a range of areas; for example nutrition, safeguarding referrals and hospital admissions.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Risk management and behaviour plans had improved in some areas. However plans were not in place on all units.

Records of staff recruitment did not fully evidence that the people who used the service were protected from the risks of unsuitable staff being recruited.
The reasons for any gaps in employment history needed to be recorded.

Staff had received training in safeguarding adults and knew the correct action to take should they witness or suspect abuse.

Medicines were managed safely. However, more detail was required in the protocols for staff to inform them when 'as required' medicines should be administered.

### Is the service effective?

**Good**

The service was effective.

Care staff received the induction, supervision and training they required to be able to deliver effective care.

Systems were in place to assess people's capacity to consent to their care and treatment. Best interest decision forms were not consistently used across all the units.

People received the support they needed to help ensure their health and nutritional needs were met.

### Is the service caring?

**Good**

The service was caring.

People who used the service told us staff were kind and caring in their approach. Throughout the inspection we observed kind and respectful interventions between staff and people who used the service.

Staff we spoke with were able to show that they knew people who used the service well. Staff demonstrated a commitment to providing person-centred care.

People were supported to complete advanced planning for the care they wanted at the end of their lives.

## Is the service responsive?

Good

The service was responsive.

People's care records contained enough information to guide staff on the care and support required.

A programme of activities was in place, with additional activity officers recruited. Two activity officers were off work at the time of the inspection reducing the activities available.

The provider had effective systems in place to record and investigate any complaints they received.

## Is the service well-led?

Good

The service was well-led.

A registered manager was in place as required by the service's registration with CQC.

Staff told us they enjoyed working in the service and found the manager to be both approachable and supportive.

There were a number of quality assurance processes in place. These were used to help monitor and improve the service.

The provider had systems in place for gathering the views of people who used the service and their relatives.

# Gorton Parks Nursing and Residential Home

**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.

This inspection took place on 19 and 20 April 2016 and was unannounced. The inspection team consisted of two adult social care inspectors, a specialist adviser in dementia and an expert-by-experience on the first day of the 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 had experience of services for older people. One adult social care inspector returned on the second day of the inspection.

We also reviewed the information we held about the service including notifications the provider had sent to us. We contacted the local Healthwatch organisation and the local authority's commissioning team, Manchester Clinical Commissioning Group (CCG) and Manchester City Council's safeguarding and infection control teams to obtain their views about the service. The safeguarding team had one safeguarding issue currently being investigated. We were already aware of this as the registered manager had previously notified the CQC. The other organisations we contacted did not express any current concerns about the service provided in Gorton Parks Nursing and Residential Home.

During the inspection we carried out observations in each of the four units in the service, including over the lunchtime period. We spoke with 13 people who used the service, six visiting relatives, two visitors from a local church, a GP, a visiting health professional and a social worker. We also spoke with the manager, the clinical lead, three unit managers, one registered nurse, 14 members of care staff, an activity coordinator, the chef, one housekeeper and two laundry assistants. After the inspection we contacted a member of the continuing healthcare team from the Central Manchester CCG.

We looked at the care records for 12 people who used the service and the medication records for 19 people. We also looked at a range of records relating to how the service was managed; these included seven staff personnel files, staff training records, quality assurance systems and policies and procedures.

Requires Improvement

# Is the service safe?

## Our findings

All the people we spoke with told us that they felt safe at Gorton Parks and had no concerns about the care and support provided in the home. People said, "I feel very safe here and I'm well looked after" and "Yes I feel safe." A relative told us, "I don't worry when I leave [name] as I know that they are safe and well looked after."

At our last inspection we found that risk management plans were not in place for people who were potentially aggressive and staff had not been trained in managing behaviour that challenged the service. At this inspection we saw that some people on Abbey Hey Unit, where appropriate, had a behavioural assessment tool completed to guide staff when supporting people with complex needs. However other people on Melland House did not have behavioural support plans in place. Staff we spoke with said that they had received training in managing behaviour that challenges and described the way they would support a person who used the service if they became agitated. This was confirmed when we looked at the training records for the home. Staff we spoke with were able to clearly explain how they supported people if they became agitated and we saw staff had received training in managing challenging behaviour.

We saw that suitable arrangements were in place to help safeguard people who used the service from abuse. The training records we saw showed that staff had undertaken training in safeguarding vulnerable adults. The staff members we spoke with confirmed this and were able to clearly explain the correct action they would take if they witnessed or suspected any abuse taking place. They told us that they would inform the unit manager, clinical lead or registered manager and were confident that appropriate action would be taken. We saw a Bupa guide for reporting safeguarding concerns and a memo for staff to 'speak up' to report any concerns were on the staff notice board in the unit offices. This should help ensure that the people who used the service were protected from abuse.

We looked at seven staff personnel files. The files included an application form, proof of identity documents including a photograph and a criminal records check from the Disclosure and Barring Service (DBS). The DBS identifies people barred from working with vulnerable people and informs the service provider of any criminal convictions noted against the applicant. We saw the registration PIN numbers for the qualified nursing staff had been checked with the nursing and midwifery council. We noted that the employment history on three application forms had short gaps when the applicant had not been working or training. The registered manager confirmed they had asked about this period during the interview; however there was no record kept in the personnel files. The registered manager informed us they would include gaps in employment as part of the standard interview questions so there will be a record of this information for future applicants. Current staff files also needed to be reviewed to ensure that this information is recorded where required.

We also saw that six of the staff files contained two references, including the latest employer. However one file had only one reference. We saw that the registered manager had queried this with Bupa's central recruitment team and had received an email stating that Bupa policy was to have references to cover the last three years only. This meant that a person may only have one reference. The Bupa area manager told us

they wanted two references for all staff and will raise this issue with the central recruitment team. The registered manager said they would request a further reference for the staff member and would ensure two references were requested for all applicants in future.

This meant that the records of staff recruitment did not fully evidence that the people who used the service were protected from the risks of unsuitable staff being recruited.

People we spoke with and staff on each unit thought there were enough staff on duty for each shift. We were told agency staff were used as a last resort and when they were used regular workers were requested. Our observations during the inspection showed staff responded to people in a timely manner. None of the people we spoke with who used the service raised any concerns about the numbers of staff on duty. One person told us, "If I want help I ring my buzzer and the staff will come." One relative said, "Yes there's enough staff; I've no concerns." However another relative told us they thought the staff working in Abbey Hey were sometimes busy completing their paperwork and so did not interact with people as much as they could.

The registered manager told us that the home was currently recruiting additional staff so there would be staff available to cover annual leave and sickness in future without the need to use agency staff. We were told that a formal staff dependency tool was not used at the service to calculate the number of staff required. The registered manager had an overall staffing budget which they could vary depending on people's care needs and bed occupancy in each unit. This was confirmed by a unit manager who said, "If I need extra hours because someone needs more support then I'll talk to [registered manager]." We were told where people received additional funding for specific 1:1 support additional staff are provided.

The care records we looked at identified risks to people's health and wellbeing including falls, manual handling, poor nutrition and the risk of developing pressure ulcers. Guidance was provided for staff to follow to help reduce the identified risks. The risk assessments had been reviewed and updated where necessary to reflect any changes in people's needs. All falls were recorded and referrals made to the falls team if people had multiple falls.

We looked at the way medicines were managed in the service. We saw an up to date medicines policy was in place. Training records showed and we were told that the registered nurses, unit managers and senior care staff had received training in the administration of medicines. We saw evidence that the registered nurses and unit managers completed annual observations of the senior staff members administrating medicines. The clinical lead and registered manager completed observations of the registered nurses and unit managers. This meant registered nurses, unit managers and senior care staff were provided with the skills and knowledge to administer medicines safely.

We looked at the Medicine Administration Record (MAR) charts for 19 people who used the service. We found that they had all been signed to confirm that people had received their medicines as prescribed. All the people we spoke with said they received their medicines when they should do. We saw the care records contained guidelines for staff on how people preferred to take their medicines. We observed two people were administered their medicines covertly; this meant their tablets were crushed and added to their food without their knowledge. We saw a record of a best interest decision that had been made and saw the relevant GPs had authorised this procedure. The unit manager explained how they monitored whether all the food with the medicine in had been eaten before signing the MAR chart. If the food was not eaten the MAR chart was not signed.

We saw body maps in place to record the placement of medicated patches. This meant that the patches were not put in the same place each time. Body maps were also used to indicate the location of any topical

creams that were required to be applied by the care staff. However on Melland House we saw one topical cream that did not have clear directions for its application on the MAR sheet.

We noted protocols were in place where people were prescribed 'as required' or variable dose medicines. The information in these protocols should help ensure staff were aware of how people who used the service might communicate their need for particular medicines such as those prescribed for pain relief. However on the Abbey Hey and Melland House units, we saw the protocols for some 'as required' medicines administered when people became agitated did not contain any detail of how staff would recognise the signs that the person was becoming agitated. This meant staff who did not know the person well may not know when an 'as required' medicine needed to be administered.

We saw medicines that were controlled drugs were stored and recorded correctly, and a daily stock check was carried out. Controlled drugs are drugs which by their nature require special storage and recording. Melland House had a daily audit sheet in place for staff to check that the MAR sheet had been fully completed and any short course medicines had been checked. Staff on Abbey Hey counted any boxed medicines daily to ensure they had enough tablets available before the next prescription was due to be re-ordered. This minimised the risk of errors or misuse.

We were told the service had recently changed the pharmacy it used. We were told the new pharmacy was able to receive prescriptions electronically and was able to deliver any medicines prescribed at short notice. This meant people received any newly prescribed medicines quicker than previously.

We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. We looked around all areas of the home and saw the bedrooms, dining rooms, lounges, bathrooms and toilets were clean and there were no unpleasant odours. One relative told us that Abbey Hey sometimes had an odour; however another relative told us they thought Abbey Hey was very clean. We saw that monthly room checks and annual infection control audits were undertaken by the unit managers. Records showed, and staff confirmed, that infection prevention and control training was undertaken by all staff. The housekeepers we spoke with confirmed they had also completed this training and knew of the action they should take to help prevent the risk of cross infection.

Our observations during the inspection showed that staff used personal protective equipment (PPE) such as gloves and aprons appropriately when carrying out tasks. Staff were able to explain the system in place for ensuring soiled laundry was safely handled.

We saw that the local authority had completed an infection control audit in June 2015 and the service had been rated as 'green' (high compliance) overall.

We checked the systems that were in place to protect people in the event of an emergency. We found personal emergency evacuation plans (PEEPs) were in place for all people who used the service and a copy was kept by the main door to be accessible to staff. These plans were brief and detailed if a person was independently mobile, required support from one person or would require two people to evacuate them as they were not mobile. Two emergency evacuation blankets were available in each unit.

A fire risk assessment had been completed for each unit and a plan of the building was included in the fire emergency file kept by the main door of each unit. The maintenance department undertook weekly fire alarm tests and checked the fire panels and escape routes. Monthly checks of emergency lighting and signage were completed. We saw checks had not been completed in January 2016 or for the first three weeks of February 2016 only. We were told this was because the maintenance person had left the

organisation in December 2015 and it had taken until the end of February 2016 to recruit a replacement. Following the inspection Bupa's estate manager emailed details of an external company engaged during this period who carried out the weekly tests.

Records we reviewed showed most of the equipment within the home had been serviced and maintained in accordance with the manufacturer's instructions. This included a programme of monthly, three monthly, six monthly and annual checks on lighting, heating, water temperatures and storage and hoists / lifting equipment. Two yearly checks were completed by the Bupa estates manager. We found that some six monthly checks (for example water temperatures) and an annual check of radiators due in February 2016 had not been completed due to the lack of maintenance personnel. The annual Portable Appliance Testing (PAT) had been due in March 2016. We were informed after the inspection that all checks would be completed by 6 May 2016. This should help to ensure that people were kept safe.

We saw that a business continuity plan was in place for dealing with any emergencies that could arise. This informed the registered manager and staff what to do if there was an incident or emergency that could disrupt the service, for example a gas leak, interruption of water or electricity supply or a loss of staff due to illness.

Good

# Is the service effective?

## Our findings

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.

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 and hospitals 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.

At our last inspection of this service in July 2014 we found that the assessment of people's capacity to make decisions and any best interest meetings held were not robustly recorded. We asked the provider to send an action plan outlining how they would make improvements. We found that there had been improvements made at this inspection.

We saw in the care files that a 'resident choices and preferences: mental capacity assessment' was completed for each person who used the service. This recorded an assessment of a person's capacity to make decisions in a range of areas, for example choices and decisions over care, safety, moving around and personal care tasks. A person's ability to make decisions in each area was assessed as having capacity, having variable capacity or lacking capacity.

Where a person lacked capacity a 'best interest decision' form was used to record the decision to be made, who was involved in the best interest decision, the person's known wishes and the alternative options considered. We saw some examples of completed forms; however we found that the 'best interest decision forms' had not been consistently completed for all people and areas in which they had been assessed as lacking capacity.

We found that the unit managers and registered nurses were knowledgeable about the requirements of the MCA. We saw that some people had an independent mental capacity advocate (IMCA) appointed to advocate on their behalf if they did not have any family members who could represent them.

Staff clearly explained to us how they supported people to make everyday choices about their care and support. For example what they wanted to eat and what they wanted to wear. We observed staff asking people what they wanted throughout our inspection. Staff explained that if a person refused support they would come back later to offer support again or ask a colleague to support them instead.

We saw that seven DoLs applications had been authorised in the last twelve months and a further 30 applications had been made to the local authority and were waiting to be assessed. The registered manager

had notified CQC as required when DoLs applications had been authorised. We were told that staff prioritised the applications for those people who wanted to leave the units but were prevented from doing so due to the assessed risks. A social worker we spoke with told us they thought that the home complied with the MCA / DoLS legislation.

We found the service was working within the principles of the MCA, however a more consistent use of the best interest decision forms was required to record the decision making process for people who lacked capacity.

During the inspection we looked at whether the staff received the training they needed to carry out their roles. We were shown the training matrix used to record all training completed by staff. We found that staff had received mandatory training, which included MCA, safeguarding vulnerable adults, first aid, manual handling and infection control. Staff we spoke with confirmed they had annual refresher courses.

We were told that new staff undertook a week's induction programme before starting to work on one of the units. This included four days of classroom based training courses and one day shadowing staff on one of the units. Following the induction the new staff member shadowed experienced staff and were supernumerary to the rota for one week. We saw new staff who had not worked previously in care were enrolled on to the Care Certificate. The Care Certificate is a nationally recognised set of induction standards for staff working in care. We saw competency assessments had been introduced for new staff as part of the Care Certificate assessment. These covered topics such as understanding their role, dementia, nutrition and privacy and dignity. The unit managers observed the staff and checked their knowledge before they signed the staff off as competent.

Staff said that they had regular supervisions and an annual appraisal with the unit managers. This was confirmed by the unit managers. The unit managers had fortnightly managers meetings with the registered manager and clinical lead and said that they could approach them at any time if they needed advice or support. However one unit manager told us they did not have regular formal supervisions. The clinical lead told us they were compiling a supervision matrix so they could keep track of completed supervisions. We will check this is in place at our next inspection.

All staff and unit managers said that they felt supported by the registered manager and clinical lead. All staff we spoke with knew the clinical lead, who completed a morning checklist each day and the registered manager who visited each unit every week.

This meant that staff were provided with the skills, knowledge and support to help deliver safe and effective care.

Staff told us that a 'walking' handover was completed between each shift. We observed the morning handover in two units. The handover was used to inform staff of people's wellbeing and any changes that had been noted. During the handover we observed that staff stood in the corridors outside people's rooms and private information about people was discussed as other people were walking past to go to the dining area for breakfast. This meant that people's privacy and confidentiality may not be respected during the handover.

People told us they were very happy with the quality of the food provided in the home. Comments people made included, "The food is good and there is a choice" and "The food is tip top; I've never had a bad meal." The chef told us they received information from each unit daily about any special diets or if people require soft or pureed food following advice provided by the speech and language team (SALT). The kitchen catered

for different cultural and medical needs including halal meals and a special diet due to renal failure. The chef told us that they did not currently have any special diets for people who were diabetic. However, we saw in two people's care files that they were insulin dependent diabetics. The staff on the units supported them to choose the food options that were suitable for them. People's blood sugar levels were recorded and within the range advised by the GP.

Menus were planned in advance and rotated on a four week basis. People were offered a choice and could ask for alternatives if they preferred. We noted the kitchen was clean and well stocked. The most recent inspection from the environmental health department in November 2015 had awarded the service a 5 (Very Good) rating.

We observed the lunchtime experience in all four units of the service. We noted that the atmosphere was relaxed and unhurried. Staff encouraged people to eat as much as possible. They also provided individual assistance and reassurance to people who required support to eat.
We saw there were systems in place to help ensure people's nutritional needs were met. Staff monitored people's weight on at least a monthly basis. This meant people's nutritional needs were being met by the service.

Each person was registered with a local GP. We spoke to a GP involved with the Sunnybrow unit. They were very complimentary about the home and the planned change so that all people who used the service were registered with one GP practice. Currently 48 people receiving nursing care were in the process of being registered with their practice. It was planned for all people in all units to transfer to the same GP practice. The GP told us a GP from the practice completed a weekly 'ward' round and reviewed people's medicines. An electronic prescribing system was in operation which meant that the pharmacy was responsive to people's changing needs. The GP said, "The communication between the home and the GP practice is very good." A practice nurse from the community support team also visited each week. A unit manager said, "We used to have seven or eight different GP's and had to chase each one. Now we have regular visits with the aim of preventing hospital admissions."

We saw that referrals had been made to dieticians, the SALT team, occupational therapists and district nurses when required. We saw that people at risk of developing pressure sores had the appropriate pressure relief mattresses in place and records were kept of when people were supported to re-position. The social worker we spoke with said medical professionals were called when they were needed. This meant that people's health needs were being met by the service.

To support people living with dementia to independently find their own bedrooms we saw each room had a small box next their door for small items or photographs of the person. The toilet doors were painted a bright colour in contrast to the walls. This meant people were able to maintain their independence more easily by knowing where they were going.

Good

# Is the service caring?

## Our findings

All the people who used the service we spoke with said that the staff were kind and caring. One said, "All the staff are very nice; no complaints; I can talk to them" and another said, "The staff are very nice; the night staff are wonderful." A relative told us, "The staff are good and the residents are well looked after; they have a lot of patience and understanding" and another said, "I can talk to the staff; they are very kind, friendly and approachable."

Throughout our inspection we observed warm and friendly interactions between staff members and the people who used the service, with frequent laughter being heard. We saw staff clearly explaining to people about the care they were going to provide. Staff would crouch down so they were at the same level as the person they were speaking with. All the units had a calm atmosphere throughout our inspection. Staff told us that they had time to sit and talk with people, especially in the afternoons.

A social worker we spoke with told us, "The people are well looked after; I have no issues with the standard of care or the staff." The continuing healthcare team told us they found the home to be welcoming and the staff to be open and transparent.

Staff knew the needs of the people they were supporting and understood the meaning of person centred care. One said, "Each individual is different; for example what they like, what they want to wear and what they prefer to be called." Staff also described how they maintained people's privacy and dignity when providing personal care. One staff told us, "I explain what I am going to do; the resident needs to trust you so they need to know what you are going to do."

Care records we reviewed included information regarding people's interests, their family and social history. This should help staff form meaningful and caring relationships with the people they supported. Care plans also included information about the things people were able to do for themselves. For example we noted that people were able to make their own drinks if they wanted to.

We saw that care records were held securely; this helped to ensure that the confidentiality of people who used the service was maintained.

We looked at the arrangements in place to help ensure people received the care they wanted at the end of their life. Sunnybrow unit was a specialist unit for people requiring end of life care. A visiting GP was very complimentary about the end of life care provided at Gorton Parks. They told us, "The end of life care is fantastic; people have had excellent care and their families have been involved throughout." They explained that an advanced care planning process was in place for people who are at the end of their lives. We saw that where possible people had discussed their wishes at the end of their life with staff. This had enabled people to pass away at the home if they wished to instead of being admitted to hospital. We saw in people's care files that the 'Six Steps' for end of life care planning was being used. The Six Steps is a nationally recognised process for providing palliative care at the end of people's lives.

Staff working in the other units also described how they supported people if they wished to die at the home. For example one person had lived at one unit for 15 years. The manager and district nurses advocated that they should receive end of life care from the staff they knew rather than transferring to another unit. One staff told us, "We keep people safe, clean, dry and pain free. We provide re-assurance for their families." Staff said that they received support from their colleagues and managers following a person's death. This was provided on a one to one or group basis. We saw that staff had completed training in end of life care.

We spoke to two people visiting from a local church group who told us they visited the home every month. We were told by people who used the service and staff that local priests and vicars visited the home each week to provide communion and to talk with people.

We were told that the service has an open door policy and visitors are welcomed. During our inspection we saw a number of visitors coming and going. People we spoke with said they could visit whenever they wanted.

Good

# Is the service responsive?

## Our findings

People and relatives told us that staff responded well to their needs. A relative said, "Staff know people well and know how to support people to remain calm."

At our last inspection we found that there was a lack of suitable of activities available for people with dementia. At this inspection we saw that additional activity officers had been recruited, however two of the activity officers were not in work due to long term ill health at the time of our inspection. This had meant that the activities that could be provided had been reduced during this period. People told us that they enjoyed playing bingo and dominoes. We saw an activity planner was on the notice board in each unit. This included a lunch club, hairdresser and individual pampering sessions. We spoke with the activities officer who told us they also arranged trips out, for example to the local shop and the Christmas markets. Activities undertaken were recorded with an assessment of the person's enjoyment of the activity. We observed that the activity officer brought a variety of equipment with them when they visited each unit, for example a reminiscence box, books, and games. However, there was little equipment left on the units for people to use themselves or with the staff on the unit. We saw that a celebration was being organised for the Queen's 90th birthday.

We saw that a pre-admission assessment was completed before people moved to Gorton Parks by the unit managers or the clinical lead. Information from the person themselves, social workers, hospital and families where appropriate was used in the assessment. The assessment included any equipment the person would need, for example a supportive mattress or a hoist.

Staff told us that the assessment was made available for them to read a couple of days before the person moved to the home. They also received a verbal handover from the person who completed the assessment.

We were told that if the unit managers thought they could not meet the needs of the person they were able to talk to the clinical lead and register manager. For example, one person would have needed 1:1 support at all times and the unit could not provide this level of support. We were told additional staff would be provided or the person would not move to the home.

We looked at the care plans for 12 people and found they contained detailed information about people's personal and social care needs and preferences. We saw the care plans had been regularly reviewed and updated. Staff told us that they were informed of any changes in a person's needs at the daily shift handovers. When staff returned from an extended period of leave the unit manager would verbally update them with any changes that had occurred during their absence.

This helped ensure the staff had the information they needed to meet people's needs.

The continuing healthcare team told us that they found the documentation at the home to be in order when they visited and any recommendations made at reviews were quickly implemented.

We were told that people and their families had been involved in reviewing their care plans and the support they wanted. One relative said, "My brother comes to the review meetings; we're happy with the involvement we have." We saw from the care records people had been involved in the writing of the care plans and people's preferences were contained throughout the records. One relative said, "Staff will tell us if [name] isn't well."

We looked at the system for managing complaints in the service. We noted a complaints procedure was in place which provided information about the process for responding to and investigating complaints. We saw the complaints policy displayed in each unit and formal complaints were recorded centrally. Notes of any investigations were kept as well as the response given to the complainant. If a complaint could not be resolved by the unit manager or registered manager a Bupa area manager investigated the complaint. People we spoke with and their relatives said they would talk to the unit manager or registered manager if they had a complaint or concern.

Good

# Is the service well-led?

## Our findings

The service had a registered manager in post as required by their registration with the CQC.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

At our last inspection we found that the quality audit procedures were not effective as issues identified in the audits had not been addressed. We found that this had been rectified at this inspection.

Monthly audits were completed by the registered manager and clinical lead for medicines, care plans and infection control. An action plan was completed for any issues found. We found that the actions had been completed and signed off. We were told the care plans for new admissions were audited 72 hours after admission to ensure they had been completed.

We saw that the clinical lead completed a daily walk round and checklist for each unit. This covered an overview of each unit and the health and wellbeing of the people who used the service. For example, people needing to be nursed in bed, requiring wound care or needing a GP visit to be requested. The overview also looked at any incidents or accidents that had occurred, the staffing in place for the day and if any staff were unwell and were not in work.

We saw incident and accident forms were collated centrally and reviewed by the registered manager. Falls were logged and monitored for multiple falls for the same person and any trends in respect of time of falls and whether the fall had been witnessed or not.

Monthly quality audit statistics were compiled for Bupa head office. This included information on the number of people with pressure sores, nutrition and weight loss, mortality, GP reviews completed, hospital admissions, bedrails in use, safeguarding referrals and the results of the monthly audits. The registered manager and clinical lead used this information to monitor the service provided in the home.

We asked the registered manager what they considered to be the key achievements in the service since our last inspection. They told us they were recognised as being a caring and dedicated team supporting people with complex needs. They told us their key challenges were staff retention and recruitment and the ongoing changes in regulation and professional expectations. The registered manager said they were currently recruiting additional staff so they could utilise their own staff to cover annual leave, staff training and when staff leave. This was in order to reduce the use of agency staff.

Staff we spoke with during the inspection said they enjoyed working at the service and were positive about the registered manager and clinical lead. The staff were confident they could approach the registered manager and clinical lead if they had any concerns and they would be listened to. Both the registered manager and clinical lead were visible within each unit. The continuing healthcare team also told us the

management team were approachable and that they would endeavour to find a solution to any issue raised with them.

People who used the service and relatives we spoke with all said that they would talk to the unit managers if they had any concerns. They told us the unit managers were approachable and were confident that any issues would be dealt with promptly.

The service had detailed policies and procedures in place to guide staff. These were updated centrally by Bupa and were all current.
We saw regular relatives meetings were held on each unit. Unfortunately these were poorly attended. We also saw that surveys were sent to relatives annually. Results were collated and areas the where home does well and areas where improvement could be made were highlighted and an action plan completed.

We saw minutes from, and were told, that unit manager meetings were held every fortnight where issues across the home could be discussed and any concerns the unit managers have could be raised and actions agreed.

This meant there were systems in place to monitor the quality of the service and where issues were identified action plans were put in place.