Bafford House Residential Care Home

Bafford House

Inspection report

Bafford House
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Bafford House on the 29 March and 3 April 2018. Bafford House is registered to provide accommodation and personal care to 19 older people and people living with dementia. The service is split over three floors with communal spaces on each floor, there were 16 people living at Bafford House at the time of our inspection. The service has a large garden which people could enjoy and close to a range of local amenities. This was an unannounced inspection.

We last inspected the home on 12 and 13 April 2017 and rated the service as "Requires Improvement", with the question 'Is the service well led?'' being rated as "Inadequate."

We found that there were not always effective management systems in place to maintain and improve the quality of the service. Staff did not always maintain an accurate record of people's care and wellbeing needs. Care staff did not always receive effective training and supervision and the provider did not always ensure care staff were of good character. Following the inspection in April 2017 we imposed a condition on the registration of the provider. The provider was required to send us bimonthly information on the actions they were taking to improve the quality of service people received.

At this inspection we identified significant improvements had been made however some of these systems required more time to be embedded to ensure they were sustainable. For this reason we have rated Bafford House as 'Requires Improvement.'

There was a manager registered with CQC at the service and the registered provider worked in the home on a daily basis. The provider had recruited a manager as the registered manager had reduced their presence within the home, however was still involved in providing management support. 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 living at Bafford House. There were enough staff deployed to ensure people's needs were being met. The provider had recruited more care staff which meant the service was less reliant on the support of agency staff. People received the support they required to meet their health and wellbeing needs. People enjoyed engaging and interacting with care staff.

Care staff treated people with dignity and ensured they had their nutritional needs met and received their medicines as prescribed. Care staff were aware of and met people's individual dietary needs. Staff spoke positively about the support and communication they received. All care staff felt the provider and manager were approachable and that they had access to the skills and support they required to carry out their role.

People and their relatives felt their concerns and views were listened to and acted upon. Relatives told us

the management team was responsive and approachable. The provider and care staff worked alongside healthcare professionals to ensure people's ongoing needs were met. The provider ensured lessons were learnt from any concerns and complaints to improve the quality of the service.

The manager and provider had implemented systems to monitor and improve the quality of service people received at Bafford House, including a detailed electronic care planning system. While a range of improvements had been made, improvements regarding people's care records, incident and accidents, medicine management and the monitoring of quality required further time to be embedded.

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.

The risks associated with people's care were managed and people were supported to take positive risks. People received their medicines as prescribed.

There were enough staff deployed to meet the personal care needs of people. The provider had ensured staff were of good character before they worked with people.

People felt safe living at the home and staff understood their responsibilities to report abuse.

Is the service effective?

Good

The service was effective.

Care staff had access to the training and support they needed to meet people's needs.

People were supported to make day to day decisions around their care. People were supported with their on-going healthcare needs.

People received the nutritional support they needed.

Is the service caring?

Good

The service was caring.

Care staff knew people well and what was important to them. People's dignity was promoted and care staff assisted them to ensure they were kept comfortable.

People's individuality was respected.

Is the service responsive?

Requires Improvement

The service was becoming responsive.

People's care records accurately reflected their needs, however

were not always personalised. People's well-being needs were being effectively and acted upon to ensure people received the support of healthcare professionals.

People told us they felt involved and their concerns were listened to and acted upon.

Is the service well-led?

Requires Improvement 

The service was becoming well led.

The provider was monitoring the effectiveness of the service and had implemented a range of systems to monitor the quality of service provided. A number of these systems were still to be amended and further time was required to embed them.

People and their relative's views were sought and they felt the provider and management were responsive to their concerns.

Bafford House

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 was 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 29 March and 3 April 2018 and it was unannounced. The inspection as carried out by one inspector. At the time of the inspection there were 16 people living at Bafford House.

We requested and reviewed a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, which included notifications about important events which the service is required to send us by law. We spoke with and sought feedback from a range of healthcare professionals, including local authority commissioners, staff from the care home support team and a GP.

We spoke with seven people who were using the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with five staff members; including three care staff, the manager and the provider. We reviewed five people's care files. We also reviewed staff training and recruitment records and records relating to the general management of the service.

Good

Is the service safe?

Our findings

At our last inspection in April 2017 we found that the provider and registered manager did not always ensure care staff were of good character before they started working with people in Bafford House. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a requirement notice regarding the breach. At this inspection we found appropriate action had been taken to address these concerns.
Records relating to the recruitment of new care staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and disclosure and barring checks (criminal record checks) to ensure staff were of good character. The provider had full control of this process, which enabled them to ensure that staff who came to work at Bafford House had the skills, experience and the character required to meet people's needs.

People felt safe living at the home. Comments included: "They (staff) do their best and I don't feel unsafe"; "Oh we're all safe here" and "I'm okay, I'm safe thank you."

People were protected from the risk of abuse. Care staff had knowledge of types and signs of abuse, which included neglect. They understood their responsibility to report any concerns promptly. Staff told us they would document concerns and report them to their line manager or the registered manager. One staff member said, "I'd go to (provider) straight away". Another staff member told us what they would do if they were unhappy with the manager's or provider's response. They said, "I would go to (provider) first and if I was not happy I can go to CQC or safeguarding". Care staff told us they had received safeguarding training and the provider was in the process of ensuring this training was refreshed.

The provider raised and responded to any safeguarding concerns in accordance with local authority's safeguarding procedures. Since our last inspection the provider had ensured all concerns were reported to the local authority safeguarding team and CQC. Care staff were supported to learn from incidents and accidents to make improvements to people's care and support. For example, the provider had discussed concerns with staff and sought training and guidance from relevant healthcare professionals.

People could be assured the home was safe, secure and free from infection. Safety checks of the premises were regularly carried out. People's electrical equipment had been checked to ensure it was safe to use. Fire safety checks were completed to ensure the service was safe. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated. Equipment to assist people with safe moving and handling were serviced and maintained to ensure they were fit for purpose. Care staff wore personal protective clothing when they assisted people with their personal care. Care staff told us how they protected people from the spread of infection.

People had been assessed where staff had identified risks in relation to their health and well-being. These included moving and handling, mobility, agitation, nutrition and hydration. Risk assessments gave staff guidance which enabled them to help people to stay safe. Each person's care plan contained information about the support they needed to assist them to be safe. For example, one person was cared for in bed.

There was clear guidance in place regarding how they were assisted with their care to protect them from the risk of pressure skin damage. This included how often staff should assist the person to reposition, how pressure relieving equipment should be set and any signs care staff should look for to identify if the person is at risk or in pain. Care staff knew how to support this person and recorded when they had assisted the person to reposition.

People were supported to balance their personal wishes with their care and risk assessments. For example, one person was suffering from a health condition which impacted on their vision. The person was independent and used to access the community independently. However alongside care staff and provider they had agreed to access the community with support from staff. The person was in full control of their living environment and healthcare needs and was supported to make decisions, even if these decisions placed them at risk.

We observed there were enough staff deployed to meet people's needs. For example, care staff sat with people and engaged them with ad hoc activities such as assisting them with reading, talking or playing a ball game. People enjoyed the time they spent with staff and clearly enjoyed the interactions.

Since our last inspection the provider had recruited more care staff and was less reliant on agency staff. The provider was still in the process of recruiting more staff, and in the interim was fully involved in the day to day operation of the home, providing support to staff and assisting with catering. Care staff felt this had had a positive impact on the care people received at Bafford House. One member of staff said, "The staffing is usually good here." Another member of staff told us, "We have more staff to do one to one with people." People told us they could seek assistance when they required. One person said, "They support me when I need it, I am never left without."

People's prescribed medicines were kept secure. The temperature of areas where people's prescribed medicines were recorded and monitored to ensure people's medicines were kept as per manufacturer guidelines. Where people required controlled drugs (medicines which required certain management and control measures) they were administered in accordance with the proper and safe management of medicines.

People received their medicines as prescribed. Care staff kept an accurate record of when they had assisted people with their prescribed medicines. For example, staff signed to say when they had administered people's prescribed medicines and kept a record of prescribed medicine stocks and when they had opened people's prescribed medicines. We counted people's prescribed medicines, against their MARs and other relevant records. People's stocks were all accounted for by care staff.

We observed one member of care staff assist a person who had been diagnosed with diabetes with their prescribed medicines and support them with testing their blood sugar levels. They engaged with the person and asked them if they were happy to receive support in the lounge, which they were. The person and the staff member enjoyed a chat and had a laugh with each other. The person was happy throughout and after told us, "We have a laugh."

Good

Is the service effective?

Our findings

At our last inspection in April 2017 we found that the provider and registered manager did not always ensure care staff received access to the support they required to enable them to meet people's needs. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed a condition on the provider's registration requiring them to provide us with bi monthly information on the actions they were taking to improve the service. At this inspection, care staff told us they felt supported and the provider and manager provided staff with supervision and support.

People felt care staff were skilled and knew how to meet their daily needs. Comments included: "The staff are lovely, they know how to help me"; "They've enabled me to build up my strength. They support me" and "They're very good." One healthcare professional spoke positively about the commitment and skills of care staff employed at the home. They said, "Staff are willing to engage with our service and advice. They have provided care for a difficult and challenging patient for a prolonged period of time successfully."

Care staff told us they had access to the training they required to meet people's needs. Comments included: "I have the training and support I need" and "I'm getting all the support I require with training." The service provided staff with access to the care certificate, distance learning packages and class room style training. Where care staff came from other care sector jobs, they felt their skills had been assessed and if required training was made available to them. The provider had accepted offers of training from healthcare professionals to aid the development and skills of care staff.

Staff spoke positively about the support they received and felt the provider was approachable. One member of staff said, "I absolutely got all the support I need. I can request training and support." Another member of staff told us, "We get the support we need" and "We have supervision. They have to make sure we're doing the job right. I'm all for people following me around." The manager and provider were supporting staff with a programme of supervision and appraisal. As a number of staff had only recently been recruited, there was only a limited number of supervisions. These supervisions focused on staff members training and development needs and any concerns or ideas they had regarding Bafford House.

Care staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) and knew to promote choice when supporting people. The 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 lacked mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care staff understood and respected people's rights to make a decision. Staff explained how they embedded the principles of the MCA into their practice. Comments included: "It's always about providing choice and supporting people to have as much choice as possible" and "I always feel we are promoting choice. Just the simple things such as food and drink."

People's mental capacity assessments to make significant decisions regarding their care at Bafford House were documented. For example, one person sometimes refused to take their prescribed medicines.

Assessments had been carried out to see if this person had the mental capacity to make a decision about their medicines. The service worked with the person's family members and relevant healthcare professionals, including GPs to discuss the support they could provide in the person's best interests. It was agreed that some people's prescribed medicines could be administered covertly if required. There were clear protocols in place for care staff to follow if this person required their medicines to be administered covertly. Staff confirmed at this time it was not required.

At the time of this inspection a number of people were being deprived of their liberty within the home. 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). The manager was aware of their responsibilities to ensure where people were being deprived of their liberties that an application would be made to the supervisory body. Where people were living under DoLS this was reflected in their care plans. Care plans also documented how staff should support people in the least restrictive manner.

People's needs were assessed before moving to the service. These assessments were detailed and showed that people's physical and mental health needs had been assessed. Assessments included information in relation to people's nutritional needs, mobility and cognitive needs. The care plans provided staff with guidance on how to support people with all aspects of their daily health and care needs. For example, one person's care plan detailed the support they required regarding their healthcare condition and their prescribed medicines and equipment they required which helped keep them comfortable, such as use of a neck pillow.

People's care plans reflected their diversity and protected characteristics under the Equality Act. People's sensory needs had been identified and staff were prompted to make sure people had access to equipment to ensure their continued independence. People's preferences were also clearly documented. For example, one person liked to have a shave every day, this was documented and care staff supported this person with their need. People's relationship needs were clearly documented, with guidance on how care staff should respect these needs in a dignified manner.

People had access to health and social care professionals. Records confirmed people had been referred to a GP, continuing healthcare professionals, occupational therapists and physiotherapists. For example, the provider and care staff worked with healthcare professionals to meet one person's needs who would habitually refuse medical treatment. There was a clear record of support provided to the person and where this support had been refused.

People spoke positively about the food and drink they received in the home. Comments included: "The food is usually good, I can't complain"; "The food is okay, I enjoy it" and "The food is good, not always to my taste, however I enjoy it." Care staff supported people to have access to food and drinks throughout the day. For example, people were able to enjoy snacks of their choice throughout the day.

People received diets which met their dietary and cultural needs. For example, one person required a pureed, vegetarian diet. The person would refuse food which had lumps as they did not enjoy this consistency of food. All staff knew the support people required regarding their dietary needs. If a person had been identified as being at risk of weight loss then this was clearly recorded and action was taken to ensure people's nutritional needs were maintained.

The premises were suitable to people's needs. People were able to personalise their own personal living spaces. For example, one person wished to have satellite television in their room. This adjustment had been

supported and acted upon.

Good

Is the service caring?

Our findings

People spoke positively about the caring nature of staff employed at Bafford House. Comments included: "The staff are caring, they treat me well and ask me what I want"; "The staff are lovely and caring" and "They look after me."

People enjoyed positive relationships with care staff and the provider. The atmosphere in the home was friendly, inviting and lively in the communal areas with staff engaging with people in a respectful manner. We observed many warm and friendly interactions. Staff encouraged people to spend their days as they wished, promoting choices and respecting people's wishes. For example, one person wished to go for a walk outside as the weather was nice. A member of staff assisted them with this and they enjoyed walking around the home's garden.

People engaged with staff and were comfortable in their presence. They enjoyed friendly and humorous discussions between each other. People clearly respected each other and were observed talking and laughing between themselves. One person enjoyed having a friendly chat with a member of staff regarding their lunch time meal and the television. Staff had time to assist people with ad hoc activities, for example one person was supported to do a bit of dusting. One member of staff said, "They like to be busy and hands on". This gave the person a sense of purpose and kept them calm and engaged.

People's dignity was respected by care staff. For example, when people were assisted with their personal care, staff ensured this was carried out in private. People living at Bafford House felt they were treated with dignity and respect and their wishes were respected. One person told us, "Oh they always respect my space and privacy."

People were supported to maintain their wellbeing needs in a dignified and supportive environment. For example, one person wished to express their sexual needs in the comfort of their own room. Care staff discussed the importance of respecting that Bafford House is their home and they are entitled to their privacy. They explained that they would always knock on people's bedroom doors before entering to ensure the person was happy to speak with them. One member of staff said, "It's a natural thing for them and it's their own home. We want them to have their privacy. If someone acted (on their wishes) in a lounge we wouldn't just stop them. We would get them to privacy so they could act."

Care staff told us how they ensured people's dignity was respected. All staff members told us they would always ensure people received personal care in private and would ensure they were never exposed. Comments included: "We always need to ensure people are cared for in privacy" and "The important thing is making sure people look as they wish, wearing the clothes they want. I feel this happens here."

People where possible were supported to make decisions around their care and treatment. For example, one person's care plan clearly documented their views and also their wants and wishes regarding their ongoing care. For example, the person was fiercely independent and had the capacity to understand the risks and impacts of not accepting healthcare support. The person was clearly involved in all decisions and

their thoughts and wishes were respected.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection in April 2017 we found that the provider and registered manager did not always ensure people's care records reflected their needs and provided staff with the guidance they needed to meet these needs. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed a condition on the provider's registration requiring them to provide us with bi monthly information on the actions they were taking to improve the service. At this inspection, people's care plans were current an accurate and reflected their health care needs, the provider was now meeting the relevant regulation. However further improvement was needed in relation to the ongoing record of support care staff provided people to ensure their wellbeing needs were being met and maintained.

People's care plans were current and accurate and reflected their changing needs. Care plans provided clear guidance for staff to follow on how to assist people with their daily healthcare needs. For example, one person's care plan provided guidance on how to support and enable the person to independently meet aspects of their care, such as drinking, eating, shaving and controlling their own environment. Whilst people's care plans provided clear information on their health needs, there was not always clear detail on the activities they enjoyed, or their interests and hobbies to ensure they would always be supported to pursue their interest. We discussed this with the manager and provider who were planning to take action to address this.

The provider had implemented an electronic care planning system to ensure people's care records were current and also to enable them to more effectively monitor the care and support people received. Care staff had access to a computer and electronic tablets in which they could report the care and support they had provided daily. This system enabled staff to tick off when care duties had been carried out and enabled the provider and manager to have an overview of when people's needs had been met.

However, while care staff were completing records to show when they provided care, they did not record the wellbeing needs of people or documenting if there had been any changes to the care as prompted by the electronic care planning system. For example, staff did not always enter details on the care and if a person was feeling happy or unwell. The manager was aware of this concern and was planning to discuss how and what information care staff should record on people's care records. In the interim the manager and provider had implemented a communications book. This book detailed when people's needs had changed or if care staff had identified any concerns regarding people's health and wellbeing. This book provided care staff with clear information enabling changes in people's needs to be responded to effectively.

Care staff responded effectively when people's needs changed. For example, care staff had identified one person had lost some weight and their appetite had decreased. The manager had sought the advice of the person's GP and was ensuring staff provided the person with additional support, including prompting drinks regularly. We observed that care staff took time to engage with the person and support hem with their needs. One healthcare professional spoke positively about the support care staff provided people. They said, "During my involvement with Bafford House and one patient in particular, I have found them to be responsive and eager to seek any advice they feel necessary. Staff are willing to engage with our service and

advice. Advice and guidance regarding risk assessments were followed. Most of the recommendations I would have suggested was already put in place."

People enjoyed a range of different activities with care staff during our inspection. Care staff played different games, including snakes and ladders, ball games and general activities to keep people engaged. People clearly enjoyed these activities and spoke of their enjoyment. Care staff also spent time talking with people and assisting them. People talked positively about accessing the gardens when the weather was nice. The provider stated all care staff were supported to carry out activities and engage with people, including supporting them to access the community. People also told us that external entertainers came to visit the home and people enjoyed these events. One person told us, "I'm not bored; however I like it when we have the dancing girls in."

We discussed the availability of activities for people who were cared for in bed. Care staff told us how they spent time with people in their bedrooms, holding people's hands, talking to them and singing with them. One member of staff told us how one person would respond positively when they sang to them.

The provider had a complaints policy. People told us they knew who to contact if they had concerns around the service. The provider informed us they had not received any complaints or compliments since our last inspection. The provider had sought relative's views and in conclusion was planning to send them a copy of the complaints procedure. During the inspection one relative raised a concern regarding the service. The provider worked with healthcare professionals regarding this concern to ensure that any improvements or lessons learnt could be implemented.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in April 2017 we found that the provider and registered manager did not always have systems in place to monitor the quality of care that people received. There were not always effective systems in place to improve the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We imposed a condition on the provider's registration requiring them to provide us with bi monthly information on the actions they were taking to improve the service. At this inspection, the provider had implemented new systems which were enabling them to make a significant improvement to the service and had enabled them to meet the relevant regulation. However further work was required to embed these changes, and more time was needed to see if these changes were sustainable and would lead to continued improvements. For example, in relation to care plan audits and good governance systems.

The provider was providing day to day support alongside a manager. The registered manager was still involved with the service as part of the management team, however was unavailable at the time of the inspection. The provider had sought the advice of healthcare professionals regarding the management of the service and staff training. There was a clear focus on improving the quality of the service and providing effective management support.

The provider had implemented a new electronic care planning system. This had enabled them and the manager to have greater control and oversight regarding people's care records. We identified at this inspection that improvements had been made to people's care records and that their care plans were now current and reflective of people's needs. However we identified that further improvement was required to ensure the records made by care staff were centred on people's health and wellbeing and recorded changes in their daily needs and mood. This would enable the service to better identify changes in people's wellbeing and ensure care and support was tailored to their needs.

At present the manager was writing and auditing people's care plans. The provider did not have a system in place to check the accuracy of the manager's care plan audits to ensure an independent review of the quality took place. We discussed the benefit of care staff writing care plans enabling the manager to audit them. The manager was planning this, however in the short term they had taken action to ensure people's care needs were effectively recorded.

The manager consistently carried out monthly audits regarding incidents and accidents with the service. Previously these audits had not always been carried out consistently. They used these audits to ensure people's care had been changed if needed following this incidents to reduce the risk of a repeat incident occurring. Additionally they used the audits to identify any trends or concerns with accidents and incidents. The manager also ensured infection control audits were carried out to ensure people were protected from the risk of infection. A maintenance man ensured that all fire safety and environment audits were carried out to ensure the safety of the home. The manager and provider were informed of any concerns to enable them to take remedial action.

The manager carried out medicine stock audits and competency assessments of care staff. The aim of these measures was to ensure the safe administration of people's prescribed medicines. Audits and assessments carried out by the manager showed where improvements could be made and evidence when these improvement had been implemented.

Care staff spoke positively about the management of the service and the changes that had been made since our last inspection in April 2017. One member of staff said, "I can see a difference regarding the management. They talk to us, we discuss and we put actions in place. It is really good. We're getting good continuity."

The views of people, their relatives and stakeholders had been sought since our last inspection. Stakeholders had identified that a key area of improvement at Bafford House was in relation to the continuity of care staff. People's relatives used surveys to respond positively to the care their relatives received. They also felt the communication they received from staff at Bafford House was positive and provided them with the information they required. While the surveys did not demonstrate any concerns there was no evidence that a summary of this had been provided back to people who had completed the survey. The provider and manager informed us they planned to communicate the outcome.

The service had sought the advice and guidance of healthcare professionals and local authority commissioners regarding the day to day running of the service and making and sustaining improvements. The provider and manager had worked alongside a local authority quality assurance team to develop an action plan with the view of assisting them to improve and provide a "good" service.