

Four Seasons (No 10) Limited

# Bamford Grange Care Home

## Inspection report

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Date of inspection visit:  
28 June 2022  
29 June 2022

Date of publication:  
17 August 2022

## 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Bamford Grange Care Home is a care home providing personal and nursing care to up to 79 people. Bamford Grange Care Home provides care across separate five units over two floors. Units specialise in dementia care, general nursing and mental health. At the time of our inspection there were 54 people using the service and one unit was closed.

### People's experience of using this service and what we found

The home had a history of a change in home management and the last manager left their post before completing their registration with CQC. As a result, some areas of oversight of the service were affected. The home was being managed in the interim by two area support managers and the deputy manager. Staff and managers were helpful, supportive and transparent throughout the inspection.

Improvements had been made in the management of medicines. However, we have made a recommendation about additional checks to ensure paperwork is accurate and up to date in people's medicines files. Staffing levels were appropriate on the day of our inspection and staff had been recruited safely. People's individual risks had been assessed and plans were in place to reduce these risks. Environmental safety checks had been carried out. However, we have made a recommendation about the secure storage of potentially harmful substances.

Staff received a programme of induction and ongoing training. People were supported to access a wide range of health care professionals and people received timely care and treatment. People's nutritional needs were assessed, and dietary requirements were met. However, we received mixed feedback about the food. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by kind and caring staff. People were involved in decisions about their care and were treated with privacy, dignity and respect. One relative told us, "Staff are always kind and patient with him, they have a joke with him, and he loves this and interacts well with them. They always seem to ask him before they do anything, and they treat him with respect at all times."

People's communication needs were met. The home had new activity co-ordinators in post and people and staff were pleased they would be able to partake in the activity programmes. Visits were being fully facilitated and options were in place to continue visiting if a person needed to isolate.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 27 April 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of one regulation. This service has now been rated requires improvement for the last four consecutive inspections.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the well-led section of this full report.

You can read the report from our last inspection, by selecting the 'all reports' link for Bamford Grange Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified a breach in relation to management oversight at this inspection. We have made two recommendations.

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

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was Safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was Effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was Responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not always Well-led.	<b>Requires Improvement</b> ●

# Bamford Grange Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors, one inspection manager, one pharmacist inspector and one Expert by Experience on day one. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two was carried out by one inspector.

#### Service and service type

Bamford Grange is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bamford Grange is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was no registered manager in post. However, a new manager had been appointed and was due to commence their employment.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with four people who used the service and three visitors about their experience of the care provided. We spoke with 16 members of staff including the area manager, regional support managers, deputy manager, nursing and care staff, activity co-ordinators, administrative staff and kitchen, laundry and maintenance staff. We reviewed a range of records. This included activity records and five people's care records. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection we reviewed additional information sent through to us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had not ensured medicines were managed safely. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made in the management of medicines.
- The storage of medicines was secure and well organised. Stocks were checked and we saw records were correct. Medicine administration records were completed appropriately.
- Audits of medicines administration and management were completed and actions to address any concerns were recorded. Medicines competency checks had been completed.
- Records were completed when people had their drinks thickened.
- People told us they received their medicines on time and had no concerns. One person told us, I spoke to the nurse as I felt I was receiving too much medication that wasn't necessary. She spoke with the doctor and they are going to review it. I am pleased about this."
- We found not all documentation in people's medicines file was up to date. We were not always assured people's pain patches were rotated as prescribed and we found old and new information together. This meant there was risk people may not receive their medicines as prescribed.

We recommend the provider implements additional checks to ensure paperwork is accurate and up to date in people's medicines files.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse.
- Staff knew how to report any safeguarding concerns to management and told us they had access to policies on the intranet. However, two staff were not sure how to report concerns to organisations outside of the service. We reported this back to the management team.
- There were systems in place that ensured accidents, incidents or near misses were reviewed by the service management. The corporate system used by the home ensured lessons learnt were recorded and remedial action was taken to reduce any identified or emerging risk.

- The service had reported incidents to local safeguarding teams when necessary.

#### Assessing risk, safety monitoring and management

- The service had assessed the individual risks to people's health and wellbeing and each person had risk assessments in place. These were in place for staff to help protect people from an unsafe environment and ensure appropriate care. These risk assessments were reviewed regularly to ensure staff were aware of people's current care needs.
- People had personal emergency evacuation plans (PEEPs) in place to direct staff and the emergency services to the appropriate support people required in the event of an emergency.
- Health and safety checks of the home and the environment had been carried out. However, we found some doors and cupboards were open where products were stored that may pose a risk to some people.

We recommend the provider ensure the secure storage of potentially harmful substances.

#### Staffing and recruitment

- Safe recruitment practices had been followed to ensure that suitable staff had been employed to care for vulnerable people. Staff had the necessary safety DBS checks in place before starting work and completed a full induction. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Suitable numbers of staff were on duty day and night to support people. The home used a dependency tool to assess the numbers of staff needed on each shift. The management team told us they had made improvements to the number of permanent staff and had reduced the use of agency staff.
- People and their visitors mostly said they felt the home had enough staff on duty. One person told us, "There always seems to be enough staff about". Staff told us they felt staffing had improved now they were using less agency staff.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We found some bedrooms, furnishings and communal rooms required additional cleaning.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- Relatives and friends were supported to visit their loved ones at the home in a safe way. Procedures were in place to ensure visiting was facilitated as per Government guidance.



# Is the service effective?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to going to live at the home to ensure the service could provide the appropriate care.
- Care plans were developed by the senior team. Care plans contained information about people's physical and emotional needs and preferences and choice were considered and reflected in these.
- The service used specific and nationally recognised assessment tools. For example, we saw where the Waterlow scoring tool was used to check a person's risk of skin breakdown.

Staff support: induction, training, skills and experience

- Staff received a programme of induction, training and group supervision sessions.
- A staff training database was in place to give managerial oversight of staff training requirements. Manual handling and medication competency checks were conducted annually.
- We found that not all supervisions and appraisals for staff were up to date due to the absence of the home manager. The management team told us this would improve once the new home manager was in place.
- Staff told us training was good and they were encouraged to undergo extra training and develop their role.

Supporting people to eat and drink enough to maintain a balanced diet

- The service ensured people's nutritional needs were assessed and dietary requirements were met.
- Where staff had concerns about people's eating and drinking, we saw referrals had been made to the relevant professionals, such as speech and language therapy (SALT). People had nutritional care plans in place to direct staff to their specific dietary needs alongside their likes and dislikes. Kitchen staff had personal food passports for everyone that documented people's needs and preferences so food could be prepared safely for people.
- We received mixed feedback from people and staff about the quality of the food. One person told us, said "We get a good choice of meals and they are very good, always hot and tasty." Another person told us, "The food is not very good; they use a lot of tinned food and it not very appetising. My food is usually lukewarm and not hot enough. We can ask for a drink when we want, and they also come around with drinks and snacks throughout the day. I am not left hungry."
- We found people's nutritional/hydration charts were not always completed fully and accurately. Please see the well-led section of this report.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a wide range of health care professionals and people received timely care and treatment.
- People were referred to other agencies, such as specialist wound care teams and received regular visits from their GP. One visiting professional told us they conducted a weekly ward round and found the staff to be very organised and they provided good information as they knew the residents well.
- We saw staff followed instructions given by healthcare professionals. For example, one person had a wound care plan that had been appropriately followed by staff.
- People and their visitors told us they had no concerns about receiving prompt medical attention. Relatives told us they were always informed of the outcome if their loved one had been unwell and had seen a doctor. One person told us, "I had a problem with my left foot, and they called the doctor very quickly for me."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

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

- Staff sought consent from people before providing support to them. We observed staff spoke respectfully when speaking with people and respected people's decisions and choices.
- There was a recording system in place to monitor applications made to the local authority for those people where they had felt it necessary to deprive them of their liberty to keep them safe. We found one instance where a DoLS had been applied for with the local authority; however, there was no corresponding capacity assessment within the person's care file and the person had not been diagnosed as lacking capacity to make decisions. We reported this to the management team who told us they would review this.
- People's care plans contained evidence of their consent to care and treatment.

Adapting service, design, decoration to meet people's needs

- The home used various adaptations within the service to meet people's needs. This included adaptations for mobility, eating and drinking and reducing the risk of falls.
- Signs and pictures were up around the home and on doors to help people find their way around. People's bedrooms were personalised, and people were able to access communal areas, such as lounges, dining rooms and the home had a large garden area that was accessible for wheelchairs.

# 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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- People were supported by respectful and caring staff at the home.
- An equality and diversity policy was in place. People had care plans that addressed their individual cultural and religious beliefs to enable staff to support them appropriately. One person received two sessions per week to fulfil her religious needs where staff would assist the person to read their scriptures.
- People told us they felt well supported by kind and caring staff. One person told us, "The staff are lovely and are very kind to me. They help me and they are very respectful at all times."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views and were involved in decisions about their own care and the support they received.
- People's individual preferences were recorded in care documentation and we observed staff asking people for their preferences. One person told us, "All the staff are very good and if I have any questions, they always take the time to listen and answer any queries I have." A visiting relative told us, "I can ask questions whenever I have any to ask, I always feel listened to and I am given answers. They always let me know how [name] is, they know [name] so well."
- People and their relatives told us they would recommend the home to other people, mainly because the staff are so kind and caring. One person told us, "I would recommend this home because the staff are so good to me and always respect me. The food is also good." Another person told us, "I would recommend this home because of the staff, they really care, they are so good."

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we observed people were treated with kindness, dignity and respect. It was clear there were established, caring relationships between people and staff.
- Staff were reassuring and explained to people throughout care delivery, for example, when a person was transferred to a chair, the staff ensured they were comfortable and understood what was happening.
- We observed lunchtime at the home and found staff gave people choice around food and drink and supported people to eat in a patient and respectful manner.
- People spoke very highly of the staff and told us they were kind and patient, but also like to have a laugh. One person told us, "[Staff names] are excellent; they are fantastic and really care, nothing is too much trouble. The staff are good and always have a laugh and a chat when they come into my room. They all treat me with dignity and respect and cover me when they are washing or dressing me."

- One visiting professional told us they have always seen staff to be caring and compassionate with the people who live at the home.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had not ensured people were provided with individualised care which met their needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Improvements had been made to the provision of oral care at the home and we saw that people were now receiving regular oral care.
- People's care plans were person-centred and detailed how each person would like to receive their care. For example, how people like to have their room at night; with the door open or closed. However, we were not always assured everyone's preferences were fully recorded and accurate. We spoke with the management team about one person's choice to smoke not being met and this was rectified the same day.
- People we spoke with were happy with their care at the home and told us if they had any questions or worries, they would always ask the staff and they felt listened to. One person told us, "I ask questions all the time and the staff always give me an answer or find out if they don't know."
- We saw evidence in some people's care plans that they and their loved ones had been involved in care planning and reviews. However, we found further work was needed to ensure care plans documented people's contributions to planning their care. We will review this on our next inspection.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and communication care plans were in place to guide staff.
- The management team were aware of the Accessible Information Standard (AIS). They told us they could provide information to people in alternative formats to meet their individual needs. For example, in large print or another language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We found improvements had been made to activities provision at the home since the last inspection.
- Three activity co-ordinators were now in post and the management team told us of their wellbeing programmes of activities to address people's mind, body and soul. The activity co-ordinators told us of their plans, and they had introduced a weekly magazine and a 'what's on' guide and let everyone know what activities they could partake in. They also told us they provided one to one sessions for people who stayed in their rooms.
- People, their visitors and staff all told us they welcomed the introduction of activities. One person told us, "I have seen the new activity lady, she came to ask what I am interested in, I do get really bored and fed up." One visitor told us, "We are aware a lady popped in to ask [Name] about his interests, we hope that something comes of it." We will review the impact of the activity provision at the next inspection.
- Visits were being fully facilitated and options were in place to continue visiting loved ones if a person needed to isolate.

Improving care quality in response to complaints or concerns

- The service ensured people were aware of how to complain or comment on the service. Information on how to make a complaint was displayed in reception. People were also informed of the complaints procedure in their welcome pack given to them when they came to live at the home.
- We reviewed the home's complaints file and saw that complaints were responded to appropriately.
- People and their visitors told us they had no complaints. One person told us, "I have no complaints, if I had any I would speak with [staff member] or the nurse."

End of life care and support

- People were given the opportunity to complete an advanced care plan when they came to live at the home. People who were nearing the end of their life had an end of life care plan in place to guide staff around their individual needs and wishes.
- The home worked closely with the home's GP, and when needed, they were able to ensure the required medication was in place to support the person.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider did not have effective systems in place to ensure the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection. Therefore, the provider was still in breach of Regulation 17.

- The home was part of a corporate provider which had a good governance infrastructure in place. However, the home had a history of a change in management and the last home manager had a period of absence and left their post before completing their registration with CQC. As a result, some areas of oversight of the service were affected. For example, care staff competency checks, staff appraisal, team meetings and home walkarounds. Staff told us the manager's absence and changes had affected them. A new home manager was due to start in July 2022. The deputy home manager was new to the role and was being supported by two area support managers at the time of the inspection. The management team acknowledged the impact of home manager turnover and told us they had put measures in place to help retain the incoming manager.
- We found repeated concerns regarding some monitoring records that were not completed fully to demonstrate care was delivered in line with people's assessed needs. For example, food and hydration monitoring charts and pain patch charts. We found care plans included personal information; however, they did not always accurately reflect people's current choices. The provider's audits and checks had not identified and addressed these concerns.

The provider has not always ensured effective governance of the service. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team were aware of their regulatory requirements and notifications had been submitted as per registration requirements.

During the inspection we fed back our findings and the management team were helpful throughout the process and reacted quickly to any questions raised.

Continuous learning and improving care; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Accidents, incidents and safeguarding concerns were reviewed, analysed and investigated where necessary. There was clear evidence of using information from incidents to ensure lessons were learned and action taken to mitigate future risks.
- There was a corporate Duty of Candour policy in place. Where required, a letter would be sent to a person or family to explain the incident and what measures have been put in place to reduce further risk.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported with their individual needs to maintain their religion, specific dietary requirements and to express their needs and choices for their care.
- Involvement with relatives at the home had been reduced due to the pandemic. However, communication had continued with letters and emails keeping families up to date and family meetings were to be reintroduced. The management team told us they also conduct annual relative and staff surveys.
- People told us they were aware the home had interim managers. People told us they had not been asked for feedback or completed any questionnaires. A resident of the day scheme was in place at the home; however, this had not been happening recently.
- Staff told us improvements had been made to the staff team and there was now a more positive culture within the home. Staff told us meetings, such as team huddles, walkarounds and staff meetings had not been consistent or had fallen off altogether and they were hoping these would be reinstated once the new home manager was in post.

Working in partnership with others

- The management team worked closely with the local authority and health care teams to share information when incidents occurred. Where safeguarding and other investigations took place, the management team worked alongside the local authority.
- During the Covid-19 pandemic the management team had worked closely with the local authority, health care organisations and public health departments to ensure Government and local guidance on safety was adhered to.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider has not always ensured effective governance of the service.
Treatment of disease, disorder or injury	Regulation 17 (1) (2) (c)