

Hallmark Care Homes (Ipswich) Limited







Bucklesham Grange

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We inspected this service on the 13 November 2014 and this inspection was unannounced. Bucklesham Grange is a care home with nursing. It provides care for 56 older people who may be elderly and or have a physical disability. Some people are living with dementia. There were 54 people living in the service when we inspected.

There was a registered manager in post. 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 were positive about the care they received. They told us their care was personalised to them and met their needs and aspirations. The atmosphere in the service was warm and welcoming. People were proud to show visitors round the service they called home and said they felt part of an extended family.

Summary of findings

People told us staff listened to them and acted on what they said. They told us they felt safe, were treated with kindness, compassion and respect by the staff. People were supported and encouraged to attend appointments with other healthcare professionals to maintain their health and well-being.

Staff knew how to recognise and respond to abuse correctly. People were protected from the risk of abuse because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Any risks associated with people's care needs were assessed and plans were in place to minimise the risk as far as possible to keep people safe. Appropriate arrangements were in place to provide people with their medication safely.

People were supported by sufficient numbers of staff with the knowledge and skills to meet their needs. Staff respected people's privacy and dignity and interacted with people in a caring and respectful manner.

There was clear guidance for staff on how to meet people's individual needs and aspirations, promote their independence and maintain their health and well-being. Where risks were identified to people's health or well-being, action was taken to help minimise the risk as far as possible to keep people safe. Robust systems provided people with their medication in a safe manner.

People were supported by the managers and staff to make decisions about how they led their lives and wanted to be supported. They were able to voice their opinions and have their care needs provided for in the way they wanted. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests.

People were supported to be able to eat and drink sufficient amounts to meet their needs. People told us they enjoyed the food and were provided with a variety of meals. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring and respectful manner.

People were encouraged and supported with their hobbies and interests and participated in a variety of personalised meaningful activities. People knew how to make a complaint and said that any concerns were acted on promptly and appropriately.

There was an open and transparent culture. Staff were motivated and morale was high. The management team planned, assessed and monitored the quality of care consistently. Systems were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was used to make continual improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People and relatives told us they felt the service was safe and secure.

Staff understood their responsibilities to protect people from harm and report any concerns about people's welfare.

There were sufficient numbers of staff, with the right competencies, skills and experience to meet people's needs. Staff understood how to minimise risks and provide people with safe care. Systems were in place to provide people with their medicines safely.

Good



Is the service effective?

The service was effective.

Staff were trained and supported to meet people's individual needs. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to on-going healthcare support.

People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Good



Is the service caring?

The service was caring.

People had their privacy and dignity respected and were supported to maintain their independence.

Wherever possible, people were involved in making decisions about their care and their families were appropriately involved. Staff respected and took account of people's individual needs and preferences.

Staff were compassionate, attentive and respectful in their interactions with people.

Good



Is the service responsive?

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People were encouraged and supported with their hobbies and interests and participated in a wide range of personalised meaningful activities which ensured their social needs were met.

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns were investigated, responded to and used to improve the quality of the service.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was an open and transparent culture at the service. People told us the management team were approachable and a visible presence in the service.

Staff told us they were encouraged and supported by the manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service provided and used to plan on-going improvements.

Bucklesham Grange

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 unannounced inspection took place 13 November 2014. The inspection team consisted of an inspector and a specialist advisor who had knowledge and experience in dementia care.

Before our inspection the provider completed a Provider Information Return (PIR). 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 information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

Prior to our inspection we spoke with seven health and social care professionals about their views of the care provided.

During the inspection we spoke with eleven people who used the service, five relatives and two visitors. We also spoke with 17 members of staff, including a member of the provider's senior management team, the registered manager, the clinical care manager, the in-house physiotherapist and care, nursing, domestic, catering and activities staff.

People who used the service were able to communicate with us in different ways. Where people could not communicate verbally we used observations, spoke with staff, reviewed care records and other information to help us assess how their care needs were being met.

We spent time observing care in communal areas and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

As part of this inspection we observed seven people's care and reviewed their care records. This included their care plans, risk assessments and medication charts. We looked at records relating to the management of the service including three staff recruitment and training files and systems in place for assessing and monitoring the quality of the service. For example, health and safety records, internal audits and information about complaints.

Is the service safe?

Our findings

People told us they felt safe and secure. One person said, “I feel safe living here. I wear an alarm should I get into difficulty and need to call staff. I haven’t used it much but when I have they came quickly.” Relatives told us they believed people were cared for safely.

Staff told us they had received training around the importance of protecting people and keeping them safe from potential harm. Staff knew how to recognise and report any suspicions of abuse. One staff member said, “The manager and head of care encourage us to report any concerns. People’s safety and well-being is taken very seriously here. If I didn’t think the matter had been dealt with properly I wouldn’t hesitate to take it further. When I have raised things the management team they have acted.”

Systems were in place to identify, report and act on concerns about people. The management team notified us of events of suspected or potential abuse and informed us of actions taken to address these issues. This included raising safeguarding alerts to the local authority who were responsible for investigating safeguarding concerns.

People were protected and their freedom supported and respected. For example, one relative described how the risk of their relative falling from bed had been identified and swiftly acted on by staff. They told us of the measures taken to minimise the risk. This included regular night checks by staff, a risk assessment undertaken by the in-house physiotherapist and specialist equipment ordered such as a low profile floor bed and crash mats to reduce the risk of harm for the person if they fell out of bed. In response to concerns about the safe use of bed rails and falls from beds, a staff working group had been established to identify trends and address shortfalls in practice. A programme of improvement including staff training, ordering specialist equipment and promoting best practice had resulted in a reduction in the number of incidents reported.

Staff told us that people’s care records were regularly reviewed and updated to inform and guide them about changes to people’s care. Individual assessments covered identified risks such as nutrition, moving and handling and

pressure sores, with clear instructions for staff on how to meet people’s needs safely. For example, people nursed in bed were on suitable airflow mattresses with repositioning charts used to ensure people were comfortable and to reduce the risk of pressure sores.

We observed that there were sufficient numbers of staff to care and support people according to their needs. Call bells were answered in a timely manner. One person told us, “There are always lots of people about to help, if you call them they come.” Relatives said staff were attentive to people’s needs and verbal and non-verbal requests for assistance were responded to promptly. The manager advised us that the staffing levels were flexible and could be increased should people’s dependency levels rise. Our discussions with staff and people who used the service confirmed this.

People had their health and welfare needs met by staff who had been recruited safely. Staff told us the provider had interviewed them and carried out the relevant checks before they started working at the service. Records we looked at confirmed this.

People told us they received their medicines as prescribed and intended. One person said, “I always get my tablets on time and I know they are right because they are the ones in my room.”

We saw that the provider had suitable arrangements in place for the management of medicines. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service, when they were given to people and when they were disposed of. We observed a member of staff appropriately administering medicines to people.

However, whilst we found that entries for routine prescribed medicines were clear and complete. There were some inconsistencies found in the recording of PRN (as needed) medicines. Some staff recorded when they offered a specific medicine and if the person declined, others only recorded when the drug was dispensed. We followed this up with the manager who took assured us they would address the shortfalls identified to ensure people received their PRN medicines safely.

Is the service effective?

Our findings

We saw that staff acted in accordance with people's wishes. For example, one person told a member of staff when they came to support them with personal care that they wanted to remain in bed longer. The member of staff agreed to come back later. People told us how their individual needs were met and that staff asked for their consent before any care or treatment was provided. One person said, "The staff do check if you need help before they start. Most of them know how I like things done but if they are new they ask me and I tell them."

People benefited from a staff team that were skilled to meet their needs effectively. Staff told us the training they received gave them the information they needed to deliver care and support to people to an appropriate standard. For example, staff were seen to support people safely and effectively when they needed assistance with moving or transferring. A relative described how the in-house physiotherapist had provided personalised care which had improved the mobility of their relative following an illness. They said that the physical therapy exercises and massage had helped the person to regain their mobility, confidence and independence.

People's needs were met by a committed and passionate work force. Staff told us they felt supported and were provided with opportunities to talk through any issues and learn about best practice, in team meetings and supervisions with their managers. Through discussion and shared experiences staff were supported with their on-going learning and development. For example, staff learnt how dementia impacted on people in different ways, how best to approach someone when they were distressed, how to recognise the potential triggers for changes in behaviour and how to support people appropriately. People benefited from staff who understood how to meet their needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Staff had a good understanding of DoLS legislation and had completed referrals to the local authority in accordance with new guidance to ensure that

any restrictions on people, for their safety, were lawful. Staff were knowledgeable about the MCA and were able to speak about their responsibilities relating to this. Records and discussions with staff showed they had received training in MCA and DoLS.

Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People's relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People were complimentary about the food. They told us they had plenty to eat and drink, their personal preferences were taken into account and there was choice of options at meal times. One person said, "The food here is divine. As good as in a fancy restaurant." We saw there was an availability of snacks, refreshments and fruit throughout the day. One person told us they never had the snacks as the meals were always so good they didn't need anything extra but they liked to be able to offer their visitors something. Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. This included enough staff to support those who needed assistance, and be aware of how to meet people's individual dietary needs. For example, where people were identified at risk of choking staff used prescribed thickeners for liquids to support them to drink liquids safely.

People had access to healthcare services and received on-going healthcare support where required. One person said, "The doctor, chiropodist and nurse usually come and visit me here but if I have to go to the hospital they [staff] take me." Relatives told us they had felt included in care planning and were regularly updated about any changes in well-being or treatment. One relative said about the effective communication in place, "The staff keep me informed. I know what is going on and I have been involved in decisions about [person's] care and treatment." Care records seen reflected that people, or relatives on their behalf, had been involved in determining people's care needs.

Is the service caring?

Our findings

Everyone we spoke with told us that the staff were caring, kind and treated them with respect. One person said, "It's lovely here; the people and staff make it so lovely." Another person talking about the staff said, "There is always someone to help you and they smile too. The [staff] are kind, I like it here." One person showed us their bedroom and described how well it was cared for. They said the staff looked after all their things and they felt proud of their home.

Relatives told us how the staff met people's individual needs. One relative said, "They [staff] have got to know [person] so well. They meet all their needs, We just couldn't manage at home but this is the next best thing." Another relative told us how staff supported a person who continually said they wanted to leave. They showed us how the staff had given the person a large bunch of keys which the person had hidden in their spare slippers. Having the keys to hand reassured the person that they could leave and lessened their feelings of being trapped. The relative appreciated the creative solution and the positive impact it had made on reducing the person's anxiety.

People and relatives told us that the staff wore different uniforms which helped them to know their individual roles. One person told us, "My favourite [staff] is one of the purples," referring to one of the care staff.

People benefited from the caring relationships they had with all the staff team. For example, one person known to become confused with their television reported it 'broken' to a member of the maintenance team. They went immediately to the person's bedroom, checked all the channels were working before coming back and reporting the television was fixed and working fine. The person was very appreciative and said, "Nothing is too much trouble for them."

People had developed friendships and were supportive and caring of each other. For example, during a game of dominoes on the dementia floor we saw that people were patient and provided encouragement towards one person who struggled to place their pieces.

People were involved in making decisions about their care and in the development of their care plans. One person

told us "They [staff] take on board what you say. They listen when you say how you want things done, if you want to change something. It is done and written down so the others know."

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff took time to explain different options to people around daily living such as what they wanted to eat and drink, where they wanted to spend their time and who they wanted to be with. Staff listened and acted on what they said.

Whilst staff regularly talked with people and monitored them closely not all staff appeared comfortable making incidental conversation with people. The majority of interactions on one floor were task focused. For example, we saw one person sitting in the lounge was asked three times in 20 minutes by three different members of staff if they would like a drink. Apart from establishing the person was not thirsty no-one engaged with the person in any other conversation.

People said the staff respected their privacy and dignity and talked about different situations where they felt listened to and knew that their feelings and views mattered. For example, one person told us how staff provided reassurance and made them feel comfortable when they were being transferred using the hoist. They said, "I know it has to be done but it is so undignified. They [staff] do their best to make light of the situation and make me laugh. Sometimes I almost forget I am on the thing." Another person told us how they had been supported to make decisions about their end of life care arrangements. They said they felt listened to and their decisions respected. "We talked about what was important to me and what I wanted. The staff were really helpful to both me and my family; it is a great weight off my mind."

We observed people's privacy, dignity and human rights were respected. For example, staff asked people's permission and provided clear explanations before and when assisting people with medicines and personal care. This showed that people were treated with respect and provided with the opportunity to refuse or consent to their care and or treatment.

Is the service responsive?

Our findings

People told us that their care needs were met in a timely manner and that staff were available to support them when they needed assistance. One person said, “The staff are never too far away and are so quick if you call them.”

Referring to their experience of using their call bell they continued, “I have never had to wait long for help.” We saw that staff were attentive to people, checking on them in the communal areas and bedrooms. Call bells were answered promptly and requests for help given immediately.

People benefited from staff who had a detailed understanding of their individual care and support needs. Staff were alert to people’s feelings and concerns, acting immediately if anyone seemed unsure or worried. For example, we saw one person become frustrated during meal time as they were unable to eat their food using the cutlery provided. A staff member discreetly asked if they would like to try a different utensil, and asked if they would prefer they cut the food into smaller pieces for them. The person chose to try the other utensil and continued their meal. The staff member later explained that staff kept the alternative cutlery nearby as the person managed better with it but would not use it if the table was set with it; as they did not want to appear different to everyone else.

Staff explained how they approached providing care for people with varying degrees of dementia, for example, when they were not always able to express themselves verbally. Staff had learnt and shared with each other the best ways to recognise how people’s behaviours and mannerisms indicated their mood, what they wanted to do and choices they wanted to make. For example, we saw how a member of staff helped someone who was anxious become settled. The staff member listened to the person, asked them if they would like to go to the lounge and suggested an activity they knew they liked to do. The person agreed and we saw they smiled and laughed with the staff member and appeared comfortable in their company.

A relative described the positive impact staff had helping their relative settle into the service. An agreed approach to providing care had been developed, which reflected the routines of how they had been living their life before moving. For example, the person’s preference for maintaining their personal hygiene was to shower, but following a risk assessment it was unsafe for them to do so

using the existing equipment. The relative explained how the in-house physiotherapist and the management team had sourced and provided an appropriate shower chair and trained the staff to use the equipment correctly which meant that the person could now shower safely.

People were involved in arrangements about their care and their decisions were listened to and respected. One person told us how they had a care review with their family and a senior member of staff. They said, “They [management team] asked if I was happy with the arrangements in place. I told them I was.”

People talked about and we saw a variety of examples where they had been enabled to pursue their own individual interests. People told us they participated in group activities too. They told us if they did not want to be part of something on offer staff respected their wishes. One staff member spent time reading to someone privately in their bedroom and another carried out a hand massage to someone who was cared for in bed. People told us they were encouraged to pursue their hobbies and interests and there were pictures throughout the service of people engaged in different things they enjoyed. For example knitting, gardening, cooking and painting. People were full of praise for the ‘pat dog’ that regularly visited the service and the ‘art club’ which was run by the maintenance person. One person said about the ‘pat dog’, “I love when the dog comes. I get to stroke it and it’s lovely and soothing. I miss having a pet but this is the next best thing.” Another person speaking about the ‘art club’ said, “It is such fun, I am glad I was encouraged to go. We have such a laugh and I am getting better. My paintings were awful at first but now I can see they are starting to look like they should. Being in the group has improved my confidence and esteem.”

People told us they were supported to maintain their appearance and enjoyed having their hair done at the onsite hairdressers. Several people expressed how much they liked having their nails done at the onsite nail bar. One person said, “I have always liked to look nice. It is important. I don’t want to let myself go just because I am getting on a bit and in a home. Here, I can go and get my hair and nails done when I please. Makes me feel good about myself.”

People’s feedback was valued and acted on. For example, in response to people wanting to attend the local church but were unable to do so, due to transport difficulties such as a lack of wheelchair adapted taxis at the weekend. An

Is the service responsive?

interim measure of a local vicar holding services at the service on a Sunday afternoon had been arranged. Whilst a longer term solution to address the transport issues was found.

People told us they knew how to make a complaint but had not done so as the staff and management team acted quickly when they raised any issues. For example, one person told us how the manager had taken their comments seriously and acted immediately to resolve a potential problem. The matter was settled and they were satisfied with the way their concern had been handled.

The provider's complaints policy and procedure was made freely available in the service and contained details of relevant external agencies and the contact details for advocacy services to support people if required. Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising issues. We saw that where concerns had been raised the manager shared any learning and made changes to limit any reoccurrence whether for the person who raised the concern or others.

Is the service well-led?

Our findings

People told us they felt valued, respected and included because the manager and staff were approachable, listened and valued their opinions.

Relatives said the manager and head of care were a visible presence, accessible to them and they had confidence in their running of the service. They said that they attended meetings as they felt it was worthwhile because the management team had acted on the feedback given which improved things. One person said, “Sometimes it is the small things that really make the difference. I asked if they could get [person] ready by a certain time so we were not rushing about. Now when I arrive [person] is ready to go and we head out straight away and have more time together.”

The atmosphere in the service was warm, friendly and welcoming. People, their relatives and staff were comfortable and at ease with the manager and senior team. It was clear from our observations and discussions that there was an open and supportive culture in the service.

People benefited from a skilled workforce because the manager supported staff to have input into the running of the service, learn and develop new skills and ideas. For example, in addition to standard qualifications some staff developed specialist knowledge and understanding within particular areas of care, becoming a ‘champion’ for that area and sharing their expertise with others. Learning was communicated amongst the team to promote best practice and keep people up to date with latest guidance and encourage ideas for improvement. One staff member said, “The manager is really supportive and encourages the staff to develop and learn. Several people [staff] here have been promoted and I feel there is an opportunity for me to learn and progress here.”

People, relatives and visitors told us they had expressed their views about the service through regular meetings and through individual reviews of their care. A satisfaction survey also provided people with an opportunity to comment on the way the service was run. We saw that action plans to address issues raised were in place and either completed or in progress. Meeting minutes showed people were encouraged to feedback about the quality of the service and to share ideas and suggestions for

improvements. For example, a recommendation to improve the laundry management systems through the use of large trolley with multiple drawers had been acted on. People, contributed towards decisions that affected their daily life such as menu choices and variety of activities offered. This showed us that people's views and experiences were taken into account and acted on.

People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Staff followed the provider's policy and written procedures and liaised with relevant professionals where required. Staff were aware of the provider's whistleblowing policy which meant they knew how to report any concerns to managers and agencies outside of the service and organisation. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents were monitored and analysed to check if there were any potential patterns or other considerations (for example medication) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people. For example, following a change to a person's behaviour with them becoming increasingly agitated and distressed when in their bedroom. Discussions with the family about the person's life history revealed the person may be reacting to feeling trapped. A risk assessment was undertaken and it was agreed to move them to a bedroom downstairs with free access to the garden. No further incidents were reported as the person had settled in their new surroundings.

A range of audits to assess the quality of the service were regularly carried out. These audits included medication processes and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Information and identified trends from these audits were analysed by the manager and contributed towards a programme of improvement. With actions identified to ensure people were protected and safe. For example, the medicines audits showed some minor shortfalls which were promptly addressed by additional training and communications in team meetings and handovers.

Is the service well-led?

People from the local community including health and social care professionals were complimentary about the care provided, the management and the staff team at the service. They told us people experienced safe, effective and compassionate care.