

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Bickham House

Green Walk, Bowdon, Altrincham, WA14 2SN

Tel: 01619282514

Date of Inspection: 12 December 2012

Date of Publication: January 2013

We inspected the following standards as part of a routine inspection. This is what we found:

| | |
|--|---------------------|
| Consent to care and treatment | ✓ Met this standard |
| Care and welfare of people who use services | ✓ Met this standard |
| Safety, availability and suitability of equipment | ✓ Met this standard |
| Requirements relating to workers | ✓ Met this standard |
| Complaints | ✓ Met this standard |

Details about this location

| | |
|-------------------------|--|
| Registered Provider | Bickham House Trustees |
| Registered Manager | Mrs. Cathrine Myers |
| Overview of the service | Bickham House is a large detached Victorian building which provides accommodation for up to 26 people. The home operates as a registered charity. All bedrooms are single rooms and there is a large, accessible and well-maintained garden. Bickham House is situated in Bowdon, within easy reach of Altrincham. |
| Type of service | Care home service without nursing |
| Regulated activity | Accommodation for persons who require nursing or personal care |

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

| | Page |
|--|-----------|
| Summary of this inspection: | |
| Why we carried out this inspection | 4 |
| How we carried out this inspection | 4 |
| What people told us and what we found | 4 |
| More information about the provider | 5 |
| Our judgements for each standard inspected: | |
| Consent to care and treatment | 6 |
| Care and welfare of people who use services | 7 |
| Safety, availability and suitability of equipment | 9 |
| Requirements relating to workers | 10 |
| Complaints | 11 |
| About CQC Inspections | 13 |
| How we define our judgements | 14 |
| Glossary of terms we use in this report | 16 |
| Contact us | 18 |

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 December 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

We observed staff gaining consent from people who required support with hoists and wheels chairs. Staff asked permission, explained what they were doing, and chatted throughout the whole process.

One person living in the home told us: "They involve me in everything, but I do most things for myself, I need support sometimes, but they respect my dignity, they are lovely."

Another person told us: "They involve me in everything, but I do most things for myself, I need support sometimes, but they respect my dignity, they are lovely."

We looked at three people's care records all of which included comprehensive assessments of need, details of people's individual preferences and detailed care plans.

One relative told us: "Respect is very high here, I'm encouraged by the dignity and individual care people get."

There was enough equipment to promote the independence and comfort of people who used the service.

Appropriate checks on staff had taken place, including visas, criminal record checks; references had been taken and verified.

We saw a copy of the complaints procedure. One person living in the home told us "I can talk to anyone here, if I have a problem."

Relatives told us:

"Bickham House gives me peace of mind."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at care records for three people, in all the records they were signed by the individuals or their relatives to confirm that they understood and consented to the planned care.

We observed staff gaining consent from people who required support with hoists and wheelchairs. Staff asked permission, explained what they were doing, and chatted throughout the whole process to reassure people.

One person living in the home told us: "They involve me in everything, but I do most things for myself, I need support sometimes, but they respect my dignity, they are lovely."

A staff member told us: "I ask permission and then take it bit by bit telling people what I am doing, even if I have to say it 3 or 4 times."

One person whose relative does not have capacity to consent, told us: "They ask us about care and we are involved in any changes, they keep us involved at all times."

In one care record we saw a letter from the manager to relatives updating them on the welfare of the person in their care. Relatives were encouraged to access care records. 'We have recorded a full care package for X in the office and this can be read at anytime and signed. We actively encourage relatives to read these care plans'.

We saw details of a residents' meeting which took place in November 2012 where people had the opportunity to get involved in decisions relating to how the home was run. People were asked about entertainment they liked and engaged in planning ahead. Meals were discussed with people, and their comments noted. It was noted that all residents wanted more sherry in the evening now it is winter. The manager confirmed that sherry was available for people.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at three care records, all of which included comprehensive assessments of need, details of people's individual preferences and detailed care plans.

During a staff meeting in November 2012, it was noted: 'All staff need to make themselves aware of the content of care plans and sign in the front of people's care plans to show they have done this'. We saw signed documents in all of the care records.

Care plans included evidence of people's likes and dislikes. One person's preference was to retire to bed at 7pm, from their daily records we could see that this was being done.

We saw evidence of people's individual spiritual needs being met with Communion being provided on a weekly basis in line with their individual care plan.

One person's record identified that they needed full assistance with eating and drinking, and that they required food supplements. We observed, at lunchtime, staff supporting them and providing food supplements. We also observed staff supporting people with drinks throughout the day and spending time with them on a one to one basis.

In all care records, key workers completed weekly reviews with people which included a 'feeling thermometer' in order to assess a person's mood. One example of this was: 'What makes me feel good?' They stated: 'I love my cup of tea.'

We spoke with two people whose records we looked at, and observed that their personal preferences were being carried out. One person told us: "I've got my slippers on and my blanket; they keep me warm, good food and clean clothes."

A member of staff told us: "We know all the residents and make an effort to get to know them, not just from their records. For new people who are wary of coming into care, we want to get to know them so we can provide best care, person centred care".

A relative told us: "They made admission seamless; it's peace of mind because we know they are looked after 24 hours a day."

One person, whose preference was to be in their room, told us that they are looked after and that staff spent time with them. A member of staff told us: "We pop up and spend time reading letters they have received, I have got to know the people in the letters, X tells me lots of stories about the people in them."

We noted, in minutes from a staff meeting in November 2012 that staff were reminded to: 'Encourage X to use their Zimmer frame, not wheelchair, this is mainly for outside use'.

One relative told us: "Respect is very high here, I'm encouraged by the dignity and individual care people get."

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People were protected from unsafe or unsuitable equipment because the provider had maintenance contracts in place for all equipment. We saw evidence of contracts and inspection reports.

A new lift and nurse call system was installed in March 2012 and we saw evidence that the hoists and slings were serviced in October 2012.

We observed equipment in use and staff operating equipment competently, communicating with people and clearly explaining what they were doing, to ensure people were reassured and comfortable.

One worker told us that as part of their training they had been in a hoist and moved using a slip mat. "I learnt quickly from experience how important it is to use equipment safely and reassure people at all times," they told us.

There was enough equipment to promote the independence and comfort of people who used the service.

We observed equipment on the ground level of the home; the manager explained to us that, due to the nature of the building, people who required high levels of support with mobility were given rooms on the ground floor.

We saw that all wheelchairs had people's names on them; the manager told us that all wheelchairs were set up for individuals.

We noted from a staff meeting in October 2012 that staff were reminded about the correct usage of wheelchairs: 'Please always use lap belts, footplates and wheelchair cushions'.

We spoke to the lead staff member for moving and handling; they are a qualified assessor and provide all in-house training for staff. They told us that additional equipment is being ordered to provide accommodation for up to four more people.

We observed people moving around the home using walking frames independently, one person told us: "It gives me confidence, I am happy to go outside and walk around the home without fear when using my frame."

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There were effective recruitment and selection processes in place, and appropriate checks were undertaken before staff began to work at the service.

We looked at the staff files for two people, both had evidence that all checks had taken place, including visas, criminal record checks; and references had been taken and verified. Records included detailed job descriptions and allocated responsibilities for staff.

Staff completed an induction programme accredited by Skills for Care. The manager told us that staff had to complete mandatory training which included manual handling, and safeguarding. We saw a training record for a member of staff which showed that training had taken place.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We saw a copy of the complaints procedure, which included details of how to make a complaint and how to refer this to the Ombudsman if they were not satisfied with the investigation.

People were made aware of the complaints system. This was provided in a format that met their needs.

We saw that a copy of the complaints procedure was displayed in the entrance hallway, and copies were held in each person's room just inside their wardrobes. One person showed us the procedure in their wardrobe which confirmed they were aware of what this was.

One person living in the home told us: "I can talk to anyone here if I have a problem."

The manager and two staff we spoke with told us about the open door policy they have. We observed people coming and going from the office talking with staff, and staff taking time to talk with people.

We saw notes from a resident meeting which took place in November 2012, where people were asked what they would do if they had a complaint. It was noted that: 'Majority said they would come to the office straight away or at least approach a member of staff first.'

Relatives told us:

"I know there is a statement, but because we haven't needed it I have not looked at it in detail, but I know its there if needed."

"Any problems and I just see Matron and things get sorted."

"I've seen the complaints procedure but I would go to matron."

"If I want to talk about my X matron is immediately available."

People were given support by the provider to make a comment or complaint where they needed assistance.

Two staff members we spoke to told us that they would support people if they wanted to make a complaint. "I would talk through the guidelines with people, help them to make the complaint and explain the actions taken."

We asked for and received a summary of complaints people had made and the provider's response.

Only one complaint had been made, we saw a detailed account of the complaint and evidence of a thorough investigation. The complainant received a detailed response with the outcomes of the investigation.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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