

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

Bamford Close

Adswood Lane West, Cale Green, Stockport, SK3
8HT

Tel: 01614806712

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2014

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

Care and welfare of people who use services	✓	Met this standard
Meeting nutritional needs	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Borough Care Ltd
Registered Manager	Miss Amanda Ryder
Overview of the service	Bamford Close is a care home for elderly people situated in Stockport, near to the town centre. The building is purpose built, on ground floor level and each bedroom has a wash hand basin. There is a car park at the front of the building and gardens to the side and the rear.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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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 24 April 2014, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

We spoke with a visiting health professional.

What people told us and what we found

On the day of our inspection the Registered Manager was on annual leave and the Deputy Manager was attending a Borough Care meeting. We were assisted by a senior carer for the duration of our inspection.

During our inspection we spoke with two people who lived at the home and a visiting relative. We also spoke with three members of staff and a visiting health care professional. We spent some time observing how people were cared for and looked at a selection of the provider's policies and records, including a sample of people's care records.

We considered the evidence collected under the outcomes and addressed the following questions: Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led?

Below is a summary of what we found. Please read the full report for the evidence supporting our summary.

Is the service safe?

People were treated with dignity and respect by staff and people told us they had no concerns about the care they received.

There were effective infection control systems in place and people were cared for in a clean environment by staff who observed appropriate hygiene practices.

Is the service effective?

People's care needs were assessed with them, and where appropriate their families were involved. People's care plans were person centred and generally provided clear guidance for staff in how to deliver people's care.

Staff demonstrated a good understanding of people's needs and the people we spoke with made positive comments about the staff and the care they or their relatives living at the home received. One person told us their relative had "Come out of themselves and made friends".

Appropriate support was provided to meet people's varied nutritional needs and preferences. People were provided with a nutritious and balanced diet and we generally received positive comments about the meals and drinks available.

Staff understood the importance of working with the other professionals involved in people's care and their responsibilities in accessing this support, including medical advice and treatment. This ensured people received timely professional involvement with their care and treatment and promoted continuity of care between the practitioners involved with them.

Is the service caring?

The atmosphere in the home was calm and relaxed. People who we spoke with commented positively about the care they or their relative's received. We saw staff treating people with respect and warmth and the care we observed was provided in a sensitive, personal way.

Is the service responsive?

We saw that reviews of people's care was carried out and people's preferences and preferred routines considered.

There was a complaints procedure in place and the people who used the service we spoke with and staff felt able to express their concerns, although they had not felt the need to.

The views of people who used the service were sought and the provider's recent survey showed 100% of respondents were happy to live at Bamford Close and were "overall happy" with the service.

Is the service well led?

There were policies and protocols in place, which provided clear detailed guidance to staff. There were effective systems in place to monitor the quality and the safety of the service that people received.

There was a proactive approach to working with other professionals involved in people's care and staff were clear about their responsibilities when accessing medical input when it was needed. The home felt they had a good relationship with the local GPs, District Nursing Service and mental health team. Staff felt confident in obtaining specialist advice and support to ensure people's needs were appropriately met and the care they received was effective.

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

Care and welfare of people who use services

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

Care was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

Before people started using the service, they were encouraged to visit the home, where they could experience a meal time and spend some time meeting staff. An initial assessment of needs was carried out with the person and where appropriate a family member, representative or professional involved in their care. This was a thorough person centred assessment, identifying people's preferences, preferred activities and routines, physical, health and emotional needs and risks to their health and well-being. From this, a plan of how to deliver the person's care was developed.

We were told that the care people received was regularly reviewed to ensure it was meeting their needs. We saw that senior care staff carried out monthly checks of people's care plans to ensure they appropriately reflected the support they needed. Annual reviews of people's needs and the care they received were carried out with the people who used the service, and where appropriate their families or representatives. We were told that reviews were also triggered by changes or increases in a person's needs.

The provider had recently introduced a new care plan format. The home was in the process of transferring people's care records onto this new documentation, and staff were familiarising themselves with these records. We looked at the care records of four people who used the service. We found that they were written in a person centred way, considering people's preferences and preferred routines. They generally provided detailed information about people's needs and risks to their health and well-being, and provided guidance to staff in how to deliver care. However the provider may find it useful to note that we found examples relating to two people, whose needs had changed and where it was not easily identifiable what support they were given. Care staff should be provided with accurate information and clear guidance to minimise the risk of people receiving inappropriate or unsafe care. We saw that people and their families had been involved in reviewing their care.

The atmosphere in the home was calm and relaxed. People's rooms were comfortable and personalised. We saw staff treating people with respect and warmth and the care we

observed was provided in a sensitive, personal way. The care staff we spoke with showed a good understanding of people's needs. Some of the people cared for at Bamford Close are living with dementia and could be agitated and distressed at times. Staff demonstrated an understanding of these needs and provided people experiencing distress, and those around them, with reassurance.

We saw that the appropriate protocols were being followed around the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). These are safeguards to ensure that people are supported appropriately to make decisions, or where decisions are made on someone's behalf, this is done in their best interest and in the least restrictive way. If a service thinks it needs to place restrictions on the behaviour of someone who does not have the capacity to make their own decisions, they must apply to the Local Authority for permission, to ensure they are not being unreasonable or unlawful.

We received positive comments about the care people received at Bamford Close. A visiting relative told us their family member, who lived at the home had "Come out of themselves and made friends". They also commented "Staff are very good here" and that they had been "impressed with how people are cared for". We spoke with two people living at the home. Both people told us they liked the staff and had no concerns about the care they received. However both people commented that they did not find the activities available to them through Bamford Close interesting or stimulating and they preferred to pursue their own interests.

We were told that the senior care staff were currently responsible for providing activities for people to take part in. One member of care staff we spoke with commented that although there was enough staff to meet people's needs, more staff would enable more time to be spent interacting with people living at the home.

We were told that the provider was very keen to develop the activities available to people, including the development of an activities room and had employed a consultant to introduce new ideas. We saw that there was a notice board in the hallway announcing upcoming events and activities, including a summer fair, exercise sessions and quizzes. On the day of our inspection a dog had been brought in, which people enjoyed spending time with.

Food and drink should meet people's individual dietary needs

Our judgement

The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

Reasons for our judgement

People's nutritional requirements were assessed when they first starting using the service and also if there was a change to their nutritional needs. For example if someone developed swallowing difficulties or there was a concerning decrease in appetite or weight loss. When required dietician and speech and language therapy (SALT) input was accessed via a person's GP. We saw that people's dietary needs and identified risks around their nutritional intake were recorded in their care plan records.

People's weight was generally monitored monthly, however if a person was identified as being at significant nutritional risk, their weight was monitored more frequently. Food and fluid charts were also used to monitor hydration and nutritional intake if there were concerns.

We spent some time observing the lunch time meal. We saw that where people needed encouragement and prompting to eat and drink, they were able to sit down to a meal at a quieter time. This provided more peace and quiet to enjoy their meal at their own pace and allowed staff to provide more direct support and encouragement to eat their meal.

There were also two larger dining rooms which served a meal slightly later to other people living at the home. The dining areas were pleasantly presented. The food served, which was freshly made soup and a selection of sandwiches, looked appetising. There were good portions and the meal was received with positive comments.

At the start of April 2014, the home's food preparation was taken over by an external catering provider, operating from the premises. We spoke with the Chef, who showed a good understanding of producing balanced nutritious meals and of the range of dietary needs of people living at the home. Information was available to them about people's specific dietary needs and preferences. Although there were set menus in place with a limited choice of options, people were provided with an alternative if they disliked what was available.

We saw that the kitchen looked clean and well organised. There were good stocks of food available and the chef told us that they had an adequate budget with regular deliveries. There was a cleaning schedule in place, with clear records kept recording the cleaning tasks carried out, as well as food, fridge and freezer temperatures.

We asked people's opinions about the food and drink available. A visiting relative commented "The food is good, I've seen it". They also told us their family member was "Enjoying the food" and had put on weight since coming to live at the home.

We spoke with two people who lived at the home. They made positive comments about the quality of the food, including "The foods good, I've not had to complain". One person told us that they also found drinks and snacks were available and that good portions of food were available. The other person we spoke with told us they found the choice limited and that the meals available were "Not to everyone's taste". They went on to tell us the Chef had been very receptive to meal ideas and suggestions they had made.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment. This was because the provider worked in co-operation with others.

Reasons for our judgement

Medical and social care professionals involved in people's care were considered on their initial assessment when moving to the home. We found that where people's needs had changed, and professional advice and input was needed, the service was proactive at making referrals to obtain this support.

We saw, in the care plan records we looked at, that health care input, such as district nurses was documented, including triggers and instructions for obtaining further advice and support if required. This provided direction to staff of when and how to engage with medical professionals to ensure continuity of support for people.

Staff felt that they had a good relationship with the local GP's and District Nursing Teams, who they found to be approachable and responsive. They had access to a local mental health team, from whom they obtained specialist advice and support for people living with some of the challenging or distressing symptoms of dementia. A visiting relative told us about how staff had worked with the mental health team to support their family member. They also told us staff had got timely and appropriate medical assistance when their relative had fallen.

Staff demonstrated their understanding of the clear protocols in place for accessing medical advice and treatment, including when emergency assessment and treatment was needed. Information was available for staff to hand over to medical practitioners when a person required hospital treatment or admission.

Two health professionals visited the home during our inspection, and we had the opportunity to speak with one of them. We saw staff were available to assist and discuss the outcome of their visits.

The visiting health care professional we spoke with described Bamford Close as "A good home". They told us staff were quick to report any issues or concerns and followed medical advice and instruction well. They told us that staff provided good care around managing pressure areas and people's nutritional needs. They commented that staff were always available and able to assist them when they visited and received and handed over

information well. They told us people who lived at the home "Seemed happy". They found that staff knew people who lived at the home well and had no concerns about the care people received.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed and people were cared for in a clean, hygienic environment.

Reasons for our judgement

There were systems in place to manage the risk of infection. Detailed information and guidance was available to staff around infection prevention, infection outbreak management and maintaining a clean and hygienic environment. Personal protective equipment (PPE) such as disposable gloves and aprons, were readily available to staff, which was worn by them when required.

There was a cleaning schedule in place, and cleaning activities were recorded. The cleanliness of the home and these records were monitored by the management team. The provider also carried out an annual inspection of the building and effectiveness of the home's infection control management.

There were suitable facilities to dispose of offensive waste, including a designated bin for District Nurses to dispose of soiled dressings. The visiting health care professional we spoke with told us they had not noted any issues with the hygiene practices or cleanliness of the home.

We spoke with a visiting relative who told us they found the home to be "Nice and clean". They also told us they had regularly seen staff carrying out cleaning tasks and that in their experience staff wore PPE. One of the people who used the service, who we spoke with about the cleanliness of the home, told us they found it to be "Clean and hygienic".

We took a tour of the building, which included 13 bedrooms, the kitchen, the bathrooms, toilets and the communal lounge and dining areas. We found the environment looked generally clean, although some areas of decoration were tired, particularly in the bathrooms where the paint on bath panels and mobility aids were very chipped and scuffed. We did see that one of the bathrooms was being refreshed and we were told that further updates were planned. However the provider may find it useful to note that where furniture and equipment coverings and surfaces are damaged, it may compromise the effective cleaning of these items.

The provider may also find it useful to note that although there were systems in place to maintain and monitor the cleanliness of the environment, we found a pressure cushion and a person's bedding that were soiled and three mattresses that were stained.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive. The provider also had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

There were effective systems in place to monitor the quality and safety of the service. Monthly care plan audits were carried out by senior carers to ensure documents were complete and accurately reflected people's needs. Audits were also carried out by the management team, which looked at areas including the standards of people's bedrooms, the quality of care records, medication management systems and staff supervisions.

Regular audits were also carried out by the provider, which included the quality of care records, complaints handling, medication management, staff supervision sessions and staff meetings, any falls, injuries or accidents that had occurred and activities that had been made available to people living at the home. We also saw that the provider carried out an annual inspection of the building and the effectiveness of the systems operated to minimise the risk of cross infection.

We saw that there was a complaints policy in place. Records were kept of the concerns raised and actions taken to resolve the issues. We spoke with a visiting relative and two people who lived at the home. They all told us they had not had cause to complain about Bamford Close, but would feel comfortable about raising any concerns if they arose. We also saw that there were comment cards in the hallway for people to complete if they so wished.

We were told that the provider was now using an external company to seek the opinions of people who used the service. We were shown a copy of the most recent survey report completed in October 2013. 19 residents responded with their experience, which included their views about access to medical treatment, the standard of care, staff attitude and availability, food, cleanliness of the home, promotion of choice and their safety. Generally positive comments were received, with 100% of respondents saying they were happy to live at Bamford Close and 100% saying they were "overall happy".

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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