

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Details about this location

Registered Provider	Borough Care Limited
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 handbasin. There is a car park at the front of the building and gardens to the side and the rear. In addition to the people who live at Bamford Close, up to seven people attend the home on a daily basis for day care
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 5 October 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 represent the interests of people who use services, talked with people who use the service, talked with carers and / or family members and talked with staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We spoke with eight people who used the service and six relatives, who were very happy with the care provided at the home. People commented that "It's very good here, I'm very comfortable." and "I would recommend it to anyone". Everyone enjoyed the food and one person commented, "they do a good roast" while another told us "I really enjoy the food, it is very tasty". Most people told us how clean they found the home, with several people saying "it is spotless".

The people who lived at the home and their relatives told us they found the staff very caring and attentive and they were "well looked after". One visiting healthcare professional told us "This home is exceptional, it's one of the best I go to" and another told us, "They have a good reputation, everyone likes coming here".

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People's privacy, dignity and independence were respected. During our visit, discussions we had with members of the staff team showed they had a clear understanding of the need to respect and value the people they supported. We spoke with eight people who used the service who all told us that the care they received was delivered in a way which respected their privacy and dignity. One person told us, "They are always asking us what we think about things and trying to make it better for us but I never say anything because I think it's fantastic already".

People were encouraged to express their views and to be involved, where possible, in making decisions about their care and treatment. The care plans were kept in the bedrooms during the day and the people who use the service and their relatives were encouraged to look at the care plans and to contribute to the contents. We looked at the care plans of five people and saw that before a person accessed the service a detailed assessment of their abilities and needs was undertaken. We saw that the initial care plan was reviewed within the first month of the person accessing the service and amendments were made, where necessary. We also saw that reviews of care plans took place each month and involved the person who accessed the service and/or their relatives. One relative we spoke with told us, "We feel very involved in the care and the manager always keeps us up to date with what's going on".

People who use the service were given appropriate information and support regarding their care or treatment. People we spoke with and their relatives told us they felt the information provided to them about the care and support they would receive was sufficiently detailed and was written in a way that they could understand. During our visit we saw copies of the information pack given to people who use the service and we noted that a pictorial information sheet had been placed in each bedroom. Contact information was clearly displayed in the entrance to the home as well as information on how to make a complaint. People who used the service and their relatives were aware of how to make a complaint should they wish to do so.

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

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. We looked at five care plans for people using the service. The care plans were personalised and provided detailed guidance about how people's needs should be met. Each person had a set of risk assessments which identified hazards people may face and provided guidance on how staff should support people to manage the risk of harm. The care plans and risk assessments were reviewed monthly by the staff to ensure they were current and relevant to the needs of the person. There was evidence within the care plans that the people who use the service and their relatives, where appropriate, had participated in the reviews of care plans. People we spoke with told us that they were "really well looked after".

Members of the staff team spoken with demonstrated a clear understanding of people's care needs and their role and responsibility to maintain their safety.

There was an activities coordinator on duty between 9.30am and 5pm on weekdays. The activities coordinator provided an extensive and varied programme of activities, designed to meet people's individual needs. The activities included a daily programme of chair based exercise, film nights and a coffee morning in aid of charity. People's wishes about social and leisure activities were detailed within the care plans.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service 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.

Reasons for our judgement

People who use the service 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. We spoke with eight people who use the service who all told us that they felt safe living at the home. One person commented, "I am very safe here, I trust all the staff".

We spoke with four members of care staff and one member of the housekeeping staff on duty at the time of our inspection who told us they had received training in safeguarding and were able to describe how they would ensure the welfare of vulnerable people was protected through the whistle blowing and safeguarding procedures. We saw from staff training records and a training matrix that staff received training around the protection of vulnerable adults from abuse during their induction. Follow on training in this area was also provided.

The service had up to date policies and procedures in place for the protection of vulnerable people.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with five staff members during our visit. They told us they felt well supported and had all the training and information they needed for their roles. One staff member told us "I love working here", and another said "We're a good team here".

We spoke with eight people who use the service who all told us that staff were skilled at caring for them. One person told us, "The carers look after us really well, every single one of them".

Staff were provided with training on all the key aspects of their role as part of the comprehensive induction training programme, which included a period of 'shadowing' a more experienced member of staff, support from a 'mentor' and a period of probation prior to confirmation of permanent employment. During our inspection we looked at records of staff training and the training matrix. We saw that training updates and further training relevant to their roles and responsibilities had been provided.

Staff received appropriate professional development. Records showed that staff had the opportunity to review their practice and look at their personal development. All the staff we spoke with felt well supported in their roles by the manager who was described by the staff as "a good manager" and "very approachable".

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.

Reasons for our judgement

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

During our visit we saw evidence that audits of care plans and medication administration had been undertaken monthly by the management team. The manager described how any issues highlighted as a result of the audits had been addressed. The organisation's operations manager also completes a comprehensive monthly audit at the home which includes safeguardings, complaints, incidents, supervisions, urgent repairs, medication and a random selection of care plan reviews. There was evidence that learning from incidents took place and appropriate changes were implemented.

The service regularly sought the views of relatives of people who used the service. We saw a suggestion box in the foyer of the home and minutes from previous residents and relatives meetings, where suggestions had been put forward and discussed. During our visit we saw evidence that one suggestion, to have a trolley based mobile tuck shop, had been put in place.

Prior to an offer of support being made an assessment of a person's needs was undertaken to ensure their needs could be met. People receiving care and support told us that they were asked their views about the care they received. We saw evidence that care plans and risk assessments were regularly reviewed.

The provider had comprehensive policies and procedures in place which were been reviewed and updated on a regular basis.

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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