

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:

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Staffing	✓	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	<p>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. In addition to the people who live at Bamford Close, up to eight people attend the home on a daily basis for day care.</p>
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 carried out a visit on 20 June 2013, observed how people were being cared for, talked with people who use the service and talked with carers and / or family members. We talked with staff and talked with commissioners of services.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We spoke with four family members by telephone, the deputy manager, senior care worker, five care workers and the district nurse. We also spoke with 16 people who were living at Bamford Close.

We also talked to Stockport Social Services Quality Assurance team as part of our inspection process.

We looked around the home which was found to be clean, tidy and brightly lit.

We observed that people were relaxed and that the care workers were polite at all times.

The family members we spoke with were all happy with the care their relative received. No one had any complaints. We were told by the family members we spoke with; "I am always made to feel welcome;" "I am always kept informed about my relatives care and I am involved in the annual review".

We were told either directly or indirectly by both the staff and people who lived at Bamford Close that they did not think there was enough staff. Comments we received were; "Another member of staff would improve staff morale;" "I look around and look at the TV in between, not very exciting but it gets the day over;" "I watch TV until I fall asleep;" "Staff are always busy and the pressure filters through".

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

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider sought information about the person from their family members. All the information obtained was recorded on the assessment form which was kept in the care file.

We spoke with four family members all of whom said that they had been involved in their relative's initial assessment. They were able to tell the staff team what the person's likes and dislikes were which formed the basis of the person's care plan.

We saw evidence that either the person who used the service or a member of their family had signed the care plan.

We were also told by family members that they were kept informed of any changes to their relative's health care needs and informed immediately if their relative had to go to hospital for any reason. One person told us; "I am kept involved with the care and was asked about X's likes and dislikes and the staff have accommodated X's choices".

People told us that their relative's privacy and dignity was respected and that they felt their relative was safe.

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

All of the people who lived at Bamford Close had a care plan which had been compiled from their initial assessment. The care plan was updated as and when a persons care needs changed. The plan of care was also reviewed once a year. Everyone we spoke with told us that they were involved in the annual review and were able to read the care plan.

The family members we spoke with told us that they were happy with the care provided. One person told us; "X's health had improved within the first 12 months of being admitted to the home;" "Absolutely brilliant;" "Any requests are always met".

We spoke with 16 people who lived at Bamford Close. People told us that they liked living at the home. One person said; "I like it here;" "It's nice here I can't fault it" "Knitting keeps me occupied in between looking at TV".

However we also received some negative comments about not having anything to do; "I just sit around all day;" "I watch TV until I fall asleep". There were also comments about the number of staff which have been included in Outcome 13 regarding staffing.

We were also told by the staff that activities did take place in the day centre such as bingo, card games and dominoes. Entertainers also visited every 2 weeks.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the administration of medication and found that there were policies and procedures in place. We found that medication was stored safely and that there were no gaps in the recording of medication administered.

However we observed during our visit that the medication administration record (MAR) sheet was not being signed at the same time the medication was being administered. This procedure was not acceptable and was not in line with policy and procedure for the administration of medication as it was unsafe for staff to be completing the MAR sheet retrospectively. We discussed our observations with the acting deputy manager who said that this was not normal practice and should not happen. The acting deputy manager said that it would be brought to the attention of the senior staff and the policy re-enforced.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with the acting deputy manager, one senior care worker and five of the care workers. All said that they felt well supported by the manager and deputy manager.

We were told that they had regular formal supervision. Formal supervision is a meeting that takes place in private with the person's immediate manager to discuss their training needs and any issues of concern. These formal meetings we were told take place every 8 weeks.

Mandatory training in such areas as safeguarding adults, health and safety, moving and handling was completed and refreshed as and when required

Bamford Close consists of four units and the day centre. Each unit has either 9 or 10 people. There was one member of staff to each unit and one senior attached to two units. However staff did move from one unit to another to provide each other with assistance if required.

We asked the staff members if they felt there were enough staff. All but one person said they thought more staff was needed. We were told that an extra 42 hours had been allocated to the home which was being used on the late afternoon, early evening shift from 3pm to 9pm. We were told that this had made a big difference.

We were also told by some of the people who lived at Bamford Close that they did not think there was enough staff. One comment we received was; "Staff are always busy and pressure filters through". The person was asked to qualify this statement and said "Staff snap at times at us". Another person said "I feel I know more of the staff than they know about us; they tend to speak with each other and not with us".

We observed that there was minimal interaction between the staff and residents but staff did speak politely. We observed one member of staff helping people to the toilet who was gentle and patient with the people she was helping. We also saw another member of staff who was coming on duty speak with one person specifically in a friendly and relaxed manner.

We understand that the plan was to gradually introduce into the home more people who were in the early stages of living with dementia. Because of this we were told that dementia care training was planned for all the staff team and more staff would be employed as necessary.

The provider might like to note (in view of the comments we received and the lack of stimulation and interaction we observed) that an assessment of people's needs not only regarding practical personal care be conducted to ascertain adequate staffing levels to enable staff to interact with people and provide more meaningful daily living.

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

There was a complaints policy in place and we were told by family members that they felt comfortable in talking to the manager or a senior member of staff if they had any concerns or complaints.

We also found that the care plans were reviewed and monitored by the senior members of the staff team. The annual reviews also gave people the opportunity to express their views and opinions of the care and the service provided.

We were told that resident meetings took place and were conducted by the manager. These meetings gave the residents the opportunity to give their views and opinions.

Borough Care also conducted an annual survey using a market research company. An extract of the findings of the survey were included in the newsletter produced by Borough Care. The full results of the survey were available on request.

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.

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