Inspection Report

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

Bancroft Gardens Residential Home

Waterside, Stratford-upon-Avon, CV37 6BA

Tel: 01789269196

Date of Inspection: 19 November 2012

Date of Publication: December 2012

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
Staffing	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	D & J S Barnfield
Registered Manager	Mrs. Jeanette Barnfield
Overview of the service	Bancroft Gardens Residential Home provides personal care support and residential accommodation to older people.
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'.

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 19 November 2012, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

During the inspection we spoke with the deputy manager, one care worker, the activities person and two people using the service. The two staff we spoke with and the deputy manager said there had been sufficient staff available to accommodate people's needs. People said they liked living at the home. Some comments were: ''Activities lady is very good. '' ''Care has been wonderful.'' ''Food is excellent'' and ''The food is better than ever I've had.''

We saw people's needs had been assessed, risks identified and personalised plans of care developed for each person. There was evidence of support by healthcare professionals to ensure people's ongoing healthcare needs were met. We have asked that the provider may like to note that we did not see reference to the people's mental capacity status in their care plans or the frequency of review of their mental capacity status should it be needed.

We saw systems in place allowing people using the service and their relatives to communicate their experiences of the home and the care provided. We saw positive feedback had been given about the staff and the care people had received through these surveys.

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. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We observed staff interactions with people using the service and saw staff were respectful and accommodated people's requests.

We were told by staff that people and / or their families had received information and support regarding their care and treatment. We saw information within one person's records which confirmed this. For example: We were told that discussions had taken place with the person's family about their resuscitation status. We saw documentation detailing the outcome of these discussions. This document had been completed with the person using the service or their family. We also saw that discussions had taken place with people in relation to their 'end of life' care wishes. The wishes of people had been documented within their assessment documentation. Staff meeting minutes dated 28 February 2012 identified that staff had been told to be aware of 'changing needs' and were told 'We are expected to give a high standard of care, especially with the dying and palliative care.'

The deputy manager told us that should people have specific needs, such as hearing or visual needs these would have been taken into account when planning the person's care. For example: she told us that the local GP would assess the person's hearing capacity and this assessment would identify whether the person required hearing aid support. We were told that the people who had required hearing aids now had them.

We saw a copy of an information booklet given to people using the service. We were told that this booklet would be given to each person who was to be resident at Bancroft Gardens Residential Home. We saw the document and noted some of the information provided. This information included: the home's accommodation, the staff, meals, residents health, fees, health services, religion and activities. Information about the homes complaints procedure was included in the homes 'Resident User Guide'.

We spoke with the activities person who worked at the home for two days each week. We were told of some activities, these were: making cards and cakes, colouring and painting by numbers, flower arranging and occasional trips out of the home. One person told us

they had participated in painting, walking and shopping activities. This person also told us that the home had encouraged her to remain independent. We spoke with two people using the service who both said they could access a variety of activities and could choose which activities to participate in. People told us they had been supported to go out locally; one person said they had been taken shopping and had gone out for walks in the local area.

The deputy manager told us that people's spiritual needs had been accommodated and Holy Communion had been held at the home for individual people using the service. We were also told that one lady had been taken by taxi to church on Sundays and when required had been supported by a care worker who had accompanied her. One person using the service said that she had received Holy Communion at the home every Sunday. This person commented: "That means a lot – that does."

We saw and were told that people had expressed their views and had been involved in making decisions about their care and treatment. The deputy manager said the last surveys had taken place in September 2012. We saw that specific groups of people had been targeted during the survey, for example: people using the service, family and relatives and visitors. We noted that the 'Resident Survey' included questions around: staff attitudes, daily care, comfort and cleanliness, planned social activities, the laundry service, food and privacy and independence. We saw that the feedback which had been given was positive and no concerns had been raised from the completed surveys we saw.

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.

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

Reasons for our judgement

We saw people's care and treatment had been delivered in a way to ensure their safety and arrangements were in place to deal with foreseeable emergencies. The home had a business continuity plan in place and emergency service contact numbers were available for staff to access. Information was available advising staff how they should respond to events such as resuscitation. We spoke with two staff on the day of the inspection who confirmed they had attended first aid training. We also saw the home's 'Training Matrix for 2012' which confirmed the care workers who had completed this training in 2012.

We saw people's care and treatment had been delivered in a way that ensured their safety. The people we spoke with commented: ''Happy with the care and the staff'' and ''They are wonderful people – didn't realise they could be so patient.''

We reviewed two sets of records belonging to people using the service. We saw that each person had a supportive care pathway in place. This pathway identified the person's needs and preferences, care plans and risk assessments. People's daily needs had been identified and documented and where necessary actions identified. We saw evidence that people and / or their family had been involved in agreeing their care plans. This involvement and agreement of people's care plans was confirmed by a signature from either the person using the service or their designated relative. Resuscitation status and details of clinicians and allied health professionals involved in the person's care had also been identified within the care pathway document. We saw monthly care reviews had taken place for each person. Evidence of people's basic health needs being met, for example: chiropody treatments and optical prescriptions were also seen in their records.

We noted that people's risk assessments related to their specific needs. The types of risk assessments we saw in place for the two people were: nutrition, moving and handling and a risk assessment for medical conditions and medication. We noted that these risk assessments had been reviewed every two to three months dependent on the need. We tracked two of the risk assessments to ascertain whether the guidance from the risk assessment had been captured within the person's care plan and whether the suggested frequency of assessment review had been followed. One person's care plans confirmed that risk guidance had been followed as identified within the person's risk assessment for medical conditions and medication. We also saw that monthly reviews of this risk assessment had taken place. The provider may like to note that the nutrition risk assessment although completed had not been fully followed through for one person as a

risk reduction plan had not been put in place. We observed that this person had been weighed monthly and the assessment had been monitored every two to three months by the care worker.

Safeguarding people who use services from abuse ✓ Met this standard

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

We saw that people using the service were protected from risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The two people we spoke with said: "Staff are ready to listen" and "I feel safe here."

Staff showed an awareness of what to do, who to approach and what guidance was available should adult safeguarding concerns be identified. We were told that the home had had no safeguarding events during the last 12-months. The deputy manager said that all staff had received safeguarding of vulnerable adults training. The provider may like to note that we did not see this training documented on the home's training matrix.

The home had access to local adult safeguarding policies and procedures and contact numbers for the safeguarding team, police and Care Quality Commission. We saw additional guidance for staff on whistle blowing, complaints, use of volunteer staff, handling their monies and valuables and assessment and review of a person's mental capacity.

We saw that the home had specific systems in place to assess and document people's mental capacity status. The deputy manager said that she and the registered manager had received mental capacity update training. The staff training matrix for 2012 confirmed the deputy manager's attendance at "Mental Capacity Act and Deprivation' training.

We saw details of a completed mental capacity assessment in two people's care files. These assessments had been completed by the Community Psychiatric Nurse in 2011. Each person had a 'Psychological Care Plan' which identified their needs and what support was required in this area. The provider may like to note that we did not see reference to the person's mental capacity status in these care plans or the frequency of review of their mental capacity status.

The staff we spoke with confirmed that their performance was monitored through staff appraisal and supervision systems in place at the home. One care worker told us that staff meetings took place every six months. We saw two sets of staff meeting minutes from February and August 2012 which confirmed staff meetings had taken place and were documented.

Staffing ✓ Met this standard

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

Reasons for our judgement

The staff we spoke with commented "I love working here" and "We work as a team; staffing levels are very good." One person using the service described the care workers as "They are wonderful people – didn't realise they could be so patient."

The deputy manager said she had a full establishment of staff. We were told that where staff shortages had occurred support had been provided through existing staff. This was confirmed when we spoke with a care worker at the home. The care worker also stated that senior support was always available. The deputy manager said the home had had no staffing incidents. Discussions with two staff, a care worker and the activities person, confirmed that there had been enough qualified, skilled and experienced staff to meet people's needs at the home.

We saw that staff were suitably qualified and skilled and appropriate steps had been taken by the manager to ensure people's skills had been kept updated. We were told that all new staff had attended an induction day, were allocated a mentor and had completed induction packs. Staff said they had accessed a variety of training. One care worker said she was currently completing the palliative care course. The home's training matrix for 2012 confirmed that care workers had received a variety of training sessions. We were told by the deputy manager that formal supervision was in place. One care worker we spoke with told us they had received six-monthly supervision and yearly appraisal. Staff supervisions are meetings where staff have the opportunity to discuss their role and performance and identify any training needs.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

During our inspection we observed people's records had been kept securely. We reviewed two people's care files and found records to be comprehensive; care plans personalised and risk assessments in place.

We saw monitoring of people's records had taken place. The deputy manager said that she completed monthly and yearly records audits. We saw a selection of completed records audits which had been completed in 2012 in two people's care files. We saw that these audits had identified actions where needed and that these actions had been completed and signed off by the care worker once completed.

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.

Contact us

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