

Review of compliance

<p>D & J S Barnfield Bancroft Gardens Residential Home</p>	
<p>Region:</p>	<p>West Midlands</p>
<p>Location address:</p>	<p>Waterside Stratford-upon-Avon Warwickshire CV37 6BA</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>February 2012</p>
<p>Overview of the service:</p>	<p>Bancroft Gardens is situated in the centre of Stratford. Entrance to the home is via the ground floor and accommodation is on the two upper floors. A shaft lift is available to all floors, but there are also a number of small flights of steps. There are ten single and three double bedrooms, all of which have en-suite facilities.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Bancroft Gardens Residential Home was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Bancroft Gardens Residential Home had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services

Outcome 13 - Staffing

Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 February 2012, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We carried out this review to check on the care and welfare of people using this service and to identify whether previous standards have been maintained. We have not received any concerns recently about Bancroft Gardens.

We completed our review of paperwork in the dining room which adjoins the main lounge. We met with everyone who ate their lunch in the dining room and introduced ourselves to those people seated in the lounge in the morning. We observed the interaction between staff and people living at the home. We saw that people appeared to be at ease in their surroundings and have a good relationship with staff.

We spoke with three visitors, five people that live at the home and a visiting nurse, as well as staff that work at Bancroft Gardens. Everyone spoke positively about the home. Visitors said that they are happy that their relative has moved into this home. We were told " I was worried but XX has settled well, XX is happy so I am happy. I visit her every day, they make me drinks and meals. They make me very welcome. The staff are all lovely and friendly. They tell me everything I need to know, they are all so lovely. Even though I have looked after XX for all of that time, since she has been here I have learnt a lot, how to move her properly, all about her medication. I am totally satisfied, I can't describe how lucky I feel. Everything is good."

"I was apprehensive about coming here, but I have settled well. The food is good and there is plenty of it."

"It's always clean and tidy here."

We saw that everybody was dressed appropriately for the time of year and appeared to have their personal hygiene needs met.

Some of the people spoken with could not remember if any activities took place, whilst others told us the different activities that take place on certain days of the week. Whilst we were at the home some people sang whilst the piano was played. The television was on for a majority of the day and one person commented "the TV is always on."

Visitors to the home were made welcome and offered refreshments. Visitors made positive comments about the home, the staff and the care their loved one receives.

What we found about the standards we reviewed and how well Bancroft Gardens Residential Home was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People receive appropriate care and support to meet their needs. Staff recognise and respond to changes in the health and well being of people living in the home.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

On the day of our visit sufficient numbers of staff were on duty.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Appropriate measures are in place to assess and monitor the quality of service provision.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We arrived at Bancroft Gardens at 10.20am, upon arrival we were shown to a lounge on the first floor of the home whilst waiting for the deputy manager. We discussed the requirements for our visit and asked to look at two care files.

We looked at the care files and other records in the dining room that adjoins the main lounge. From this position, we were able to observe the interaction between staff and some of the people who live at the home. We stayed in the dining room during lunchtime and saw some people eating the lunchtime meal.

We spoke with a care assistant, the deputy manager and the owner of the home. We also spoke with three people visiting relatives, five people who live at the home and a visiting nurse. Everyone spoke positively about Bancroft Gardens.

We saw that staff were patient and kind. People were offered a regular supply of warm drinks and biscuits (we saw two being given out before lunch at 1pm). People were offered a choice of drink and staff knew how people preferred their drinks, for example a care assistant explained to one person that they were not missing them out, they knew that they liked their tea strong so they would pour theirs last.' The person responded by saying "yes I like it strong."

Staff were seen following infection control procedures and wearing the correct coloured disposable apron dependent upon the task they were completing.

We saw one person having a late breakfast; we were told that this person had decided to stay in bed longer that day. The person sat in the dining room and helped themselves to fruit from the fruit bowl. A member of care staff asked if they could get them anything else and they requested a piece of wholemeal toast with marmalade, which was bought to them. We were told by a member of care staff that people can choose what time they get out of bed, staff check in the morning and if people say they don't wish to get up yet, they don't have to. The staff member told us that if people have a late breakfast, they can choose to eat their lunch with everyone else or their lunch can be served later, if they are still full from breakfast.

Everyone we spoke with said that the food was excellent; people commented, "the food is good, there is plenty of it." "The food is good, it is all home cooked." People were not aware that there is a choice of meal but all said that they like what they have.

We spoke with a visiting nurse. We asked whether the home followed instructions given regarding the care of people and whether the home was always clean when they visited. We were told that they had never noticed any unpleasant odours, staff were always welcoming, polite and friendly and always acted upon instructions given. We were also told that staff are quick to call for advice or visits by the nurse when needed. The nurse said, "there are no issues or concerns with this home."

We spoke with a visitor and asked whether she was kept up to date about the care of her relative. We were told, "everything has been fully explained to me. I have learnt such a lot about XX's care since she has moved in to the home. If I want to know anything I would just ask staff, they are all very knowledgeable."

We asked the deputy manager about the equipment available to assist with moving and handling the people that live at the home. We were told that there are three "tracking hoists" fitted over people's beds. These are used to help people get in and out of bed. We were told that there are no "mobile" hoists that would be used to assist people to move from, for instance wheelchair to lounge chair or to move people who may have fallen but suffered no injury. We asked a member of staff what they would do if someone were to fall on the floor and require lifting. We were told that if they were in any doubt at all about the person being injured they would call the paramedic. If the person was not injured and able to move themselves, they would do with staff assistance. If not able to move, they would have to call the paramedics.

Other evidence

We looked at the care records for two people living at Bancroft Gardens. One of these people had recently moved in to the home. We saw that records were easy to read and understand and contained sufficient information to enable staff to be able to provide care to people. Information was recorded regarding the number of staff required to provide care and details of any equipment needed to provide assistance.

Care files seen recorded information regarding people's likes and dislikes and preferred routines, such as times for getting up in the morning and going to bed at night. Life histories were also completed. This information helps to identify the unique qualities of the person and helps staff provide care in a person centred way, different for each individual.

Care plans seen had been reviewed on a monthly basis and evidence was available to

demonstrate that care plans are updated, as people's needs change.

Short-term care plans were available for times when people were suffering from a short-term illness such as a chest infection. These were audited on a regular basis.

We saw that a family member had provided information about the person's routines before they moved into Bancroft Gardens. This gave information, which was incorporated into the home's plan of care and used by staff to provide care. This helped the person settle quickly into their new environment.

Records show that external professionals such as GP, district nurse, dentist, optician, chiropodist, diabetes specialist nurse are all contacted as needed for advice and to provide health care.

A separate file is kept which contains "daily reports". These are written by staff at the end of each working shift (three times per day). We saw detailed information recorded regarding what people have been doing in the day, continence, food intake and any changes in health or welfare. One daily record seen recorded that the person had a temperature and staff were to monitor. Staff had followed this up in the staff handover book, recording that the temperature had been taken again and was normal.

Various risk assessments were available in care files. These identify if someone is at risk of, for example, falling. A standard document is used to identify the level of risk and then action can be recorded to reduce the risk. Risk assessments were available regarding falls risk, waterlow (the risk of developing a pressure area), nutritional risk and moving and handling.

Assessments and consent forms were completed for those people who use "bed rails". These are used to help prevent people from falling out of bed but are only suitable for use by some people. All of the required documentation regarding the use of bed rails was completed.

We saw evidence of care plan audits. These record that staff have reviewed care plans and identified issues to be acted upon, for example one audit seen identified that the family of a person newly admitted to the home needed to read and sign care plans and risk assessments.

We watched the deputy manager complete the lunchtime medication round. We saw that medication was stored safely and administration processes were appropriate and safe. Audit records seen showed that the pharmacy that provides the medication has undertaken an audit of storage and administration of medication and no issues were identified. The home has also undertaken a medication audit in September 2011. Areas audited include recording of medication fridge temperatures, records regarding medication returned to the pharmacy and staff signatures, amongst other things.

Our judgement

People receive appropriate care and support to meet their needs. Staff recognise and respond to changes in the health and well being of people living in the home.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us

During our visit, we observed the interaction between the staff and the people living at the home. This helps us to understand how the home meets people's needs and what their day-to-day life is like.

We saw that there was a member of staff in the lounge area for most of the time. This staff member was friendly and chatted to people. During lunchtime all staff were busy assisting people to eat their meals, this included assisting those people who were unable to feed themselves and cutting up the meat for other people.

The atmosphere at the home was relaxed and friendly. People were given a regular supply of warm drinks and were able to help themselves to fruit from the fruit bowl.

We saw staff offering assistance to those that needed it, but also encouraging people to do things for themselves, therefore maintaining independence. We spoke with a care assistant who has worked at the home for 11 years. We asked how staff try to promote independence and were told that they encourage people to do as much as they can for themselves, even small tasks such as washing their face if they are able. This member of staff said that the home has a very low staff turnover, she commented, "staff work well as a team, agency staff are not used as staff help out to cover shifts if needed." We were told that the home has a nice atmosphere to work in.

We spoke with the people who live at the home about the staff and were told, "staff are excellent." "Staff come quickly if you need help, you press a button and they come."

"The staff are all friendly, they are never rude, there is never a problem. There is a bell in your room and you press it and they come quickly. My room is spotless."

All of the staff spoken with had an in depth knowledge of the needs of the people under their care.

We spoke with a care assistant about abuse and were told, "I would speak to the deputy manager or home owner if I suspected or witnessed abuse. If nothing was done I would take the matter further. There is a book in the office with contact numbers of social services safeguarding."

Other evidence

There were 16 people living at Bancroft Gardens at the time of our visit. From our observations there appeared to be sufficient staff on duty to meet the needs of the people at the home. Staff appeared to have a good relationship with those under their care.

We spoke with the deputy manager about staffing levels and were told that the following staff are on duty each day :-

8am – 5pm deputy manager

8am – 4pm senior care assistant plus care assistant

4pm – 10pm two care assistants

10pm – 8am two care assistants, one waking and one sleepover.

In addition to the above staff, the homeowner (registered manager) works in a supernumerary capacity. This means that she is not counted in the number of staff providing care as she is completing management duties.

We were told that there is also a cook, and a housekeeper; who completes domestic and laundry duties.

We looked at the duty rotas for the week beginning 30 January and 6 February 2012. These records show that staffing levels as detailed above are rostered on duty each day.

We spoke with the deputy manager about staff training and looked at the home's training matrix. The home complete separate training records on a yearly basis. We looked at the training matrix for 2010 and 2011. From the information shown, we could not establish that all staff have undertaken mandatory training courses in infection control, fire safety and safeguarding. We were told that some of the courses only require updating every three years but fire training should be undertaken annually. The deputy manager told us that fire training has been booked again for February 2012.

Our judgement

On the day of our visit sufficient numbers of staff were on duty.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

Whilst reviewing documentation in the dining room we observed that people appeared to be comfortable and safe. Those that were able wandered freely around the home. Staff appeared to have a good relationship with those under their care and were attentive to people's needs. Staff were heard calling people by their preferred name.

We saw people being offered a choice of drink. We spoke with people about the choices they can make. One person told us that they choose what clothes they wish to wear each day from those available to them. Other people told us that they chose when to get out of bed in the morning and when to go to bed at night.

Staff were heard regularly asking people if they were ok or if they could get them anything or help with anything.

A care assistant told us that the home has an open visiting policy. This means that people can visit at any reasonable time. Visitors spoken with said, "I am able to visit at any time and always made to feel welcome and offered drinks and meals." The deputy manager told us that visitors stay for meals, especially if their relative/friend is unwell; they can stay in their room overnight and have meals and drinks.

We were told that visitors could meet with people in either of the lounges or their bedroom. Whilst speaking to some visitors in the lounge, a member of staff asked them if they would prefer to go to the other lounge or the person's bedroom.

Everyone spoke positively about the home. A visitor told us that, "the home has a good reputation locally. We were visited at our home by the homeowner twice and we visited the home twice before XX moved in. I have been given so much information."

"XX room is spotless. The food is great, it is all home cooked, they liquidise her food and it comes out on the plate with all of the foods liquidised separately, all the different colours on the plate, it is wonderful. There is a choice of meals and a pudding." "They asked me for my information about XX so I wrote a care plan in my own words, all of the care staff have read it and they all know about XX, what she likes and a bit about her family history. I can't think of anything I would change."

Other comments made by visitors and people living at the home include, "I like the food but cannot for the life of me think what is for lunch. Everyone is really nice, they are all lovely. It is a wonderful place and I don't want to move, everything is good. It is always clean and tidy. I like living here."

"I used to go to church but I don't need to now, the lady from the church comes to visit me every month, its excellent here." "You have names on your clothes, they take them away to wash them and bring them back quickly, it's very good here."

We asked people what activities take place during the day. One person told us, "we just watch the TV, there is nothing to do." Other people said, "I am not sure if there are any activities, I like to read, I don't know if there is a library." "There is a man to do exercises once per week and a lady to do different exercises once per week, the hairdresser comes once a week." Whilst completing our observations we saw that the television was on during the morning until someone played the piano before lunch and those people who wanted to sang along. The television was turned off at lunchtime and put back on after lunch. As we were leaving the home at 4pm, the homeowner told us that the activity organiser was coming in shortly to do activities with people.

Other evidence

We discussed quality assurance systems in place with the deputy manager and homeowner. We saw the various quality assurance audits that take place. We saw that audits of meals, people's rooms, infection control and health and safety have been completed on a regular basis. Other audits were also completed on a regular basis to try to ensure that fixtures and fittings are in good working order, health and safety issues identified and acted upon and the quality of the service meets the needs and expectations of those who receive it. Records seen were up to date.

There was a report on file from the social services contract monitoring team dated December 2010. There were no issues identified during this visit.

We were told that the home has recently achieved the Gold Standards Framework Award with commendation. The Gold Standards Framework is a quality assurance program that enables care homes to provide quality care. It helps to ensure that the home helps people live well until the end of life and includes care in the final years of life for people.

We looked at the results from the last satisfaction survey undertaken in March 2011. Visitors, relatives, two staff and 13 people living at the home all responded to this

survey. Responses were rated from a score of 5 very good to 1 very poor. We saw that visitors were satisfied with the home, with all but one response scoring a 5 – very satisfied. One score of 4 was recorded. Comments included, "very caring and friendly atmosphere, staff do a very good job in a building that is not very suitable for this purpose very nice warm welcome."

The results from the resident's satisfactions survey were very positive. Some comments, both positive and negative were recorded on the relative's questionnaire and we were told that where possible action has been taken to address issues raised. Comments included, "do damp laundered clothes need to be hung up in the wardrobe", "excellent, I cannot envisage complaining." "I worked in nursing for a while and I think the care at Bancroft gardens is the best I have ever seen. The respect shown to the residents and their relatives is outstanding."

We asked the homeowner about complaints. The home received two complaints in January 2011. Complaints were recorded in a logbook along with details of the action taken to resolve any issues raised. We were told that everyone has a copy of the complaints procedure in the Service User's Guide which everyone has a copy of in their bedroom.

We were told that there is compliments and complaints book available, people are able to record any compliments or complaints that they have in this book, anonymously if they wish.

We were shown the thank you cards received at the home. People have written in or sent cards to express their thanks for the care given to their loved ones. This shows that these people and their family were satisfied with the care at the home.

We asked some of the people living at the home and visitors if they knew whom they should make any complaints to. We were told "If I had any worries I would speak to the deputy manager, but if she wasn't there any of the girls would help, they are all good." "If I was worried about anything I would speak to the staff, they are all very good." "I have no problems at all, I would speak to staff if I was worried about anything."

Our judgement

Appropriate measures are in place to assess and monitor the quality of service provision.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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