

***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: 07 January 2014

Date of Publication: January 2014

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
Cleanliness and infection control	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ 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 is registered to provide accommodation for up to 16 older people, who do not require nursing care.
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'.

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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 7 January 2014, 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 use the service, talked with carers and / or family members, talked with staff and reviewed information sent to us by commissioners of services.

What people told us and what we found

When we visited Bancroft Gardens Residential Home, we found there were 16 people living at the home. We spoke with four people who lived at the home, two relatives, two members of staff delivering care, the cook, the deputy manager and the manager, (who was also the provider). We read the care records for three people who lived at the home, observed care practice and staff's interaction with people when they were delivering care.

During our visit we saw people enjoyed a variety of activities. Some people were supported by staff to play board games. Some people watched television. One person went out to the local shops. We observed people having their lunch in the dining room and in the lounge. We saw that people were appropriately supported by staff and enjoyed their meal.

We saw that people's care was planned according to their needs. We found that staff understood people's needs and followed people's care plans when they supported them.

We found that people or their relatives had agreed to the care and treatment they received.

We looked at the cleanliness of the home and found that everywhere was clean. Staff we spoke with explained what steps they took to minimise the risk of infection within the home.

We found that there was a procedure in place for recording and resolving any complaints about the service.

One person who lived at the home told us, "It's lovely here, everyone's friendly."
A relative we spoke with told us, "I am very happy with the care, I am welcome anytime."
Another relative told us the home was, "Friendly, homely and has home cooked food."

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

We looked at the care records for three people who used the service. We saw on people's care records there were consent forms for specific things. For example there was a consent form agreeing that photographs could be taken. Staff told us that they supported people to complete consent forms where it was appropriate. The records we looked at showed that some people had signed consent forms themselves. We saw that if people were not able to sign the forms themselves, their family representative had signed on their behalf. This showed that people were supported by staff to understand and complete consent forms if it was appropriate.

We found that some people who lived at the home used bed rails. (Bed rails are classified as a form of restraint so it is important that people agree to their use.) We found that people had signed consent forms, stating that they agreed with the use of bed rails.

We found that people who used the service were asked to give consent to the care and support they received, by reviewing their care plans. We saw on the care records we looked at that people or their family representative had signed to confirm they agreed with the care being given.

When we spoke with staff they told us that they always asked for permission before they supported people with their care needs. One member of staff told us, "I say to X, 'Would you like me to wash you now?' and X will say yes or no." Another member of staff told us, "I ask people if they want any help. If they say no, I leave it if they are not in the mood. I ask them again and they may change their mind."

People we spoke with who used the service raised no issues about giving consent to the care they received. People told us they were provided with choices. One relative told us, "Y is given choices about their food." This meant that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

One person who lived at the home explained how they chose to go out to town when they wished. This meant that staff respected this person's choices.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

We spoke with four people who lived at the home and two relatives. We asked them about their experience of living at the home. One person told us, "I love it here. Everyone is very kind." People told us that they made their own decisions. For example they decided what they wanted to eat and what activities they would like to do. One person told us, "The food is nice. I enjoy the exercise classes."

The care plans we saw were easy to read and to understand. The plans were person centred and included a photo of the person and a life history. We saw that people's weight was recorded regularly. Staff told us that if they had any concerns, the relevant health professionals were contacted for advice. We saw that other health care professionals, such as the GP, had been called when required.

People told us that if there was a change in their or their relative's care needs, the staff noticed and their care records were updated. They told us the care they received met their individual needs. One relative told us that if their family member was ill, staff telephoned them to let them know. They told us that staff, "Phoned me and updated me." This meant that care was planned and delivered in a way that was intended to ensure people's safety and welfare.

We saw care plans provided instructions to staff on how to support people according to their needs and to prevent any harm. For example, one person had been assessed for support with their personal care. The care plan gave instructions to staff about how they should support that person. During our visit we spoke with care staff about this person and found that the care they described reflected the information in the care plan. This meant that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We looked at people's care records and saw that risks to people's wellbeing had been identified on their care plans. For example, one person's care plan gave detailed instructions about how they could access the community safely alone. On the day of our visit we observed this person go out alone. We saw that staff supported the person and followed the assessment of risk in the care plan. This meant that care was planned and

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

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

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We found the home had two housekeeping staff who followed cleaning schedules for communal areas and people's bedrooms during week days. Care staff cleaned at weekends and during night shifts.

On the day of our visit, due to unforeseen circumstances, there was no member of housekeeping staff on shift. The manager explained to us that care staff would cover the housekeeping duties that day. We saw that an additional staff member was asked to work. This meant that the manager took immediate steps to make alternative arrangements to ensure that the cleanliness of the home was maintained.

We saw that appropriate cleaning equipment and supplies were maintained. We found the home was clean. We found that bathrooms and toilets were clean and had good supplies for hand washing.

We spoke with staff about how they minimised the risk of spreading infections and helped maintain a clean environment for people to live in. One member of staff explained the use of colour coded equipment, such as red equipment for use in bathrooms. Another member of staff told us how they used personal protective equipment such as gloves and aprons, when they supported people with their personal care and how they disposed of these appropriately. They told us how they washed their hands regularly.

We asked staff to explain how they would care for someone with an infectious disease. Staff told us that they would use gloves and aprons when supporting someone with personal care. They would transfer and wash people's laundry separately.

We looked at the home's infection control policy and saw that staff had access to detailed information about how to minimise the risk of infection within the home. We found that the manager conducted regular audits on many aspects of infection control, such as food safety, waste disposal, laundry and hand hygiene. The manager told us that she conducted spot checks to ensure the cleanliness of the home.

We looked at the cleaning schedules. We found that cleaning duties done by care staff at night and weekends, were not recorded. We raised this issue with the provider who told us

that she checked that the cleaning had been done. The provider gave us her assurance that all cleaning tasks would be recorded in the future.

We looked at the staff training record in infection control and saw that staff had not received a refresher course which was due in 2013. We discussed this issue with the provider who assured us that staff would receive training on infection control in February 2014.

During our visit we saw that some floor coverings in the home had not been maintained adequately. For example there was cracked floor covering on some steps within the home, which meant that these areas would be difficult to clean. We found there were stains on some bedroom carpets where carpet pieces had been put down to cover them. We discussed this issue with the provider who assured us that this was a temporary measure and that the relevant flooring would be replaced or cleaned further to remove any stain.

People we spoke with were happy with the cleanliness of the home. A relative told us, "The home is always clean and tidy."

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with staff who delivered care and we looked at their files and the manager's training records. We saw that appropriate checks had been undertaken to ensure that staff had the necessary qualifications, skills and experience to carry out their work.

We saw that there was an effective recruitment and selection process in place. We found that the provider had taken up appropriate references for staff from their previous employers. We found that the provider had reviewed staff's identification documents and there was a photo of each staff member on their file.

We found that staff had criminal records checks on their files which had been obtained prior to them commencing work. We discussed with the provider that some staff's criminal records checks had not been regularly updated. We saw on the staff files we looked at, that two people's criminal records checks were over five years old. The provider assured us that they would take action straightaway to ensure that staff's continued suitability to work with vulnerable people was checked.

We found there was an induction training programme for all new care staff employed at the home. The programme included reading information, shadowing other staff members and attending training events. Staff told us that the manager or senior members of staff signed them off as competent when they had satisfactorily completed their induction.

We saw that staff training included moving and handling, food hygiene, first aid, fire safety, health and safety, infection control and abuse and safeguarding. We saw that the manager was in the process of organising refresher training for infection control and fire safety. We saw that staff were also given training to meet specific care needs, such as dementia awareness and end of life care. Staff we spoke with were positive about the training they received. One member of staff told us, "Training is good, it is always updated."

During our visit we spoke with people about the staff who supported them. A relative told us, "There are regular staff who are polite." They told us, "The staff are approachable."

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

During our inspection we saw that information about complaints was displayed in a communal area and it was accessible to people. The manager explained that the complaints process was made available to everybody in the handbook they were given when they first came to live at the home. We saw that people had this information in their bedrooms. This meant that people were made aware of the complaints system and it was provided in a format that met their needs.

People we spoke with told us they knew how to make a complaint if they wished. A relative we spoke with told us they had raised issues in the past to staff members and they were, "Happy with the outcome of their comments." They told us that, "Staff are approachable." Another relative told us, "If I had a problem I would talk to staff."

During our inspection we found the layout of furniture in one bedroom meant that the person did not have easy access to their wardrobe. We raised this issue with the provider. The provider told us that this person had not raised a concern before about the position of their furniture. During our visit the deputy manager spoke to the person and asked for their views on the matter. The person's wishes were acted on straightaway. This meant that people had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

We looked at the provider's complaints policy and complaints records. No complaints had been logged in the previous 12 months. We found that the policy was clear and would enable matters to be dealt with appropriately.

Staff we spoke with told us that they would try to sort out issues straight away, but if they were unable to, they would refer the matter to the manager. One member of staff told us that if someone wanted to make a complaint, they would support that person to fill in a complaint form and then pass it to their manager. They told us that the manager would act on it and speak openly to the person and their family. This meant that people were given support by the provider to make a comment or complaint where they needed assistance.

We saw cards in the home containing compliments about the service people received.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

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

Website: www.cqc.org.uk

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