

ADASS EAST Accommodation Services (OP) v23.2 for Lansglade House

Overall Rating



EXCELLENT



Involvement and Information

Standard Rating

Respecting and Involving People Accessing the Service

Excellent



A01 The care plan should be individually tailored, person centred, include appropriate information on the individual's preferences and views and clearly evidence that they were involved in the decisions about how their care and support is to be delivered This is confirmed via the pre-admission, daily records & across care plans.

Good



What We Found

- Three care plans were viewed for Bedford Borough funded clients, all three care plans had a photo of the individual on the front page with details of the individuals next of kin and GP.
- Further information at the start of each care plan which included the risks related to the individual such as, low mood, the use of bedrails, fragile skin, falls, being unable to use the call bell and medication allergies. Each service user had information around what they liked to talk about such as Opera, football and family. Included was information around their family, medical history and equipment required. Family input has been included with details around life history and personality traits.

A02 There is evidence that people have been given information in appropriate formats (meeting the accessible information standards) to enable them to make informed decisions about their care and support (e.g. signed information on admission forms).

Good



What We Found

- Care plans are electronic and are therefore not signed. Service user feedback forms have been completed in pictorial form by the service. Discussions with service users around their consent to care were evidenced.
- Observed on the day of assessment service users being provided with pictorial menus. Several copies on the most recent resident meeting were found in the lounge and these were all in large print.

B01 Through observation of staff interaction and discussion with people there is evidence that people are not discriminated against, are treated as an individual and their diversity is respected and their privacy, dignity and independence is maintained and upheld at all times. People are treated with kindness, compassion and empathy. Care workers are seen to support people's choices and preferences in regards the way their care and support is delivered.

Excellent



What We Found

- All individuals spoken with on the day of the assessment confirmed that they felt safe and settled in the service. It was observed that staff were spending time interacting and completing activities.
- A total of thirty Bedford Borough service user surveys were returned as part of the assessment process, twenty five from service users and five from family members. Observation of staff practice on the day of the assessment evidenced that staff treat all service users with dignity and respect. The was constant

interaction between staff and service users, lots of laughter and songs.

- Staff were observed giving service users choices with regards to foods and activities. Staff explained what interventions were being carried out and were encouraging and patient when helping service users transfer and mobilise. Staff were observed knocking on service users doors before entering their room.
- Service users were well presented in appropriate clothing with nails and hair
- In discussion with family and friends they confirmed that staff were 'wonderful' and respectful of their loved ones.

B02 Through observation of staff interaction and discussion with people there is evidence that Individual's are always placed at the centre of their care and provided with appropriate and adequate information to enable them to make informed decisions about the care and support they receive.

Excellent
★★★★★

What We Found

- Evidence was seen of service users involved in decision making about the service in the way of minutes discussing activities and menu choices. Family and friends spoken to on the day of the assessment confirmed they were given information about the service.
- Observation evidenced that staff encouraged choices and independence including being patient and talking through and care interventions and explaining what was happening. Service users were offered choices with regards to food and fluids, activities and where they would like to sit, be it in the main lounge to join in activities, in a quieter lounge to read the newspapers or meet with relatives or in their own bedrooms.
- A service user who is new to the home previously liked to have breakfast in town in a local cafe. The activities coordinator is working with the service user so that this can continue and relationships with the cafe staff and his local community can be maintained.
- Use of language by staff was appropriate by staff and there was constant talking, singing and laughter throughout the day.

B03 People confirm that they are encouraged to provide feedback about how the service might be improved and confirm that that they are listened to and their feedback is acted upon.

Excellent
★★★★★

What We Found

- Evidence was seen of service user and family and friends meetings taking place where feedback was given and evidence of changes being made following suggestions made in the meetings. All meetings are minuted and evidence seen of distribution.
- Quarterly newsletters are sent out to service users and family and friends. These newsletters share information on activities undertaken with photographs to enjoy, informs of upcoming important dates and shares information on updates, for example, one newsletter shared that the service user guide had been updated and this can be found in service users bedrooms and in the main entrance. The newsletters also encourage people to review the home online and reminded people to return the feedback surveys.

B04 People spoken with (where appropriate) confirm that they are supported to maintain relationships with family, friends and the community in which they live and are supported to play an active role in their local community as far as they are able and wish to do.

Excellent
★★★★★

What We Found

- Service users are supported to maintain relationships with family and friends, this includes making visitors comfortable when they come to visit by offering a quiet room and family and friends are invited to events and are reminded in newsletters of event dates.
- In discussion with family and friends on the day of the visit they confirmed the home is very supportive and staff are always there to talk to and listen to any concerns. One family member stated that they are kept informed of any changes or concerns.
- Evidence was seen of some feedback from a relative which said thank you to the staff for sorting out and laying a dinner table and making a meal as this was the first time they had sat down and had a meal with their parent in over a year.
- A service user who is new to the home previously liked to have breakfast in town in a local cafe. The activities coordinator is working with the service user so that this can continue and relationships with the cafe staff and his local community can be maintained.

What We Found

- Service users and family and friends spoken to confirmed there is a wide range of activities to enjoy. Choices and recommendations are listened to and actioned, evidenced in recorded minutes.
- Family and friends are invited to join in activities including an upcoming VE Day Party. Events are advertised on the newsletters which are sent out quarterly.
- The home shares some activities with other homes in the group, i.e. quizzes.
- Photographs of activities undertaken are on display throughout the home and includes arts and crafts, karaoke, reminiscing, animal visits, summer parties, enjoying the women's football world cup and walks to the park.
- A service user who is new to the home previously like to have breakfast in town in a local cafe. The activities coordinator is working with the service user so that this can continue and relationships with the cafe staff and his local community can be maintained.
- Another service user is passionate about opera and will watch and listen on an i-pad. Staff ensure the i-pad is always sufficiently charged and headphones are available in order for them to listen uninterrupted.
- Service users were very involved in planning the summer party and this has been discussed in service user meetings which are minuted.

C01 Staff are able to explain how they ensure people are treated with dignity and respect.

Good
★★★★★

What We Found

- Staff were able to explain how they treat service users with dignity and respect with examples from the staff surveys such as, ensuring to knock on the door, respecting people's belongings, giving choice, respecting privacy, showing compassion, giving consent, involving people in decisions, using eye contact and respecting wishes.
- Through observations on the day it appeared that all staff were speaking with service users to gain their consent prior to care interventions. There was a happy and lively atmosphere, with service users choosing whether to take part in activities.

Involvement and Information

Standard Rating

Consent

Good

★★★★★

A03 Care plans evidence that appropriate capacity assessments have been carried out and reviewed regularly, best interest decision making documented and that any advanced decisions are both recorded and followed in line with the MCA and that any restrictions are taken into account in line with DoLS when providing care and support. Care plans contain the date of the expiry of any authorised DoLS (and any conditions). POA is clearly documented and evidenced across the care plan where relevant.

Good
★★★★★

What We Found

- Two of the service users care plans viewed highlighted that they had capacity to make decisions around their care, this was evidenced throughout all aspects of the care plan such as administering their own nasal spray and ibuprofen gel, making informed care choices, requesting the use of bed rails for safety.
- One of the service users lacked capacity and this was evidenced throughout the care plan with relevant Mental Capacity Assessments for consenting to care and the use of covert medication which have been reviewed. DoLS in place and in date for service user which is evidenced throughout care plan

B06 Through observation there is evidence that staff understand when to obtain consent, when to take verbal or implied consent and how to document records of consent.

Good
★★★★★

What We Found

- Staff at the service were observed gaining consent prior to administering medication.

- Staff were observed seeking consent from service users prior to care interventions taking place. Staff were seen talking through moving and handling, repeating instructions in calm manner and not rushing service users.
- Staff were observed knocking on service users doors and showing pictorial aids when sharing menu options for the day.

C02 Staff are able to describe how they ensure that the principles of the MCA are put into practice in their daily work.

Good
★★★★★

What We Found

- Staff confirmed that they all understand the principles of the Mental Capacity Act, stating that this is in place for people who are unable to make decisions around their care and support. All staff spoken to felt that they have a clear understanding of DOLS and how this impacts on their daily work. One worker stated that they support Best interest Assessors when carrying out assessments to provide feedback on the service users.
- All staff were observed offering choices and waiting for consent prior to completing all support.

Personalised Care and Support

Standard Rating

Care and Welfare of People accessing the Service

Good
★★★★★

A04 Care plans are signed by the person where appropriate to evidence their involvement in their care and support planning.

Excellent
★★★★★

What We Found

- Discussions with service users were evidenced throughout the care plans, care plans are electronic and therefore not signed. Evidence was seen of a compliment received from a family member thanking the home manager for involving them in the care plan. This stated that the care plan was 'very thorough and detailed, I am so happy that you know them so well and pay such great attention to the little things that make such a difference to her'.

A05 There is evidence that where a key worker system is in place that this is clearly recorded in the care plans and that the person has been given appropriate information about key working system.

Good
★★★★★

What We Found

- Key workers are named with a photo of the keyworker in two of the three care plans. Keyworkers are responsible for keeping an eye on the clothing and toiletries of the service user they support and arranging for items to be purchased. There is a list in the staff room of who the keyworkers are.

A06 There is evidence that people have been given information about how to make contact with the care provider.

Good
★★★★★

What We Found

- A welcome pack is given to each service user and their family or friends on admission with details about the service, these are kept within the service users room for reference. Included in the pack is information around how to complete a complaint and a further complaints folder is in the entrance hall in multiple languages.

A07 The care assessment has been conducted in a way to reflect the person's strengths, abilities and interests to enable them to meet all of their needs and preferences. These are reflected in the written care plan(s) and include maintaining links with family, friends & the community as well as social engagement and/or preferred activities.

Good
★★★★★

What We Found

- Care choices and preferences are stated throughout the care plan in relation to all aspects of care and support. Included within care plans were social interests such

A08 There is evidence that the person's needs, together with any risks to their health and wellbeing, have been taken into account through the assessment process and that this is reflected in the planned delivery of care and support to ensure that the person remains safe, their needs are adequately met and their welfare is protected.

Good
★★★★★

What We Found

- There are up to date MUST scores in each care plan, one service user refuses to sit on the scales and it is recorded that they require an MUAC measurement to be taken, all three service users has a MUST score of 0 and were at low risk of malnutrition.
- Waterlow scores were completed monthly, all three service users were placed at very high risk of pressure injury with details of how to provide appropriate support to manage the risks.

A09 Evidence that care and support plans are regularly reviewed and maintained to reflect the current needs of the individual, including reviews of risks and that these are effectively managed to keep the person safe.

Good
★★★★★

What We Found

- Care plans all evidenced regular reviews and updates throughout, personalised risk assessments were in place such as moving and handling, falls, covert medication, falls, self medicating and bed rails. All risk assessments have monthly reviews taking place.

A10 Evidence that daily records are maintained with up to date information to reflect the current needs of the individual.

Good
★★★★★

What We Found

- Daily records are completed on the electronic person centred software. All daily records viewed were detailed which included information around food and drink intake, continence care, repositioning, sleep times, personal hygiene support. Also included were any declined support or refused meals and drinks. All entries were time specific and reflected the support plans in place.

A11 Evidence that the care planning and support is designed to maximise the person's independence and quality of life and that people are supported in setting goals to maximise their independence and improve their quality of life wherever possible.

Excellent
★★★★★

What We Found

- All three care plans had personalised information in relation to each individuals likes and dislikes in relation to care preferences, meal and drinks choices, and interests. Strengths were referenced throughout such as being able to use own remote control and making their own decisions. Goals were set as part of each care need which were appropriate for their level of ability. There was a document in place matching service users based on their likes and interests, this was observed on the day, with different service users being supported to spend time in groups and different areas of the home based on their interests.

B07 People spoken with confirm that they are involved in their assessment and care & support planning, they are supported in setting goals to maximise their independence that meets their needs and preferences and this is reflected in a written care plan that is regularly reviewed with their (and their carers) involvement.

Excellent
★★★★★

What We Found

- Discussions with family on the day of the assessment confirmed they have been involved in care planning. Bedford Borough service users surveys received also confirmed this by family members and those service users able to answer the question. One survey stated 'I have been involved in discussing, revising and agreeing the care plan with the home manager' with another stating 'revised each year or if a change in needs occurs'.
- Evidence was seen of communication sent to the manager from a family member regarding a care plan which stated the care plan was 'very thorough and detailed, I am so happy that you know them so well and pay such great attention to the little things that make sure difference'.

B08 If a key worker system is in place then people accessing the service are aware of who their named care worker is.

Good
★★★★★

What We Found

- A keyworker system is operated in the service. Family members confirmed they knew who the keyworkers are with one family member stating their relatives requirements for toiletries, nightwear etc are communicated to her.

B09 Observation of care staff interaction and care delivery demonstrates that the person accessing the service remains safe; their needs are adequately met; and their welfare is protected and that delivery of care is effective, enabling and maximises the person's independence and quality of life.

Good
★★★★★

What We Found

- Observation on the day of the assessment evidenced that staff ensure service users remain safe and their needs are met. Staff were observed using manual handling equipment and taking their time to move service users, all the time telling the service users what was happening and encouraging their participation.

C03 Staff understand and can explain the role of the keyworker if used in the service.

Good
★★★★★

What We Found

- Staff spoken to were able to explain that they have all been appointed as a keyworker for individual service users. They were all able to explain the role of a keyworker, stating that they ensure to get to know the service users they have been allocated well and understand their needs. They explained their responsibilities included ensuring the service user has adequate toiletries and clothing.

Personalised Care and Support

Standard Rating

Meeting Nutritional Needs

Good

★★★★★

A12 Care plans clearly and accurately document any dietary restrictions, choices, allergies as well as likes and dislikes.

Good
★★★★★

What We Found

- Meal choices were presented to service users on the day of assessment in pictorial form. None of the service users viewed had any food allergies, this was recorded in all of the care plans. There were nutritional risk assessments and MUST scores in place, which were up to date. All three service users had up to date nutritional care plans in place, preferences such as where they would like to eat meals, which cutlery they require and food and drink preferences.

A13 Care plans include appropriate details of nutritional assessment information and the use of a 'MUST' if indicated and required.

Good
★★★★★

What We Found

- MUST is in place and updated monthly following weights being completed. All three service users looked at had a MUST score of 0 placing them at low risk of malnutrition and therefore not requiring any specialist support.

A14 If required as part of the service to the individual the care and support plans should evidence details of support to access any specialist services that are required as well as a clear record of any guidance.

Good
★★★★★

What We Found

- One of the service users viewed is able to clean her own dentures, however has been refusing and requiring a lot of prompts from staff, she has been referred to the community dental team for support due to concerns around tooth pain.

B10 People accessing the service confirm that they are provided with information about food choices, supported to eat a healthy and balanced diet and are offered a choice of food and portion size that meets their preferences.

Excellent
★★★★★

What We Found

- Observation of practice confirmed that service users are given options at meal time and during other times of the day. There was a wide variety of drinks on offer, both hot and cold, along with snacks. Choices are given at lunchtimes and service users have access to menus displayed around the home. In discussion with service users they confirmed that the food was lovely and visitors said the food always looks very inviting.
- Pictorial menus are available which were used on the day of the assessment allowing service users to make their own choices.

B11 Staff are observed to offer choice and advice as appropriate and understand individual preferences and support these.

Excellent
★★★★★

What We Found

- Menus were displayed on dining tables and staff were observed asking service users their lunchtime preferences. Menus were also in pictorial format and staff were observed using these. One service user said they did not want their lunch and this was taken away for them for later and an alternative meal was offered.
- Some service users had wine with their lunchtime meal and there was also non-alcoholic wine available to ensure inclusivity for those who may not be able to have alcohol due to medications etc.
- Menus are discussed in service user meetings and changes made to accommodate choices made by service users.

B12 Discussion with people accessing the service and observation in the service confirms that there is appropriate access to food and drink and that these are provided in environments that promote people's dignity and they have a choice about whether to eat alone or with company.

Good
★★★★★

What We Found

- Evidence was seen on the day of the assessment of a wide variety of snacks and drinks offered outside of main mealtimes. This included fresh fruits and numerous fruit juices, water or hot drinks.

B13 Observation of staff practice confirms appropriate behaviour in relation to food and hygiene.

Good
★★★★★

What We Found

- Observation on the day of the assessment evidenced good practice from staff in relation to food hygiene. The kitchen area was clean and tidy and staff wore the appropriate PPE during meal service.

Personalised Care and Support

Standard Rating

Co-operating with other Providers

Good

★★★★★

A15 Where the responsibility for the person's care and support is shared with other providers, the care and support plans should evidence this co-operation, or where a named person is transferred to one or more service(s) records should reflect this appropriately.

Good
★★★★★

What We Found

- The communication between the service and health professionals is added to the electronic system. Information from health professionals letters and appointments is added to the care plans.

B14 Where applicable there is evidence that staff support people to access other social care or health services as and if required.

Good
★★★★★

What We Found

- Service users and family members spoken to on the day of the assessment confirmed that they are supported to access other health and social care services if required. A family member confirmed they are always kept updated after visits from the GP or district nurses and the care home staff are proactive in sharing concerns and updates.

Safeguarding and Safety

Standard Rating

Safeguarding People who use the Service from Abuse

Good
★★★★★

A17 Assessments, together with and care/support plans effectively maintain people's safety and DOL's are only used when in the best interests of the person accessing the service.

Good
★★★★★

What We Found

- Appropriate care plans and risk assessments were in place for a service user who is at times non compliant with medication. Evidence of discussions with the GP and support to prescribe and administer covert medication. Appropriate covert medication care plans are in place, with an MCA and Best interest decisions to support.

B21 People confirm that they feel safe and observations of care practice confirm this to be the case. Anybody spoken with that have been subject to a safeguarding are able to confirm that they were supported appropriately by the provider.

Good
★★★★★

What We Found

- Bedford Borough service user surveys confirmed that service users felt safe and supported with one family member reporting 'my mother is very well cared for, safe, held in affection and is content'.
- Evidence was seen of communication with family members following any safeguarding concerns detailing what the concern was and any actions carried out.

C04 Staff are able to explain how they would identify and prevent abuse and what they would do if they suspected that abuse had occurred, including their responsibilities under the Local Authority's safeguarding and whistleblowing policy (and procedures) and who to report concerns to, both within and outside of the organisation.

Good
★★★★★

What We Found

- Staff spoken to all felt that they had the necessary training in relation to safeguarding and all appeared to be treating the service users with dignity and respect at all times. Staff were aware of the safeguarding contact details and were able to indicate where these were.
- All staff spoken with confirmed that they were aware of their responsibilities under the whistleblowing policy. All staff stated that they would feel confident to report any concerns to seniors, management and the local authority if required.

C05 Staff confirm that they have received appropriate training about safeguarding adults from abuse, MCA & DoLS.

Good
★★★★★

What We Found

- Within the staff surveys received, staff were able to identify the signs of abuse such as, changes in behaviour, loss of appetite, becoming withdrawn, unexplained bruising, weight loss, lack of motivation.
- Staff all confirmed that they have adequate training and all felt that if they required any further training and support they would be able to request this from

management. All staff spoken to felt that they have a very supportive team and discussed that if they had any concerns and suspected abuse, they would be able to speak up and feel they would be listened to.

E08 Appropriate safeguarding Information is on display in the Home.

Good
★★★★★

What We Found

- Safeguarding information is displayed around the home. The information gives names and telephone numbers of organisational contacts, the correct Local Authority Safeguarding team contact details and CQC contact details.

F12 Records evidence that safeguarding incidents are appropriately recorded and actions evidenced and improvements / changes are implemented where required.

Excellent
★★★★★

What We Found

- A safeguarding and incident file is in place. Each safeguarding incident is kept in separate plastic wallets. There is a copy of the SV1 and responses from the local authority. There are minutes of discussions held with the safeguarding team where an SV1 was not required to be submitted.
- There were clear records of actions taken following a safeguarding incident. A report was written by the Manager which detailed all training a particular staff member had undertaken. Further support was given to another staff member. This prompted further training in Dementia and lessons learnt resulted in group supervision focussing on dementia. All of this was minuted in full with actions for staff when supporting service users living with dementia.

Safeguarding and Safety

Standard Rating

Cleanliness and Infection Control

Good
★★★★★

B15 Staff are observed to follow good practice in relation to cleanliness & infection control.

Good
★★★★★

What We Found

- Staff were observed using the correct PPE and washing or sanitising their hands throughout the day. The home was kept clean and tidy.

C06 Staff confirm they have received appropriate training in respect to infection control and are able to explain how to prevent infection. Care workers are able to explain how they ensure appropriate waste management.

Good
★★★★★

What We Found

- All 15 staff surveys received confirmed that they have received infection control training, staff confirmed that they would be able to reduce the risk of infection with examples such as, wearing appropriate PPE, hand washing, clinical waste, correct food storage and colour coding equipment. On the day of the assessment staff were observed following appropriate infection control measures and wearing correct PPE.

E01 Assessment of the environment confirms that the provider has effective arrangements in place to maintain appropriate standards of cleanliness and hygiene for the prevention, management and control of infection as identified in The Health & Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

Good
★★★★★

What We Found

- Observation on the day of the assessment confirmed that all bathrooms were clean and clutter free. All soap dispensers were full, there were paper towel dispensers and foot operated bins. All but one of the bathroom has handwashing techniques on display and when mentioned this was rectified immediately.
- Staff were observed wearing correct PPE.

- All bedrooms were clean and odour free.

E02 There is sufficient information provided to people, staff and visitors about infection prevention and control matters.

Good
★★★★★

What We Found

- Information is displayed around the home regarding infection control. The kitchen was extremely clean and clutter free. There is an infection control champion whose details are displayed on the champions wall.
- There are handwashing techniques displayed in bathrooms and notices regarding infection protection around the home.

Safeguarding and Safety

Standard Rating

Management of Medicines

Excellent
★★★★★

B16 Staff are observed to handle medicines safely, securely and appropriately.

Good
★★★★★

What We Found

- The medication trolley is stored in a locked office, the lunch time medication round was observed and the trolley was locked once the medication was prepared, prior to the medication being taken to each service user. MAR charts were kept with the trolley and medication protocols were kept alongside each individuals MAR chart. A red tabard was worn by the senior carer administering medication.

B17 People accessing the service confirm that they are involved in decisions regarding their medication.

Excellent
★★★★★

What We Found

- Whilst observing the medication round the senior carer completing medication administration spoke with all of the service users to gain their consent. One service user stated that they wished to have their medication when lunch was served, the senior carer agreed to return as requested when lunch was served. Another service user who is prescribed medication covertly, is required to always be offered firstly as seen in care plan, the carer offered the medication and the service user was happy to consent to their medication on the day. Another service user requested anti sickness and paracetamol PRN due to feeling unwell, the senior carer listened to concerns and agreed to discuss with the GP who had seen the service user earlier in the week.

C07 Staff where responsible are able to explain the appropriate handling of medications, that they have undertaken the required training and competency skills in line with the mandatory training requirements and are aware and follow any local requirements under the contract.

Excellent
★★★★★

What We Found

- The senior carer in charge of medication administration on the day of assessment was able to explain the medication practices in the service. They were able to discuss the medication protocols including PRN and covert medication and where these are stored. The senior carer was observed following the protocols in place in regards to covert medication and PRN.
- Medication competencies are completed by management, looking at storage, preparation, completing MAR's, understanding PRN's, disposal and referral to GP's. The manager completed the observations and signed to agree that the member of staff remains competent.
- One staff member stated that they are being supported to access further medication training and is spending time observing senior carers to be able to progress in their role.

E03 Medicines are stored and administered safely including any homely remedies and covert medication.

Good
★★★★★

What We Found

- Medication is stored in a locked trolley including homely remedies and the trolley is stored in a locked office. There is a medication fridge with temperatures recorded. There is a further cupboard with two locked boxes for storing controlled drugs, the controlled drugs book was viewed and completed correctly with two signatures for all entries.

F01 Appropriate records are maintained around the prescribing, administration, monitoring and review of medications.

Excellent
★★★★★

What We Found

- Medication reviews and health updates are added to the care plans and changes made to reflect the outcomes. GP and other professional involvements and records were seen.
- PRN protocols are stored along with MAR charts which were all seen to be completed correctly, with no gaps.
- Senior carer was observed placing a dot in the box when preparing each medication and was observed signing the MAR chart when the medication was administered. The senior carer was observed following the correct guidelines in place for PRN and covert medication.
- Medication policy is in place, along with homely remedy and covert medication protocols, which were observed as being followed correctly. Medication audits and were seen to be taking place alongside daily controlled drugs count with two signatures.

A16 Care & support plans document that people accessing the service have been involved in all decisions regarding their medications (where they have capacity to do so). If medication is administered covertly this is evidenced by an assessment of capacity and best interest decision making and signed agreements from the GP and pharmacy provider.

Good
★★★★★

What We Found

- Medication care plans were personalised and reviewed regularly. It was evidenced that service users were involved in their medication care planning with records and risk assessments in place around self medication, the level of support required with medication and consenting to medication. One of the service users had been non compliant with medication and MCA was completed and discussions with the GP took place. It was felt that they required the use of covert medication which was agreed with the GP and a relevant risk assessment is in place. Details of how to administer the medication covertly are detailed in a covert medication care plan.

Safeguarding and Safety

Standard Rating

Safety and Suitability of Premises

Good

★★★★★

E04 The premises are safe and ensure people accessing the service, staff and others are protected against the risks of unsafe or unsuitable premises.

Good
★★★★★

What We Found

- A walk through was completed on the day of the assessment, all doors that should be locked were locked. The corridors were clear and clutter free.
- Fire extinguishers were visible and appropriately placed.
- Large furniture items that were checked were secured to the wall.
- One sash window on the second floor bathroom was faulty and when this was pointed out to the Manager she immediately requested a member of the maintenance team to correct the fault. To ensure the fault was corrected a further visit was undertaken and this proved to still be secure.

E05 The use of the premises ensures that people accessing the service with specific needs are taken into account, appropriate changes are made and that effective risk management is in place to reduce identified risks.

Good
★★★★★

What We Found

- The home was clearly lit and bright with walkways and corridors clear and clutter free. Service user bedrooms had clear floor space to allow for movement.
- Risk assessments are in place and regularly reviewed.
- The environment was clearly signed for orientation points.
- The home is a three storey building with a lift in place with audits referencing regular maintenance checks being completed.

E06 There are appropriate security arrangements in place to address the risk of unauthorised access to protect people who use the premises.

Good
★★★★★

What We Found

- The home was secure and you are unable to gain entry without ringing a buzzer to be allowed in. The assessors were asked for identification and asked to sign the visitors book.

Safeguarding and Safety

Standard Rating

Safety, Availability and Suitability of Equipment

Good
★★★★★

E08 Staff confirm that they have received appropriate training on how to use equipment safely and that they are confident to do so and that support is available if required.

Good
★★★★★

What We Found

- All staff spoken with confirmed that they feel that they have all the necessary moving and handling training. All staff confirmed that they feel safe when supporting service users with transfers using all the equipment provided.

E07 Equipment is suitable for its purpose, available, properly tested and maintained, used correctly and safely, is comfortable and promotes independence and is stored safely.

Good
★★★★★

What We Found

- Evidence was seen of equipment audits taking place including for bedrails, environment and accidents and audits had been completed appropriately and within the timescales set.
- Slings and hoists were inspected on a bi annual basis by an external company.
- Staff were evidenced promoting dignity and respect when using equipment for approved manual handling techniques.
- There is an onsite maintenance team who attended a fault within minutes of it being reported.

Suitability of Staffing

Standard Rating

Requirements Relating to Staff Recruitment

Good
★★★★★

D01 Recruitment records confirm that the organisation has carried out all relevant employment checks when staff are employed, including (but not limited to) ensuring that all staff have a suitable DBS check before starting work, that the member of staff has the right to work in the UK and that they are registered with any relevant professional body and, where necessary, are allowed to work by that body.

Good
★★★★★

What We Found

- As part of the assessment process, three staff files were assessed. This included a long term staff in position for approximately sixteen years and the newest staff member who is currently undergoing the induction period.
- All files contained a photograph of the staff member, a completed application form and two references. The files also contained two references, a signed job description, copies of photographic identification. There are copies of interview questions and responses, signed confirmation that policies and procedures have been read along with the code of conduct and acknowledgement that an employee handbook had been received. DBS information is also contained in the staff file.

D02 Records show that when staff are provided by an external organisation that those staff, whether agency or voluntary, have been subject to the same level of checks and similar selection criteria as employed staff. Agency staff profiles are in place from the agency provider and there is evidence of an in-house induction.

None

What We Found

- No agency staff are used in the service.

D03 Records evidence that other professionals and people who provide additional services are subject to any appropriate and necessary checks.

Good
★★★★★

What We Found

- The provider holds copies of DBS and Public Liability Insurance details for the hairdresser and Chiroprapist. These were in date.

D04 The organisation has appropriate procedures and guidance to help ensure that all staff, including temporary and agency staff, students and trainees, have a clear understanding of their role and responsibilities.

Good
★★★★★

What We Found

- Staff files contained a signed job description, signed supervision agreements and signed confirmation that policies and procedures have been read along with code of conduct.

Suitability of Staffing

Standard Rating

Staffing and Staff Deployment

Good
★★★★★

B18 Through observation and discussion with people accessing the service, they confirm that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support and that the staff are able to communicate effectively and appropriately with People who may have a variety of needs.

Excellent
★★★★★

What We Found

- Observation on the day of the assessment evidenced that there were enough staff on duty to meet the needs of the service users. No service users were kept waiting for interventions. Family members spoken to on the day of the assessment confirmed that staff activity was usual. Staff were seen supporting each other and communicating service users needs between them.
- Evidence was also seen that care staff took time to spend quality time with service users and were not just task focussed. Care staff were seen joining in activities, having conversations and singing and dancing.

C09 Staff confirm that staffing levels are appropriate and sufficient and that they feel there are robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Good
★★★★★

What We Found

- All staff members spoken to felt that all shifts have adequate staffing levels with the right mix of senior carers, carers, domestics, kitchen staff and management. All staff stated that they communicate well as a team with regular meetings and discussions with any changes throughout each shift.

F02 Rotas and records show that there are sufficient staff on duty with the right knowledge, experience, qualifications and skills to provide effective care and support.

Good
★★★★★

What We Found

- Evidence was seen of the rota. On the day of the assessment there were twenty six service users with one service user in hospital. The rota for morning shift included one senior and four carers. Afternoon shift was one senior and four carers with the night shift with three carers. On top of this there is a Manager and/or Deputy Manager and kitchen and domestic staff. There is a maintenance team who cover all five homes in the area. The rota highlights when somebody is on annual leave, if training is taking place or if somebody has called in sick.
- A dependency tool is used, for example, if night staff numbers are short, some morning shift staff start at 07:00am to assist with those service users with early riser preferences.
- The provider does not use agency staff.

F03 The provider has robust mechanisms in place to manage both expected and unexpected changes in the service in order to maintain safe, effective and consistent care (for example to cover sickness, vacancies, absences and emergencies).

Good
★★★★★

What We Found

- Evidence was seen of the Business Continuity Plan in place which covers staffing, accommodation, catering, laundry, electricity, gas, heating, IT equipment, severe weather, risk of flooding and bomb threats. The plan contains a list of key contacts and a map of the home. Contact details are also in place for energy suppliers and details where fuse boxes and other equipment can be located.

Suitability of Staffing

Standard Rating

Staff Support

Good
★★★★★

C10 Staff confirm that they have received an appropriate induction at the start of their employment in line with the Skills for Care – Care Certificate.

Good
★★★★★

What We Found

- All staff spoken with in particular those who had joined the service in more recent years, confirmed that they were well supported during their induction. All staff felt that they always felt that they were able to ask questions, with lots of opportunities for further development and training given.

C11 Staff confirm that they receive appropriate and regular supervision that is in line with the contract requirement. That their performance is appraised and that they receive an annual review.

Excellent
★★★★★

What We Found

- All staff confirmed that they are supported through regular supervisions and are able to discuss any concerns during these. Staff stated that they all feel listened to and supported by the onsite management team. Staff said that the area manager attending regularly who gets to know the team and service users, along with the home owners attending on a weekly basis and spending time talking to everyone in the service. Staff had requested for group supervisions to take place when additional learning has been identified with topics such as, catheter care, diabetes and skin.

C12 Staff confirm that they have undertaken appropriate training that this is refreshed and updated as required.

Excellent
★★★★★

What We Found

- Staff all felt that they are supported to ensure they have regular training. One staff member said that they have recently attended external diabetes training and they were able to feed back to their team during a team meeting. Another staff member shared that they are being supported to develop their skills with medication training. Staff are encouraged to develop their skills further and the service promotes further training. They have had recently two seniors who have completed NVQ level 4, 1 currently undertaking level 5 and two carers completing NVQ level 3. The assessor who attends regularly had commented how well the staff are being supported.

C13 Where appropriate and when asked agency staff confirm that they have been inducted to the service appropriately.

Good
★★★★★

What We Found

- Staff members confirmed that they were supported within their induction process, with lots of training in all areas.
- One staff member stated that they were initially anxious when joining the service and going through the induction process, however felt that the support provided put them at ease and they continue to feel well supported. The staff member stated that with the support of the team they have been able to grow in confidence.

C14 Care workers confirm that they feel supported and are aware of the mechanisms in place to prevent and manage bullying, harassment and violence at work.

Good
★★★★★

What We Found

- All staff felt that if they have any concerns they would be able to speak with the senior care workers, managers and where needed the area managers. Staff feel that there are always management available regularly, who would always be happy to listen.

D05 The provider maintains records to evidence that all staff receive appropriate in-house induction at the start of their employment and those new to care receive an induction in line with the Skills for Care – Care Certificate.

Good
★★★★★

What We Found

- Of the three files assessed the new staff member was currently completing her induction period and working through their way induction booklet. Staff files have an induction checklist in place and tasks are signed by both the staff member and senior/deputy/manager. The booklet covers, amongst many things, care plans, safeguarding, policies and procedures, dementia, daily notes, dignity and respect, moving and handling, infection control, nutrition, elimination care, end of life care first aid and mental capacity. The tasks carried out during induction are job specific.

D06 The provider maintains records to evidence that all staff receive appropriate supervision (as set out in the contract standards), that their performance is appraised and that they receive an annual review.

Good
★★★★★

What We Found

- Evidence was seen of the supervision matrix in place which evidenced that supervision takes place in a 1-2-1 format, observational format observing medication, oral care, creams and personal care and group supervision. The matrix covered all staff including ancillary staff. Where staff are on extended leave this is clearly colour coded and there were no gaps.

D07 The provider maintains records to evidence that all staff undertake both core training and additional training and this is refreshed and updated as required.

Excellent
★★★★★

What We Found

- Evidence was seen of the training matrix in place which evidences that all staff have completed all mandatory training. There were no gaps in training. Staff files held copies of all training certificates.
- There are numerous champions in place, each with certification displayed in the home, including for falls, mental health, continence, skin care, end of life, PPE,

medication, oral care, Parkinsons, health and safety and safeguarding. Champions regularly feed back to the staff team and evidence was seen in the form of group supervision notes that the champions for oral health and dementia had completed group supervision. In the staff meeting minutes dated January 2024 Champion training was an agenda item discussing booked training, sharing knowledge and asking staff to let the manager know of any champion training would like to attend.

Quality of Management

Standard Rating

Assessing and Monitoring the Quality of Service Provision

Good



C15 Staff confirm that they would feel confident to raise concerns about risks to people and poor performance openly and would be supported by the management if they did so.

Good



What We Found

- Staff confirmed that there is an open door policy with management and they all felt able to raise concerns around signs of abuse and poor performance. All staff surveys confirmed that supervisions are held every three months and annual appraisals take place. 10 of the staff surveys received confirmed that they have in the past raised concerns with management and all 10 confirmed that they received support and feedback.

F04 Records show that the provider continually gathers and evaluates information about the quality of services to ensure that people receive safe, effective care and support. There is evidence that the Service uses information to improve services and that they learn and act on information received, (including, but not limited to: comments and complaints, incidents, adverse events, errors or near misses, audits and local or national reviews).

Excellent



What We Found

- Evidence was seen of the last service user and family feedback questionnaire which was in March 2024. The service user survey was sent to twenty eight service users and twelve were completed and returned.
- A professional feedback survey was undertaken in March 2024 with fourteen surveys returned.
- A relative and friends survey was also undertaken in March 2024 with fifteen returned surveys.
- As a result of the survey an outcome and action report was put in place which showed the outcome of each question, the percentage of answers and what action, if any, was put in place.

F05 The provider has clear mechanisms in place to enable people, including staff, to raise concerns about risks to people and poor performance openly and provide information about the quality of the service to people who use the service.

Good



What We Found

- Evidence was seen of the supervision planner in place and Bedford Borough staff surveys confirmed that regular supervision is carried out. The staff surveys also confirmed that staff would have no issues speaking with the manager about any concerns they have.
- Safeguarding and CQC information is displayed around the home. Staff files evidences that staff sign to say they have read policies.

Quality of Management

Standard Rating

Using Information and Dealing with Complaints

Excellent



B19 People spoken with are aware of how to complain and are supplied with information on what to do and how to contact the provider, LA / LGO

Good



What We Found

- A service user guide is kept in service user bedrooms and a newsletter sent out to family and friend also confirmed that the service user guide had been revised and updated and could be found in the entrance to the home, which contains details on how to contact the organisation. Safeguarding and CQC contact information is also on display with correct contact details.

B20 People confirm that they feel they would be supported if they have had cause to complain and, if they have had cause to make a complaint, confirm that they were kept informed of the outcome in a timely manner and that the service learnt from the complaint.

Excellent
★★★★★

What We Found

- Service users confirmed they would speak to staff if they had any concerns or worries. Family and friends stated they would have no hesitation in sharing concerns and that staff would be supportive and are approachable. No family members spoken to had raised a complaint but did say that any concerns have been shared during discussions and dealt with. Family members stated that staff are always available to talk to and the manager has an open door.

C16 Staff feel listened to and have the opportunity to raise issues and ideas through organised meetings, their views are taken into account and feedback provided.

Good
★★★★☆

What We Found

- Of the fifteen staff surveys received all confirmed that there are regular team meetings that take place and that all staff are able to add to the agenda. Staff stated that they have daily handovers where they are able to discuss any concerns. All staff spoken to on the day felt that the team work well together, with management having an open door policy to discuss any feedback and concerns.

F06 There is evidence that the provider fully considers, responds appropriately and resolves, where possible, any comments and / or complaints received. That they learn from feedback and share this learning to improve the experience of people accessing the services. They keep adequate records about complaints, including any relevant and factual information about the investigation, responses, outcome and actions taken.

Excellent
★★★★★

What We Found

- A compliments and complaints file is in place. Within this file is a copy of the complaints procedure. There is a complaints log in place and there are clear recorded actions and shared outcomes with the complainant. Actions involve speaking with staff members and service users and a record of any conversations held over the telephone.
- Evidence was seen of a lessons learnt group supervision put in place following a safeguarding complaint and an addition training session for staff, along with a group supervision.

F07 There is evidence that the provider has a range of regular, organised meetings where Individuals, relatives and staff can provide feedback and this is listened to, acted upon appropriately and people are kept informed of the outcome.

Excellent
★★★★★

What We Found

- Evidence was seen of the staff meeting file in place which which contain a log with dates of meetings to be held. Staff meetings are held in the categories of managers meeting, management meeting, managers network, full staff meetings, kitchen meetings, senior meetings and domestic meetings. All these meetings are minuted and kept in a file in the office.
- Meetings are held for residents and relatives and minutes of these are kept in a file. The relatives meeting are well attended and have a great agenda. Guest speakers attend and guest have included Complex Care Team members and TIBBs dementia team members. Local services are also discussed for information including Carers in Bedfordshire and Voiceability. Family members are listened to and their suggestions put in to practice if possible. For example, the minutes dated November 2023 recorded that a general discussion was held on lack of regular spiritual needs for residents. A family member had links within the Church and now there are regular visits twice a month from faiths such as Christian and Catholic. Copies of communication is also kept in this file and evidence was seen of minutes being emailed to families.
- Residents meetings are held and minutes kept in a file. These meetings are well attended in the main lounge area and record the separate discussions have been held with residents in their bedrooms. Points for discussion include menus, activities and the most recent minutes also mentioned the PAMMS inspection due to take place. These minutes are also printed off in a large font and left around the lounge for service users to read at a time of their choosing.

What We Found

- Evidence was seen of typed notes relating to telephone discussions held with the Local Authority Safeguarding Team. This included notes from telephone conversations held where it was deemed a safeguarding alert was not necessary.

Quality of Management

Standard Rating

Records

Good



F09 Personal records of people accessing the service are clear, accurate, factual, complete, personalised, fit for purpose, up-to-date, held securely and remain confidential.

Good



What We Found

- Records are in electronic format and no personal information was displayed within the home.
- A log in and password is required to access the electronic system.

F10 The manager maintains a log to evidence the applications made for authorisation under DoLS, including the date sent, the outcome, the date of the outcome and date of expiry. If authorised the log records that CQC is notified.

Good



What We Found

- Evidence was seen of a DOLS folder in place. There is a front page which details the submissions including service user name, renewal date, start date and end date. DOLS were applied for in time.

F11 Records evidence that a range of appropriate and effective audits have been analysed and action plans developed. That action plans include time lines, the staff responsible and that any progress / completion of the actions is clearly recorded. Audits have clear robust criteria to ensure consistency. Best practice is for the provider to use external auditors to assess their service.

Good



What We Found

- Evidence was seen on a quality assurance file in place. The file has an audit schedule for 2024. The schedule records name of audit, when scheduled, responsibility, and has a colour coded check box for when audits are complete.
- Monthly audits include medication audits (every second month), care plan audits, infection control, health and safety (every second month) complaints and safeguarding, wound care, catering, maintenance. Quarterly audits are for catering, reviewing of admin, recruitment, trainings, recruitment and personnel files, bedrails protectors, mattress audit, Q&A policy review, accident audits, infection control and prevention 6 monthly is residents, relatives and professionals and annually is staff quality, buildings and grounds, full infection control health and safety and fire assessment.