

Mr Manmohun Ramnial

Bafford House

Inspection report

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Date of inspection visit:

06 June 2023

07 June 2023

09 June 2023

Date of publication:

26 July 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bafford House is a residential care home providing personal care to up to 19 people. The service provides support to older people, who may be living with dementia, mental health needs or learning disability. At the time of our inspection there were 13 people using the service.

The service accommodates people over 3 floors in one adapted building. Some bedrooms have en-suite toilet and washing facilities. People had access to a lounge on the ground floor, a dining room on the lower ground floor and a large garden. A lift enabled wheelchair access to all floors.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Care:

While there had been improvements since our last inspection, we found people living at Bafford House were not always protected from risks related to the premises, potential risks from others, or risks related to choking. Staff had received training in some key areas including fire, infection control, first aid, moving and handling and dementia awareness. However, gaps in staff training and support remained which may adversely impact the safety and quality of care people receive.

Further improvement was needed to ensure the safety and quality of the service met expected standards.

People's medicines, incidents and behaviours were reviewed with health and social care professionals to ensure any restrictions were in people's best interests and people's care and treatment remained appropriate. People's ongoing physical needs such as chiropody, optical and dental care were met. Advice was sought from health care professionals to ensure people's more complex needs were met. Professionals told us their advice was followed.

Right Support:

People living at Bafford House had choices about how they spent their day, and while they were encouraged to spend time with others, to eat and socialise, their wish to be alone was respected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Several people had asked to go out, to the shop, library, hairdresser and bank, and these requests were met. However, wider opportunities for people to follow their interests and participate in meaningful activities

were very limited, as there was no dedicated staff time for meeting people's social and mental stimulation needs. Activities requiring little planning, such as ball games, skittles, arts and crafts and singing, were provided. Staff, relatives and professionals expressed concern about the impact this may have on people living with dementia or a learning disability.

Right Culture:

People told us they liked living at Bafford House and felt safe there, some people described staff as friends. A relative said, "It is a very loving and caring place." The provider and deputy manager spent a lot of time in the service and were well known to people, relatives, staff and professionals. The provider worked openly and cooperatively with others and people were involved in key decisions that affected them, for example, discussions about end of life, or moving rooms.

The provider had employed a cook, cleaner and housekeeper since our last inspection and this had a positive impact on people and staff. The provider had also employed an external consultant, worked with the local authority medicines team and NHS infection prevention and control team to improve the service. They had taken initial steps to improve internal monitoring and oversight of the service, however, these systems were not yet effective in identifying and addressing shortfalls.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update:

The last rating for this service was inadequate (published 2 December 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. The overall rating for the service has changed from inadequate to requires improvement, based on the findings at this inspection.

The provider has not met regulatory requirements for the last four consecutive inspections.

The service has been in Special Measures since 2 December 2022. During this inspection we found ongoing breaches of regulations. While the service is no longer rated as inadequate overall, or in any of the key questions, the service remains in Special Measures.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 22 November 2021 and breaches of legal requirements were found. Enforcement action was taken in relation to good governance and safe care and treatment and the provider was informed what action they must take by when to meet legal requirements. The provider also completed an action plan to show what they would do and by when to improve need for consent.

We completed an unannounced focused inspection on 30 May 2022 to check they had followed their action plan and to confirm they had met legal requirements. The provider had met legal requirements in respect of need for consent but had not fully met legal requirements in respect of good governance and safe care and treatment. We also found a new breach in relation to staffing.

We completed an unannounced focused inspection on 12 October 2022 to check the provider had followed their action plan and to confirm they had met legal requirements. The provider had not met legal

requirements in respect of good governance, safe care and treatment and staffing. We also found a new breach in relation to fit and proper persons employed.

This comprehensive inspection was carried out to check for significant improvement, following action we took against the provider after the last inspection. The provider demonstrated significant improvement in some key areas, but we found evidence the provider needs to make further improvements and legal requirements remained unmet.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can see what action we have asked the provider to take at the end of this full report.

The provider took immediate action to mitigate risks to people in response to our feedback at this inspection. Please see the safe and effective sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bafford House on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified breaches in relation to good governance, safe care and treatment, staffing, fit and proper persons employed and safeguarding.

Please see the action we have told the provider to take at the end of this report.

Where we find standards of care fall below those people have a right to expect, we do not hesitate to take action to protect people. In this case we took enforcement action to ensure people living in the service were safe.

Having satisfied ourselves improvements had been made to the service, and the provider accordingly agreeing to update a monthly action plan, in relation to actions taken to address regulatory concerns raised, the decision to cancel the providers registration was no longer deemed appropriate at this time.

Follow up

The service remains in 'special measures'. This means we will keep the service under review and we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe, we will take action in line with our enforcement procedures. This will usually lead to cancellation of the provider's registration or to varying the conditions of registration. For adult social care services, the maximum time for being in special measures will usually be no more than 12 months.

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider monthly following this report being published to discuss changes they are making to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bafford House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 3 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Bafford House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bafford House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 June 2023 and ended on 9 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who had been working with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information

providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and observed staff working with others with more complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with / received email feedback from 12 people's relatives and 5 health / social care professionals. We spoke with 10 members of staff including the provider, deputy manager, 5 care staff, the cook, the housekeeper and the cleaner. We reviewed a selection of care records, medication administration records and staff recruitment files. We reviewed documentation relating to management of the service, such as training records, audits, provider policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had not maintained systems to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Significant improvement had been made in mitigation of fire and legionella related risks and these areas were now being managed safely. However, the provider had not always followed their own health and safety policy, or national guidance, to mitigate other environmental risks to people.
- Health and Safety Executive (HSE) guidance had not been followed to ensure water temperatures at outlets (bath and basin taps) people used, were within a safe range to manage the risk of scalding. Individual risk assessments had not been completed and some vulnerable people were able to access these facilities unsupervised.
- A health and safety audit for maintenance related risks, including regular visual checks of electrical sockets and portable electrical items was not being carried out. The provider said they were currently refurbishing Bafford House and planned to introduce this audit when the service was in a better condition. The provider was aware of many of the issues we identified, including a loose electrical socket, loose and non-working taps / toilet flushes, loose carpeting and missing grout in toilets and bathrooms.
- The provider was using keypad locks to limit access to high-risk areas including a spiral staircase and places where items subject to Control of Substances Hazardous to Health (COSHH) requirements were stored. The provider did not have a system to regularly check the effectiveness of these locks and said these locks were replaced when staff informed them the lock was 'sticky'.
- People's risk of choking was not routinely assessed to identify who may require specialist support from a speech and language therapist (SLT). During the inspection one person at risk of choking, did not receive food prepared as recommended by the SLT. This placed this person at risk of choking and other conditions which may follow inhalation of food or drink.
- Learning had not been taken from previous shortfalls in some of the above areas and people remained potentially at risk of harm because of this.

The provider had not always provided care in a safe way. Potential risks to the health, safety and welfare of people using the service had not always been assessed and monitored and the provider had not done all

reasonably practicable to mitigate known risks. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Further to our feedback, the provider took immediate action to ensure people's food was prepared as recommended by SLTs and to manage water temperatures.
- People's risks including falls, malnutrition, pressure areas and those related to moving and handling had been assessed and reviewed regularly. Actions to manage these risks to people were recorded in people's support plans. Staff could tell us about risks to people and what action was being taken to manage these risks.
- Falls incident records were reviewed by managers to ensure actions to manage risk to individuals remained appropriate. A falls log was maintained to allow managers to identify patterns and trends in the service and reduce the risk of future incidents.

Staffing and recruitment

At our last inspection the provider's recruitment process did not meet the requirements stated in Schedule 3 of the regulations. This was a breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- While some improvement to safe recruitment processes was evident, recruitment had not always been carried out in line with the provider's recruitment policy to ensure staff employed at Bafford House were suitable.
- Improvement was needed to ensure Schedule 3 requirements were met for all staff. For example, a full employment history with written explanation for any gaps in employment was not available for all staff whose records we checked.
- The provider had not acted to manage risk when information required under Schedule 3 had not been obtained. Interview records were not kept to evidence how staffs' suitability was determined.
- The provider had not acted to manage risk in relation to a staff member who had recently moved to the UK. While a Disclosure and Barring Service (DBS) check had been obtained, information about police convictions and cautions from their country of origin had not been sought.
- The provider had not checked all staff of non-UK origin were permitted to work in the UK.

The provider had not established safe recruitment procedures to ensure staff employed were suitable to support vulnerable adults. This is a continued breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection there were insufficient staff to ensure people's needs were met and to cover the routine work of the service. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(1).

- The provider had employed care staff, a cook, a housekeeper, and a cleaner since our last inspection,

allowing care and management staff time to focus on their own roles. As numbers of people living at Bafford House had reduced, reliance on agency staff had also reduced. People and their relatives told us there were enough staff.

Systems and processes to safeguard people from the risk of abuse

- The provider had not always followed their safeguarding policy and local safeguarding processes to report incidents and allegations of a safeguarding nature to external agencies. The provider was the identified safeguarding lead, with overall accountability for managing safeguarding concerns at Bafford House. However, they had not completed advanced safeguarding training appropriate for this role.
- The provider was informed of a potential theft from a person at Bafford House on 30 April 2023, but failed to report this to the safeguarding team until prompted to do so by an external professional, 26 days later. While staff supported the person to report this incident to the police, measures to prevent a similar occurrence had not been discussed with the person or added to their support plan
- The provider had been informed of an alleged incident at Bafford House on 25 May 2023, but had not reported the incident to safeguarding. When the safeguarding practitioner contacted the provider for information, on 12 June, they reminded the provider of the seriousness of safeguarding allegations and of their responsibility to involve others.

The provider had failed to establish and operate effective systems and processes to prevent abuse of service users and investigate any allegation or evidence of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood their role in safeguarding people from abuse and felt strongly about protecting people from potential abuse. Staff had completed appropriate level training for their role and told us they reported any concerns to the provider. People felt safe at Bafford House. One person said, "Feels nice and safe, don't know why, just a nice feeling."

Using medicines safely

At our last inspection the provider had not ensured the proper and safe management of medicines. This was a breach of regulation 12(2)g of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(2)g.

- There had been significant improvement in this area since our last inspection. However, we noted the service was not following best practice guidance in some areas. This included some aspects of medicines storage, allergy recording and guidance for 'when required' medicines.
- The Medicine Administration Records (MAR) we reviewed provided assurance medicines were being given as prescribed. The electronic-MAR system in use during the previous inspection had been withdrawn by the provider, in favour of paper MARs supplied by the pharmacy.
- We observed staff administer medicines. They were polite, gained consent, and signed for each medicine on the MAR after giving it. Patch charts specified which body area medicines patches were applied to, to ensure these sites were rotated appropriately.
- Processes had been followed for people who received medicines covertly [given in food or drinks without the person's knowledge or consent]. The GP and next of kin had been involved in a best interests' decision, and a pharmacist consulted to advise on safe administration.
- There was a policy for medicines management. This included processes to record and dispose of waste

medicines and to receive and act on medicine alerts.

- Staff giving medicines received training and were assessed as competent to handle medicines safely. The support plans we reviewed related to medicines, were person-centred and contained information about people's allergies.

We recommend the provider consider current best practice guidance on managing medicines in care homes and take action to update their practice accordingly.

During the inspection the provider took immediate action to record people's allergy status on their current MAR and to notify the pharmacy, to ensure allergies were recorded on MARs going forward. 'PRN protocols' were written to guide staff giving 'when required' medicines for pain and constipation. Suitable storage for medicines with additional storage requirements was purchased.

Preventing and controlling infection

At our last inspection the provider had not maintained systems to prevent and control the spread of infection to people using the service. This was a breach of regulation 12(2)h of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12(2)h.

- There had been significant improvement in this area since our last inspection. The provider and staff had worked closely with the Integrated Care Board (ICB) infection prevention and control (IPC) team to ensure IPC standards were met. The ICP team's action plan for Bafford House was signed off on 8 June 2023, with one outstanding recommendation around staff hand hygiene.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- There were no restrictions on visiting people living at Bafford House.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had not ensured staff were provided with appropriate training and supervision in line with their own policies. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- Staff had received advanced-level training in some key areas since our last inspection; however, the provider's 'mandatory' training / policy requirements had not been met. Gaps in health and safety, dignity and respect, equality, diversity and inclusion and fire training remained.
- At the time of the inspection, 5 of 11 care staff had received individual supervision and no staff annual appraisals had been carried out in 2022 and in 2023.
- Limited training had been undertaken to assist staff to identify when people were acutely unwell and hence when medical support should be sought. One of 12 care staff had completed RESTORE 2 (a physical deterioration and escalation tool) training. Two had completed 'recognising unwell residents', 6 sepsis awareness and 1 had completed epilepsy awareness. This puts people at risk of not receiving safe care and treatment when their health deteriorates.
- One staff member had completed training in dysphagia (swallowing difficulty) and choking. The provider and cook had completed training in the International Dysphagia Diet Standardisation Initiative (IDDSI), but other care staff had not. (IDDSI provides standard definitions to describe texture modified foods and thickened liquids to guide staff supporting people at risk of choking.) Over several mealtimes, we saw staff did not recognise when food was not prepared in line with one person's IDDSI recommendations, putting this person at risk.
- No staff had received training in supporting people with a learning disability.

The provider had failed to ensure staff received appropriate training, supervision and appraisal in line with their own policies and training requirements. This was a continued breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Further to our feedback, a group supervision in ISDDI and dysphagia was held for care staff the week after the inspection.

- All care staff had completed Level 3 Emergency First Aid training, which included checking staff competency in managing choking incidents. 11 of 15 staff had completed fire warden training. These courses were over and above the training level needed for all staff.
- Training had been completed in dementia awareness and positive support.

Supporting people to eat and drink enough to maintain a balanced diet

- People's risk of malnutrition had been assessed using MUST (Malnutrition Universal Screening Tool) and this was kept under review. When people were identified as 'at risk', action was taken to ensure health professionals were involved and people received additional calories.
- People's weight and appetite was monitored. Staff ensured people who were unable to eat and drink independently were supported to do so. Staff were kind and attentive while supporting people during meals, they ensured people had any specialist cutlery /cups they needed.
- People received a freshly cooked lunchtime meal, mid-morning and mid-afternoon snacks, a teatime meal and a late supper snack. Records demonstrated a balanced diet was offered and alternatives were provided to people who did not want the main meal on the menu. One person said, "The staff are as good as gold. They will say are you ready for a meal and they get it. It is good here."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A folder was kept updated with key information about people's individual needs which visiting professionals could access for reference during visits. When people needed to go into hospital, their information from this folder went with them, for example, included professional's recommendations around eating and drinking, medicines information and hospital passport.
- Professionals were positive about how the service worked with them. They described staff as, "positive" and "helpful". A professional said, "Effort is made to provide us with what is needed at the time of the appointment. As the resident's physical health has deteriorated this has been attended to in a timely way. A GP visits the home twice monthly and keeps on top of various health conditions appropriately and issues are not ignored or left."
- The service worked with external health care professionals to provide vaccinations, annual and 6 monthly health reviews. Annual reviews included, for example, management of chronic disease, a structured medicines review with a pharmacist, frailty scoring, falls and bloods. People were supported to access hospital and community-based appointments. A professional said, "The system seems to work well."

Adapting service, design, decoration to meet people's needs

- Refurbishment was in progress and further work was planned. A relative said, "TLC [tender loving care] is needed on the actual building. Usually when we go in, the room is generally clean, no issues with that."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's capacity to consent to elements of their care and support had been assessed. When people were unable to consent to any restrictions, such as a locked door, a DoLS application was submitted. Where DoLS had been approved with conditions, these were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

We last rated this key question 'good' at our inspection in November 2021. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, including those who could be more 'challenging'. A professional said, "They do the best for the residents they can, they are challenging, they resist care and become aggressive, they are quite hard to work with, staff are accepting." A relative said, "Terrific, they know how to look after him no matter how difficult he is being."
- Relatives told us staff were caring, not only toward people living at Bafford House, but to themselves and their close relatives. A relative described how staff approached caring for their mother in their father's presence, being sensitive to him seeing her being 'hoisted' which may upset him. A relative said, "'Spoilt really, do look after her. Know her, got her sussed and keep popping in. [Staff] genuinely care, not had a bad one. Good with us and [person's name]."

Supporting people to express their views and be involved in making decisions about their care

- People's views were sought and respected. A relative told us they had been consulted as their relative's needs had changed. One relative said, "Absolutely not patronising or condescending, they don't treat him like a child. They really treat him like he is [person's name]."
- We saw staff engaging with people during the inspection, seeking and acting on their views in a caring, warm and friendly manner.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected by staff. People's comments included, "They knock on the door. I feel I am treated with dignity and respect. I can choose who gives me a bath or a shower", "I do most things myself. I can be independent" and, "I can do what I want when I want."
- Relatives told us their loved ones were treated with dignity. Comments included, "Always wearing clean clothes, nicely dressed and treated with respect", "[Staff] are attentive and there is a genuine feeling of care" and, "Always well-presented, hair nice, always smells nice. Always clean. If she gets wet, straight away they change her."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection people's care records were not always accurate and well maintained. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- People's support plans were kept updated and contained some information about how specific risks to people were managed. However, care records did not reflect all the support people received and visiting professionals told us they did not always get the information they needed from the records to complete their reviews. A professional said, "The key thing is [deputy manager] being here."
- Relatives we asked said they had not had an opportunity to review their relative's support plans with staff. Relatives said, "I have not been through the care plan but if anything changes, they do let us know", and "Did phone up with a view to seeing the care plan but not been arranged yet." People said, "Not seen one (support plan) at all" and "Not been shown mine."
- One person often refused help with personal care over an extended period and staff expressed concern about potential impact on this person's skin and well-being. While advice had been sought from health care professionals, clear guidance for staff had not been recorded.

People's care records did not always contain sufficient information to enable a person-centred approach and to accurately reflect people's needs. This put people at risk as their needs and wishes may not always be understood or addressed effectively. This was an ongoing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite shortfalls in record-keeping, care was delivered in a person-centred way in line with people's known preferences and verbal requests. Relatives' comments included, "When mum came here, they asked us to email them with her likes, dislikes and personal history", "Obviously very familiar with her, lots of information from her old home. Turned her around, kept on top of things" and, "Assessment from the hospital, social services liaison have been involved, [we have] been informed during the assessment."
- We saw outcomes for people were often good and people who experienced difficulty fitting in with others were settled at Bafford House. A relative said, "When he first came out of hospital, he went to another care home, but they didn't want him. Moved in to Bafford house, sorted him out." A professional said, "They have tackled her mental health and behavioural difficulties and listened to advice as necessary. I think she is

content at Bafford House."

- During the inspection, 2 people's 'when needed' medications to help manage their anxiety were stopped by a health care professional as these were no longer needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had limited opportunities to follow their interests or take part in activities that were meaningful to them at Bafford House as there was no dedicated staff time to co-ordinate this. Activities offered included 'arts and crafts', ball games, skittles and singing, which staff fitted in around their other care responsibilities. Records did not specify if alternatives were offered when people declined the group activity.
- Three staff, a relative and 2 health care professionals expressed concerns about limited stimulation for people and the impact this may have on those living with dementia or a learning disability.
- Some individuals were supported to go to the shop, library, hairdresser, or bank on occasion. However, this was usually on request, rather than offered equitably. A staff member said they worried when returning in case others wanted to go out, which they could not accommodate.

We recommend the provider review their systems to ensure people have regular access to a range of activities that are meaningful and stimulating to them.

- People were supported to maintain relationships with their relatives and to engage with others living at Bafford House. The provider supported people's relatives to be able to take their relative out, for example, offering one relative use of a wheelchair they could manage more easily. Staff supported people to make new friendships and socialise with others at their own pace.
- Staff did what they could to keep people occupied and engaged. A staff member told us they brought a daily newspaper in for a person who enjoyed reading it.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's ability to engage with others and to communicate their needs and wishes had been assessed and basic information for staff was documented in their relevant support plan.
- Staff were working with health care professionals to improve communication with one person. The staff we spoke with could explain this person's responses, knew what they found challenging and how they indicated dislike or discomfort.
- Relatives told us staff understood people. Their comments included, "Staff do know her and what she needs. They know how to react when she is off [mood]". We saw staff supporting this person using a range of verbal communication and body language techniques to calm them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy; a copy of which was available in the entrance. The provider had not received any complaints since our last inspection.
- People and their relatives knew how to make a complaint and said they would be happy to approach staff or the provider. A relative said, "No complaints at all. Know I could go and see the manager [provider] or [deputy manager]. No cause for any complaints. The manager responds personally to letters."

End of life care and support

- At the time of our inspection nobody at Bafford House was receiving end of life care.
- People's frailty levels and ReSPECT forms were reviewed with health care professionals annually, or when staff felt people's condition was changing. (The ReSPECT form records recommendations for future emergency care based on what matters to people and what is realistic in terms of their care and treatment.)
- Feedback from health care professionals and families was positive. A professional said, "End-of-life care is brilliant. Communication is really good with the district nurses; The staff will ring if they need anything, they are very good at knowing when things can wait or when they can't." In a letter to staff a relative said, "Those who were on duty in the last few days of [person's] life could not have been more caring and sensitive."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, systems and processes to monitor and improve the quality and safety of the service, including ensuring accurate records were maintained, remained ineffective. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider's quality monitoring processes had improved since our last inspection, however, further improvement was needed to achieve compliance with the regulations. We identified 4 ongoing regulatory breaches and 1 new breach at this inspection. This was the 4th consecutive inspection in which regulatory requirements had not been met.
- The provider's policies and procedures were not always followed. This was seen in relation to safeguarding, staff training, staff supervision and staff recruitment.
- An effective system to ensure staff working at Bafford House were recruited in line with the provider's recruitment policy and regulatory requirements had still not been established. Also, the provider had not always checked staffs' right to work in the UK before employing them.
- Staff training, supervision and development needs were not always met.
- The provider had not monitored all health and safety checks carried out by staff, to ensure environmental risks to people, visitors and staff had been identified. The provider's risk assessments in relation to some environmental risks were incomplete or absent; insufficient action had been taken to manage some environmental risks.
- No formal meetings with people (or their relatives) had been arranged, to share information or gain feedback, to support the service improvement plan.
- Care records did not contain information about all of the support being provided to people.
- The provider had suspended their website since our last inspection and planned to re-instate it once it had been updated. The provider was not displaying their last performance rating in Bafford House. The provider said they were unaware of the requirement, [to display the rating conspicuously and in a place that is accessible to people].
- The provider did not have an effective system to ensure all incidents were notified to CQC as required. Notifications for allegations of abuse and outcomes of DoLS applications were made after the inspection.

- The provider's quality monitoring processes had not identified all the above shortfalls.

The provider had failed to ensure systems to monitor and improve the quality and safety of the service, and to ensure records were properly and accurately maintained were effective. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The provider worked with other agencies including the local authority medicines team and the Integrated Care Board (ICB) IPC team to carry out improvements. There had been significant improvements in these areas since our last inspection and this work had been completed.
- The provider employed a consultant to support improvement at the service and the provider was working through an agreed action plan. Improvements in relation to fire, legionella, COSSH had been made and improvements in staff training and supervision were underway.
- The provider followed Environmental Health advice after receiving a one-star food hygiene rating and in February 2023, the service improved to a four-star rating.
- The service worked closely with health and social care professionals to manage challenges in meeting people's needs, which had caused previous placements in other care homes to breakdown.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristic; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and deputy manager understood their legal responsibility regarding duty of candour. The majority of relatives we spoke with were complementary about communication from the service. Relatives were confident the provider would inform them of events which had not gone to plan, such as an injury to their relative.
- Two relatives told us the provider had not informed them about the previous inspection findings which had caused them to doubt the provider and the quality and safety of the service. One relative said they had discussed the report with the provider before their relative moved in.
- Everyone we spoke with knew the provider and the deputy manager and said they could approach them. A relative said, "There cannot be many owners who are always in the home." However, no formal meetings with people (or their relatives) were held, to share information or gain feedback. We saw written feedback had been obtained from 2 people's relatives. Staff meetings kept staff updated with matters relating to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Despite recent challenges at the service, the provider and staff remained open and positive in their approach toward us, other external agencies and professionals. They responded positively to feedback, advice and guidance given, using this to improve the service people received.
- The provider said they wanted to be compliant with regulations and our discussions with staff showed they were committed to providing a good service. Staff gave examples of recent positive outcomes for people including gaining weight, improved mobility and socialising with others.
- Staff were positive about working at Bafford House. A staff member said, "This is one of the personal intimate places, we know about every resident, it is like a small family. I know how to speak with them, what they like and how they like it, I can tell you this for everyone if you ask me. It makes me satisfied."
- People and their relatives told us the atmosphere at the service was, "comfortable", "good", "lovely", "homely" and "calm and friendly."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not always provided care in a safe way. Potential risks to the health, safety and welfare of people using the service had not always been assessed and monitored and the provider had not done all reasonably practicable to mitigate known risks.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to establish and operate effective systems and processes to prevent abuse of service users and investigate any allegation or evidence of abuse.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure systems to monitor and improve the quality and safety of the service, and to ensure records were properly and accurately maintained were effective.</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not established safe</p>

recruitment procedures to ensure staff employed were suitable to support vulnerable adults.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The provider had failed to ensure staff received appropriate training, supervision and appraisal in line with their own policies and training requirements.