

Brunelcare

Saffron Gardens - Prospect Place

Inspection report

Saffron Gardens
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Saffron Gardens - Prospect Place is a residential care home providing residential and nursing care for up to 70 people. At the time of our inspection there were 62 people using the service. Accommodation is split over five units

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

People received care and support from staff who were kind, caring and patient in their approach. We observed how people responded to staff positively with smiles and laughter. At the midday meal, people received support when they needed it in a calm and unrushed manner.

There were sufficient staff to ensure people's safety. Over the course of the pandemic there had been challenges around staffing levels, however the impact on people had been minimised through using regular agency staff. There were risk assessments in place to manage risk and guide staff in providing safe support. There were fire safety systems throughout the home, and these were in the process of being improved at the time of our inspection.

Staff received training and supervision to support them in providing effective care. The registered manager supported staff to develop into more senior roles where they wished to do so. Staff worked with healthcare professionals to meet people's needs.

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.

There was a culture of openness and willingness to learn. The registered manager was able to tell us about action they had taken in response to previous concerns raised by families and we saw evidence that learning had been implemented. We received feedback that communication between the home and families hadn't always been good and have made a recommendation in relation to addressing this. We have also made a recommendation regarding recording.

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

Rating at last inspection.

The last rating for this service was good (published 4 December 2018).

Why we inspected

The inspection was prompted in part due to concerns raised by relatives. These concerns included staffing, communication and quality of food, as well as concerns regarding care provided to individuals. A decision was made for us to inspect and examine those risks.

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.

We found no evidence during this inspection that people were at risk of harm from these concerns.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Saffron Gardens - Prospect Place

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

The inspection was carried out by two 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.

Service and service type

Saffron Gardens 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. Saffron Gardens is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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 professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

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 14 members of staff, including the Director of Nursing & Care Services, the clinical lead, registered manager, deputy manager, unit leaders, seniors and care staff. We looked at eight people's care records and further documentation such as medicines records and daily notes. We spoke with 15 relatives. We received feedback from one healthcare professional who had regular contact with the home.

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 Good. At this inspection the rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People responded positively to staff. We observed staff talk and share humour with people and people responded with smiles and laughter.
- Relatives gave positive feedback about staff. Comments included, "They've been absolutely wonderful. They are meeting her complex needs", and "The staff are very good. If he has any problems or a little fall, they ring me up straight away."
- Staff were trained in safeguarding and told us they were confident about recognising and reporting any concerns.
- The registered manager showed us evidence of concerns they had reported both to the local authority and CQC.

Assessing risk, safety monitoring and management

- Prior to the inspection we were aware of concerns held by some relatives in relation to safety of people in the home. The provider was aware of these concerns and had communicated with families involved through the complaints procedure. We used this information to help us plan the inspection.
- People had individual risk assessments in place to cover aspects of their care such as behaviour, risk of malnutrition and risk of damage to their skin. These provided staff with guidance on how to support people in a safe way, however the quality and detail in these assessments was variable. We fed this information back to the registered manager and action was taken immediately to address it.
- In Orchard Court we found that individual rooms did not have automatic door closures. The provider was aware of this issue and showed us evidence this had been identified and work had begun on rectifying this. In the interim we were given assurance that there were measures in place to ensure people's safety in the event of fire.

Staffing and recruitment

- As had been the experience of many services throughout the pandemic, the home had experienced challenges in relation to staffing. However, this had been managed in such a way that the impact on people living in the home had been minimised. For example, regular agency staff were used to provide continuity of care when required.
- We observed that people received kind, patient and unrushed care during our inspection. For example, there were enough staff available at mealtimes to support people in a calm and unhurried manner. This provided opportunity for staff to interact with people and share humour and laughter.
- We saw staff stop and talk with people as they carried out their duties. People responded to this positively. This illustrated a person-centred culture where staff were able to respond to people's needs as well as carry

out all necessary tasks.

- When new staff were recruited, checks took place to ensure they were suitable to work in the home. This included a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were stored safely and only accessible by staff authorised to do so. Fridges were available to store medicines requiring cool temperatures to remain effective.
- Information was recorded in people's care plans about the ways in which they preferred to take their medication. There were protocols in place for PRN ('as required') medicines.
- Staff administering medicines received training to enable them to administer them safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- Visiting to the home was managed in line with guidance in place at various times throughout the pandemic.
- When physical visits to the home were not permitted, staff supported people to maintain contact with family and friends through other means such as video calls.

Learning lessons when things go wrong

- Incidents and accidents in the home were recorded and this gave opportunity to identify any themes or trends and for action to be taken if necessary.
- There was an open and transparent culture around accidents and concerns. It was clear from speaking with staff they were aware of previous concerns in the home and were implementing learning from them.

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 good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to arriving at the care home. This assessment was used to create plans of care. This covered a range of needs both physical and emotional.

Staff support: induction, training, skills and experience

- The registered manager told us they were keen to develop staff and support them to progress in their careers. It was clear from talking with staff they appreciated this approach; we heard specific examples of when staff had been supported and encouraged to take on more senior roles.
- Staff also felt well supported throughout the pandemic and the impact this had made on their health and wellbeing.
- Staff were satisfied with their training and support. A record of training was kept so that it was clear when refresher training was required.
- Supervision and appraisals took place with staff in order to support their performance and development needs.

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

- Feedback about the quality of food was mixed. We were aware of concerns being dealt with on an individual basis through the complaints procedure. This was in relation to the nutritional value of meals. Comments from other relatives included, "She loves the food and they give her time to eat it", "It's not bad. Reducing sugar would be a good sign", and "There always seems to be food available, so if mum wants more food, they don't stop her from having it." The registered manager was aware of concerns from some families in relation to meals and was working towards making improvements. A new head chef was due to start working at the home.
- We saw at the midday meal that people who needed support received it. Staff were kind and encouraging and gave people as much time as required. Choices were given to people by showing them the plated up options in order to help them decide what they would like to eat.
- People's weight and risk of malnutrition was monitored and staff were aware of the need to seek support from the GP if they were concerned about changes in a person's weight.
- We observed that during hot weather, there were reminders to staff to pay attention to ensuring people were hydrated and cool. If there were particular concerns about a person's nutrition, food and fluid charts were used to record and monitor their daily intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The registered manager reported positive relationships with the GP surgery. Support was also sought from the dementia wellbeing service, who are able to provide specialist advice and support.
- We saw from people's records that staff were responsive and discussed any health concerns with relevant professionals such as the dietician or speech and language therapist.
- One relative commented, "They got physio in almost instantly to get her mobile again." Another relative said, "They'd tell me if the Dr is coming if mum's unwell and phone me back to say she's on antibiotics."
- The service had learnt from a previous situation where concerns about a person's oral health had not been acted upon. The service had taken action to minimise the risk of this happening again. New oral health charts had been introduced into people's care records and training provided for staff.

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

- The home was split into five 'courts' according to people's levels of need. There were areas for people to socialise if they wished, both within the courts and in other areas of the home.
- We noted that one garden area attached to Aster court was unusable due to work that needed doing to make it safe. The door was locked so that people weren't able to access it in the interim. We discussed this with the registered manager who told us plans were in place to improve the garden. In the meantime, there were other outside areas available for people to use.

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 and whether any conditions relating to those authorisations were being met.

- We saw that capacity assessments and best interest decisions were documented when required. These were in place for decisions such as whether to administer vaccinations and whether to use a sensor mat to alert staff if a person fell.
- DoLS applications were made to the local authority, for people who required them.

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 good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found a person-centred culture within the service. Staff provided care in a kind, patient and caring manner. On one occasion a person reacted in a way which suggested they were agitated when staff supported them to get up from the table. Staff gave reassurance and remained patient; staff knew the person well enough to recognise their reaction was due to pain and told us they would offer the person paracetamol.
- Relatives told us, "The care is very good. Staff tailor the needs to the individual staying there.", "They have been wonderful with mum's care and I've recommended them." And "They go out of their way to try to keep her calm and they seem to have time for her."
- A professional with regular involvement in the home told us, "In general I find the home very good, they really try hard to be as person centred as possible and I find them one of the best homes I have worked with in terms of the willingness to engage, listen to advice and follow through recommendations".
- The home was situated in a culturally diverse area of Bristol and this was recognised and celebrated. For example, staff and people celebrated Jamaica day. One relative commented, "There are carers there that are Caribbean, so culturally that's useful as they can understand what dad's saying."

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

- Relatives told us they were contacted if there were any concerns, comments included, "The staff are very good. If he has any problems or a little fall, they ring me up straight away."
- We were aware at the time of the inspection there was a group of relatives who were concerned about aspects of the home and how it was run. There was ongoing dialogue between the relatives and the provider, and we saw that the registered manager and provider were engaging in this process and willing to work with the group to find solutions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- We found that in some people's records there were gaps and a lack of detail about the care people had received. This was fed back to the registered manager. At the time of the inspection, there was a new care planning system being implemented which was hoped would address these issues with recording.

We recommend recording and daily care notes are monitored to ensure the new care planning system

improves the standard of recording.

- There was a clear management structure in the home. Each court had a 'unit leader', supported by a senior. Overall, there was a registered manager and deputy manager maintaining oversight of the home.
- The deputy manager took oversight of audits and we saw that these were effective in identifying areas to address. For example, the medicines audit had highlighted the need for fridge temperature to be taken regularly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Feedback from relatives highlighted some concerns around communication. Comments included, "Communication is poor", and "Communication has slipped a bit. We have to go and visit and ask rather than getting communications from them." However, overall feedback was mixed, other comments were more positive and included, "There seems to be due diligence. If anything happens to her, they call me and let me know". We discussed this with the registered manager who acknowledged the concerns and told us they would be looking at ways to improve communication in the future, for example by reintroducing face to face relative meetings.

We recommend the provider reviews all systems for communicating important developments and news about the home, taking account of ways in which relatives wish to receive information.

Working in partnership with others

- A professional told us, "I can easily speak to any of the staff, from carers, team leaders, the nurses on duty and the home managers. They have a good programme of in-house professional support and development and are focused on trying to achieve the best outcomes possible for their residents."
- The registered manager told us they had good working relationships with the local GP surgery and commissioners.