

Boucherne Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Boucherne is a 24 bedded care home which provides care and support for older people. The service is spacious and set over two floors, on the day of our inspection 22 people were living at the service.

There is a registered manager in post; a registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for by staff that been recruited appropriately and employed after appropriate checks were completed.

Records were regularly updated and staff were provided with the information they needed to meet people's needs. People's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The CQC is required by law to monitor the operation of the Mental

Summary of findings

Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies, procedures and information available in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected.

Staff were attentive to people's needs. Staff knew people well and treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them. These activities were diverse to meet people's social needs and included activities in the community.

The service worked well with other professionals to ensure that people's health needs were met.

The manager carried out a number of quality monitoring audits to ensure the service was running effectively.

Summary of findings

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.

People felt safe at the service. The service took measures to keep people safe.

Staff were recruited and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

Staff were supported when they came to work at the service as part of their induction. Staff attended various training courses to support them to deliver care and fulfil their role.

People's food choices were responded to, and there was adequate diet and nutrition available

People had access to healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff were responsive to people's needs and treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

Care files were individualised to people's needs.

There were varied activities to meet people's social and well-being needs. People accessed activities in the local community.

Complaints and concerns were responded to in a timely manner.

Good



Is the service well-led?

The service was well led.

People, staff and relatives were all complimentary of the management and the support they provided.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Good



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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 January 2015 and was unannounced. The inspection was carried out by an inspector for Adult Social Care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about. We also reviewed safeguarding alerts and information from the local authority.

We spoke with six people, five relatives and five members of staff including the registered manager. We also spoke with a visiting healthcare professional. We reviewed four care files, two recruitment files, minutes from meetings, training records and audits.

Is the service safe?

Our findings

People and their relatives told us they felt Boucherne was a safe place to live. People described to us how they had felt unsafe when they had lived at home and that they no longer felt that way. One person told us, “I feel safe here, staff are always around.”

Staff were able to described to us how they keep people safe within the environment for example by keeping spaces clutter free. Also by ensuring people had their walking aids within reach. Staff described what they would do if they had a safeguarding concern, and how they would raise this with their manager or the provider. Staff also knew that they could directly contact external agencies such as the Care Quality Commission or local social services. The service had a whistle blowing policy for staff to follow if necessary. All the staff we spoke with were very confident that they would address any concerns for people’s safety immediately.

Risks to people’s safety were assessed. One person told us that, “Staff try to keep me as independent as possible, but help me when I need it.” The service undertook individual risk assessments to help keep people safe and promoted their independence. Assessments covered such areas as moving and handling, nutritional needs and prevention of falls. Staff used these assessments as a guide to support people.

There were emergency procedures in place to keep people safe. Staff were trained in first aid and in the event that somebody became unwell they knew how to help people. They told us they would call a paramedic if necessary or refer people to the GP.

The environment and equipment were safe and well maintained. The provider at the service carried out repairs on equipment and maintained the environment as required. One person told us how the breaks on their wheelchair had stopped working and the provider fixed them.

People told us that there were enough staff and that if they used their call buzzers staff responded quickly. This was confirmed by our observations of staffing levels and staff response times. Staff told us that they felt there was enough of them to meet people’s needs. The manager explained that they kept staffing levels under constant review and adjusted them when necessary. Staff gave us an example that during busy periods such as mealtime’s staff came in to start their shifts earlier to help support people if required.

The manager told us that they had a very low turnover of staff and that they did not use any agency staff. Shifts were covered by the existing staff if there were any shortfalls and staff worked flexibly to help cover at busy times if required. Staff we spoke with had worked at the service for a number of years and said they enjoyed working there. Staff had built up a good rapport with people and their families. When the service did need to recruit they had a process for dealing with applications and conducting employment interviews. There was also a procedure in place to ensure all relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

We looked at the way the service managed the medication for the people living there, and saw there were safe and efficient processes in place. People told us they got their medication promptly and when required. One person told us, “The staff know what to give me.” Another person told us that they were, “Happy for the staff to give me my medication, as I used to forget at home.” People told us they were happy not to have the responsibility of their own medication and to let the staff dispense them.

We looked at the way the service managed the medication for the people living there, and saw there were efficient processes in place.

Is the service effective?

Our findings

We found that people received effective care from staff who were supported to obtain the knowledge and skills to provide this. People and their relatives told us they thought the staff were well trained to do their job. We received such comments as, “They know what they [staff] are doing.” One person told us how the staff knew how to support and lift them.

We found that people received effective care from staff who were supported to obtain the knowledge and skills to provide this. Staff were supported to complete nationally recognised qualifications and were supported to complete various additional training to help them in their role. The service belonged to a training consortium and accessed training from the local authority. The manager told us that she shared knowledge with other managers in the training consortium on ideas for best practice.

One member of staff told us that they had recently completed dignity training. They said they had shared with other staff that had not been able to attend the course what they had learned. This showed good practice that staff shared their knowledge and discussed what they have learned and how this can benefit people they cared for.

The service provided an induction program for new staff. The manager told us that the induction was in two parts, firstly an induction to the service with initial training. New staff work with more experienced staff until they are deemed competent. The second part of the induction is the completion of a 12 week program of learning. This helps support staff with the skills and knowledge they need to complete their duties effectively. The manager told us that throughout this induction staff would be supervised and given feedback on their progress.

Staff felt supported at the service and received regular supervision from their manager. The supervision identified any training needs and offered staff support to fulfil their role. The manager had developed a comprehensive template to use during supervision to cover all the areas she felt relevant to discuss with staff. This template gave staff an opportunity to give feedback on the service and how they felt they were performing.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected.

Staff had received training in MCA and DoLS, and had a good understanding of the Act. People living at the service had capacity to make their own decisions and nobody needed referral under the DoLS to protect their liberty. However the manager knew the process she would have to follow should she need to make an application. The service took the required action to protect people’s rights and ensure people received the care and support they needed.

People told us that they enjoyed the food provided at the service and they were supported to have enough to eat and drink. There were currently no specialist dietary requirements; however people did have food preferences. We spoke with the chef who prepared all the main meals. The chef knew people well including their likes/dislikes and preferences for food. People were very complimentary of the food, one person told us, “The food is very good, always plenty.” Another person told us of the large selection of food available and that it was, “Really nice and nicely presented.”

Food was prepared by staff in a large open plan kitchen that opened into one of the dining rooms. People and their relatives told us they liked this feature of the service.

We observed the lunchtime meal. This was a very social occasion, with people and staff chatting whilst food was prepared in the open plan kitchen. There was a variety of meal choices for people to choose from. Following the meal we asked people for feedback on the food and everyone we spoke with said the meal had been nice.

People had access to healthcare professionals when they required them. We spoke to a visiting healthcare professional who told us the service was always very quick to make referrals should people’s healthcare needs change. The manager told us that the GP visited the service twice a week; however the GP would also visit outside of these times if needed. Some people chose to have health checks with the dentist, optician or chiropodist in the community others preferred to see them at the service. The service also accessed other professionals such as district nurses. On the

Is the service effective?

day of our inspection a district nurse was in attendance to support a person's with their individual health needs. The service actively supported people to have their health needs met.

Is the service caring?

Our findings

We found that the service provided a caring and supportive environment for people who lived there. People were very complimentary of the staff we received comments such as, “The staff were very good, kind and caring.” And, “I can have a laugh and joke with the staff.” Throughout our inspection we noted the service had a very welcoming atmosphere.

People described to us how staff were caring. One person told us that their keyworker was very kind and had helped them buy their Christmas presents. Another person told us how when they had aches and pains in their body staff would prepare a hot water bottle for them to use to ease the pain. They said, “It is never any trouble for staff, when I ask them for my hot water bottle they get it for me immediately.”

People were happy living at the service and felt it had been the right decision for them to come and live there. One person told us how they had previously stayed at the service for a period of respite following leaving hospital. They said they knew then that when they needed to leave their home that the service was the place they wanted to live.

People made their own choices about their care, and staff supported them to maintain their independence. People were supported to go into the community to follow their interests or to visit family and friends.

Relatives told us how staff were always welcoming when they visited and made the service feel like a home. The service had three separate lounges for people to use with their visitors. People and relatives said that if they wanted privacy to entertain a larger group of relatives or friends they could use one of the lounges, and that staff always made this very special. Relatives were encouraged to help themselves to drinks and treat the service as home.

Staff were respectful of people’s privacy and dignity. Staff always knocked before entering rooms and treated people with respect and involved them in decisions about their care.

Relatives were very happy with the care their family member received, one relative told us that, “I know [family member] is being well cared for, when I am not here.” Another relative told us that, “I can rest easy, I know there is 24 hour care here.”

Is the service responsive?

Our findings

Staff were responsive to people's needs. People and their relatives before they came into the service they had been involved in planning their care needs. One person told us, "I came here for a rest, decided I liked it and stayed."

The manager carried out a full assessment to ensure their care needs could be met. People were assessed in their own home and encouraged with their family to come to the service to see if it was a place they would like to live. Some people and their relatives told us that they had experience of the service before they came to live there, because they had friends there or had relatives living there previously. They told us, "I knew what to expect and have not been disappointed."

People were supported as individuals, including looking after their social and well-being needs. One person told us how they use to perform in amateur dramatic group and that during the Christmas period a number of them had gone to see 'The Sound of Music'. They said, "I really enjoyed the outing as I had actually performed on the stage in the same show."

Staff knew people well, including their routines and how they liked to spend their time. Records included people's individual preferences for their daily routines, what interests they liked to be supported with and described their life histories.

Some people living at the service remained very active within the local community attending different social clubs. One person told us that they were due to give a talk on a book that they had written at a local club. Staff supported people to go out, but most people went out independently.

People and their relatives said that there was always plenty of activities and entertainment at the service and trips out into the local community. These included trips to local eateries, places of interest and garden centres. We saw the service supplied WIFI for people to use, and one person told us how they used it to send their emails.

The service provided varied activities for people to join in.. One person told us, "There is always something to do. They ask if you want to join in, but you don't feel pressured." We saw a number of people joining in a quiz, this seemed to be a very social occasion with everyone participating and sharing the answers with each other. One relative told us how their family member preferred not to socialise and would rather remain in their room. They said that staff still supported them and frequently checked to see if they needed anything.

The service held a religious service monthly if people wished to join in. Some people had individual religious guidance or would go into the community to access this.

The management and staff sought people's opinions about their care and responded well when their needs changed. A relative told us that the service had been responsive to their family member's changing needs and had provided them with a more appropriate bed to assist them.

People were encouraged to express their views on the service through regular meetings with the manager. The service also held joint meetings with people and their relatives. Relative's received minutes of the meeting, so that they can see what was discussed.

People and their relatives knew how to raise complaints and would raise them directly with the manager or provider. Staff knew how to support people in making complaints if necessary and would raise any concerns with the manager.

We reviewed the complaints and compliments folder and saw that the service received a number of written compliments from grateful relatives and people who used the service. Complaints were dealt with swiftly and to people's satisfaction. For example one person told us that they wanted more salad on the menu and this had been done.

Is the service well-led?

Our findings

The service has a registered manager in post. Everyone we spoke with knew the manager and provider by name and were very complimentary of them. People and their relatives regularly spoke with the manager and provider. During one discussion with a relative they told us that they would speak with the provider if they needed any advice on their relatives care.

Staff felt that the manager was very supportive and they could always go and talk with them and raise any issues. The manager was willing to listen to their opinions and ideas on the running of the service. The manager had meetings regularly with the provider and felt supported in their role by them.

It was evident that the manager was very visible within the service, as people were at ease when referring to the manager and provider. One person told us jokingly, "I see [managers name] quite often, she tries to rope me into things." Staff were very clear that the vision of the service was for it to run as if people were living in their own home and that care was individual for each person.

The manager felt over the last year the service had achieved supporting people with more activities that were individual to their needs and wishes. They planned to continue focussing the service over the next year on providing individual personalised care for people living there.

The manager regularly gathered people's views on the service by having individual meetings with them or by having group discussions. She told us that they discussed such topics as changes to menu's, activities and how the service runs. They used this information to make changes where required. There had not been a recent survey completed by the service of relatives and people's views as the questions were currently being reviewed with the provider.

People were actively involved in the running of the service. People were involved in interviewing new staff that came to work at the service. The manager told us that this had worked well previously and would be doing this again with up-coming interviews.

Staff we spoke with knew their role and what was expected of them. Staff had staff meetings where they discussed any issues within the service and could also discuss people's care needs. We saw from records that staff also shared any recent learning and courses they had completed at these meetings.

The service had a number of quality monitoring systems in place. For example the service carried out regular audits on people's medication management and falls. This information was then reviewed to see if any issues were reoccurring and needed addressing. All systems were used to continually improve the service for people.