

Absolute Care Homes (Central) Limited

Boldmere Court Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 18 November 2014 and was unannounced. At the last inspection carried out on 28 January 2014 we found that the provider was meeting all of the essential standards we inspected.

Boldmere Court provides nursing care for people with life limiting illnesses and dementia. It is a purpose built home designed for up to 68 people and bedrooms are provided on three floors. All bedrooms are for single occupancy and have an en-suite facility. Passenger lifts provided access to all floors. At the time of our inspection there were 67 people living there.

The registered manager had left a few days prior to our inspection. The provider's representative told us that an individual had been identified and an application would be submitted to us to become the registered manager. 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.

Summary of findings

We saw that the systems for monitoring the quality of service provided were not effective in identifying shortfalls so actions could be taken to remedy them.

All staff spoken with understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and we saw that DoLS applications had been made when required so that people's rights were protected. The provider had not ensured that we were notified of the restrictions in place on people's liberty as legally required.

This meant that there were breaches in regulations. You can see what action we told the provider to take at the back of the full version of this report.

All the people and relatives we spoke with said that people were safe in the service. We saw that people were protected from harm because procedures were in place that ensured the service was safe and their rights protected. Staff knew how to protect people from abuse and how to escalate any concerns they had.

People told us there were sufficient numbers of staff available to support them people felt safe. Relatives and people that lived there felt that the staff were good and we saw that they had received training that ensured they had the skills and knowledge to care for people.

People were supported to receive their medicines as prescribed.

We saw that people were supported to have choices and received food and drink at regular times throughout the day. . People's weights were monitored so that any changes in people's health could be identified.

People received support to access healthcare professionals so that their health was monitored and treatment provided when needed.

Friends and relatives were able to visit people at any time and were enabled to be support them where appropriate. This meant that people were able to maintain relationships important to them.

People's privacy and dignity was maintained and people were supported to remain independent where possible.

People were able to choose to be involved in planned group activities that they were interested in and there were times when people had individual activities that included chats and having their nails painted. Some people preferred to stay in their bedrooms. This showed that people were enabled to choose be involved in activities if they wanted.

People and their relatives told us that they felt listened to and able to raise any concerns they had. We saw that complaints were addressed promptly.

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 were not always given their medicines as prescribed and guidance was not sought to ensure it was given safely when given disguised in food.

People said they received a safe service and procedures were in place to keep people safe from harm and abuse because staff knew how to keep them safe and escalate concerns if they had any.

There were sufficient numbers of staff that had been safely recruited to provide care and support to people.

Good



Is the service effective?

The service was effective.

People received care and support from staff that were knowledgeable about their needs.

People were provided with food and drinks to maintain their health and people were supported to have access to healthcare professionals as needed.

The service had followed the MCA and DoLS guidance and people had been appropriately protected through assessment and application for DoLS where people's liberty was restricted.

Good



Is the service caring?

The service was caring.

People told us that staff were friendly and caring and we saw that generally staff were caring and friendly towards people.

People's privacy and dignity was maintained and people were supported to remain as independent as possible.

Good



Is the service responsive?

The service was not always responsive.

We saw that staff did not always respond in a caring and compassionate way.

People or their relatives were involved in reviewing care and staff responded to people's needs on a day to day basis.

People were able to choose whether they took part in organised group activities. Some people had individual activities that they liked including chats with staff.

Requires Improvement



Summary of findings

People and their relatives were confident that their concerns were listened to and acted upon.

Is the service well-led?

The service was not consistently well led.

There were systems in place to monitor the quality of the service provided but they were not always effective in identifying trends and shortfalls in the service so actions needed to rectify them.

The registered provider had not ensured that the appropriate notifications in respect of restrictions on some people's liberty had been made to us.

People and staff's involvement in running the service was actively encouraged and promoted. There was a stable management and staff group in place all of whom were open and accessible to people and their relatives.

Requires Improvement



Boldmere Court Care Home

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 18 November 2014 and was unannounced and was carried out by a team of three inspectors.

Before the inspection we reviewed all the information we held about the service. This included statutory notifications received from the provider about accidents, deaths and safeguarding's in respect of the people living in the home. Before the inspection, we asked the provider to complete 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. The provider told us the PIR had not been received so they were unable to return it. We took this into account when we made the judgements in this report. We reviewed regular information that we received from the local authority about services..

The majority of people were not able to tell us about their experiences of care because they had complex needs and were not able to converse with us. We spent time observing interactions between staff and the people that lived there. We spoke with ten people that lived in the home, four visitors, seven staff, including those that provided nursing, care and support with activities. We spoke with the provider's representative who was overseeing the service.

We looked at the care records of seven people and the recruitment records of four staff. Other records looked at included audits and monitoring records, reports completed by the provider, analysis of questionnaires and meetings with staff and people, complaints and safeguarding records.

Is the service safe?

Our findings

Two people we spoke with and three visitors told us that they were happy with the service and felt that people were safe. One person told us, "It is not bad... it's alright for a nursing home." A visitor told us, "It is uplifting to be here and see how they are with them... a peaceful sort of place".

One staff member told us, "People are very close to me. I would protect them like I would my own family. I would report to the manager. Even if they have dementia they know who is kind and who is not." We saw that information was available in the entrance foyer for visitors, staff and people living in the home describing what constituted abuse and who they could contact for support. Conversations with staff showed that they were knowledgeable about what abuse was and the actions they would take if they suspected any abuse. Records showed, and staff confirmed that they had received training that provided them with the knowledge they needed to help keep people safe. Staff were aware of their role in identifying and raising concerns and we saw that concerns and alerts had been raised when required.

A relative explained the actions taken by staff to stop people wandering into their family member's bedroom to prevent the person becoming upset. One staff member told us, "I like the way that the manager has written people's risk assessments as it makes it clear and straight forward for the staff to understand." Other staff demonstrated to us that they were aware of people's risk assessments. Care records sampled showed that risks to people had been assessed and actions put in place to reduce the risk of harm to people.

Staff told us what they would do in the event of emergencies such as fire so that people were protected from unnecessary harm. Records showed that fire drills were carried out regularly and personal evacuation plans were in place. Staff told us that they had been trained in first aid so that they could take actions in an emergency situation. In the event of a fall or if people became unwell staff said they would alert the nurse on duty and they would decide if a doctor or emergency services were to be contacted. During our inspection we saw this happen. This showed that there were systems in place to protect people in the event of an emergency.

Two people spoken with told us they got assistance from staff when they needed it. Two visitors and all the staff spoken with told us they felt there were enough staff to meet the needs of people. We saw that there were sufficient numbers of staff available to support people if needed. The provider's representative told us, and records showed, that dependency levels of people were reviewed on a monthly basis to assess the number of staff required to provide support. We saw that some staff were allocated to work on specific floors and there were additional staff that were able to work on different floors as the need arose. This meant that staff were used flexibly to meet the needs of people.

Staff told us and records confirmed that the required recruitment checks were undertaken before they were employed. This showed that people were supported by staff that had been checked for their suitability to work in the service.

We observed that people were supported to take their medicines in a caring and supportive way by staff and relatives, where appropriate. We saw that the medicines trolley was locked when left unattended so that unauthorised individuals were not able to gain access to medicines.

We saw that mostly people received their medicines as prescribed. We looked at the medicine administration records (MARs) of four people on a unit where 12 people lived. We saw that two people had not always received their medicines as prescribed because there were more tablets remaining than there should have been according to the records.

The relative of one person told us that they were aware that their family member's medicines were given disguised in food because they refused to take it. We observed that another person's medicines were disguised in food before it was given to them. Care plans showed that the doctor had agreed for the medicines to be concealed in food and that some tablets needed to be crushed for several people. This showed that people were supported to receive medicines that they needed to maintain their standard of health.

We saw that the management of medicines in the home was not sufficiently robust to ensure that there were not

Is the service safe?

excessive amounts of unaccounted for medicines to be stored in the home. This meant that there was a potential risk that people could be given medicines and there would be no record of this.

Is the service effective?

Our findings

One person living in the home told us, “It’s okay, good food, nice staff, happy with care.” One relative told us, “Staff know how to manage [person’s name]. He gets showered daily, gets shaved.” Relatives told us they had been asked for information about their family member’s needs and preferences so that they were supported to have their needs met in the way they wanted. Staff told us “You ask all the time even if they have dementia. Involve people by telling them what you’re going to do and why. Repeat if necessary. Involve them in all aspects of their care.” This showed that people or others who knew them well were involved in planning the care provided.

One person told us, “Staff are good.” All the staff spoken with were aware of their roles and tasks and told us they had received training to help them to do their job. Staff had received training in several areas including safe moving and handling procedures and dementia awareness. The provider had ongoing plans to ensure that staff received the training they needed to keep their skills and knowledge up to date. All the staff spoken with told us that they had received supervision on a regular basis and meetings were held to discuss practices in the home. We saw that although most of the time people’s needs were met effectively we saw that on some occasions people’s emotional needs were not always met in an appropriate way. This showed that staff had the training and support to meet people’s needs but it wasn’t always reflected in practice.

Friends and relatives spoken with told us they were consulted about and kept informed of any treatment people received. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA

Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty. We saw that the ability of individual’s to make decisions had been assessed and where needed other people were involved in making decisions that were in their best interests. This meant that the requirements of the Mental Capacity Act 2005 (MCA) were met. We saw that where people’s liberty was restricted applications under the Deprivation of Liberty Safeguards had been made. Some staff told us that they had received training in the MCA and DoLS but others had not. Further training had been arranged so that all staff received the training so that all staff had the skills and knowledge to ensure that people’s legal rights were protected.

People were able to make choices and had access to food that met their needs. People spoken with were able to tell us they were happy with the food they received. One person told us, “It’s good food.” Relatives told us that choices were available and soft diets provided where needed. We saw three people eating breakfast and they told us they were enjoying it. People received support to eat their meals as required from staff, relatives or volunteers. We saw that where needed people were provided with food that they could eat easily. We saw that drinks were made available throughout the day.

One relative spoken with told us that they were kept informed when their family member needed medical interventions. They told us, “The staff will get the GP or 999 if needed.” We saw emergency processes in operation during our inspection when an individual became unwell. Records confirmed that people had access to health care professionals such as doctors, district nurses and emergency services when a need was identified. This showed that people were supported to have their health care needs met to remain as healthy as possible.

Is the service caring?

Our findings

People that lived in the home and their relatives told us that staff were caring. One person told us, “Lovely girls, they are very polite.” A relative told us, “They [staff] look after people very beautifully. They are gentle and patient, it isn’t easy when people are being tiresome, but staff take the resident by the hand and go for a little walk with them.”

We saw some caring interactions between staff and the people they supported. For example, we saw inclusive conversations with people who were having their nails done, whilst people watched a television programme and staff pretending to shoot people with a banana which made them laugh. We saw that staff involved people in conversations and there was friendly banter between staff and people. This showed that people were valued by staff.

One person told us, “Staff are good.” A relative told us that they felt staff treated people as individuals. We saw that people were provided with the equipment they needed to meet their needs. For example, people with sight and hearing impairments were provided with spectacles and hearing aids if they wanted them. We saw that people were well presented and dressed in styles that reflected their personality. We saw that one person was not fluent in the English language; however, staff were able to converse with the individual in simple sentences. Staff told us they had plans in place to enable the individual to speak to a relative if they were upset or staff could not understand them. This showed that staff understood people’s individual needs and treated people with care.

One relative told us, “The home is interested in what we have to say.” They told us that they had been involved in providing information about the support their family member would like as they were not able to say themselves and in reviews of their care. One staff said, “We make sure that people are aware of what you’re doing and why even if they have dementia.” We saw that where possible people were able to make decisions about the support they received. We saw one person being assisted to have their

hair blow dried. The member of staff told us the individual used to wash their hair daily at home and they supported them to continue to have this done as they wished. There was information about advocacy services available in the home. This meant that relatives could support people to contact an independent person to help them express what they wanted or raise concerns if they were unable to do so themselves. This showed that people or their representatives were involved in making decisions about the care and support they received.

One person told us, “Staff are very polite.” We saw that staff referred to people by their preferred names and in a caring way. This showed that staff treated people with kindness and dignity. A relative told us they found the service to be homely and their family member was happy they could have privacy in their own room. Staff spoken with were knowledgeable about how to promote people’s privacy and dignity. For example, one staff told us, “We make sure things are done in private, doors are closed.” Staff told us they felt it was important to make sure that people were aware of what they were doing and why, even if they had dementia. We saw that people had an en-suite facility which promoted their dignity and privacy and people were referred to by their preferred name. This showed that staff ensured that people were spoken with respectfully and their privacy and dignity were promoted. However, we saw that one person’s bedroom door had a sign put on it indicating they had an infection. This could be seen as not respecting their privacy and dignity.

Relatives told us that there were no restrictions on visiting. We saw that friends and relative visited throughout the day and were involved in supporting and spending time with their family members or friends. This showed that people were supported to maintain relationships that were important to them. We saw that people’s independence was promoted by the provision of equipment such as walking frames, aids to help them drink independently and passenger lifts so that they could move around the home independently.

Is the service responsive?

Our findings

All the people and relatives spoken with expressed that they were satisfied with the care provided. Two relatives told us that they understood it was difficult for staff when people did not always respond to them but they felt that the staff did a good job. Where people were able to contribute to planning their care this was promoted. Where people were not able to be involved relatives told us they provided information about their family member's needs. We saw that friends and relatives were supported to be involved in people's care so that people received support in the way they wanted and from people important to them. We saw that care records included life histories so that staff had information about what was important to people. Staff told us that there were good communications through handovers and staff meetings so that everybody knew about changes in people's needs.

Staff told us that the care plans and risk assessments gave them the information they needed to provide individualised care. However, we saw the care provided was not always responsive to people's needs. For example, we saw one person told off by staff for getting in the way of a relative. The individual had no awareness that they were in someone's way and this could have been done in a more understanding and supportive way. Another person had become upset and was, shouting out and slapping their head. A member of staff told us that they left the individual to calm down before they responded. Following this conversation another member of staff went to speak with the individual and they calmed down temporarily. The person's care plan stated they were to be reassured at all times. This showed that staff did not always provide care in a responsive way and according to the individual's plan of care. On another occasion we saw that a relative intervened to support someone who was coughing and becoming distressed. When they told a member of staff what had happened the staff said, "I know I heard her." This showed that staff did not always show care and compassion towards people.

One person told us they took part in some of the home's activities but chose not to be involved in all. We saw that

there were some group recreational activities in the home. For example, people had been involved in making Christmas decorations. One member of staff told us, "We have one to one chats and coffee on the ground floor because that is what works. People love to have a chat so that they don't feel isolated." We observed other one to one activities taking place such as nail painting. Staff told us that some people went out with relatives. We saw that during our inspection there were limited activities for people living with dementia. Staff told us that activities depended on how things were on the unit. During our inspection we saw people that had visitors were kept occupied by their visitors but some people in their bedrooms became frustrated and shouted at other people who were making a noise. There were limited, appropriate interventions with people to calm the situation. The provider's representative told us that volunteers supported people with eating and drinking and activities. Plans were in place for some students to come into the home and they would be involved in reading to people. This showed that although there were group activities available they were limited activities suitable for people with dementia on the day of our inspection.

We saw that meetings with people who used the service, relatives and staff were held to gain their views about the service provided and make suggestions for improvement. All the people and relatives we spoke with told us that staff and management listened to their views. We saw that surveys had been carried out with relatives and the results from the current and previous surveys were available in the entrance hall so that people could see the improvements being made. This showed that people's views about the service were sought and acted on where appropriate.

People and their relatives spoken with told us they felt listened to and able to raise concerns and issues which were resolved by the registered manager or provider. Relatives told us that the manager was available to talk to when they needed them. Records showed that complaints were investigated and addressed in a timely manner. This meant that complaints were investigated and people's concerns responded to.

Is the service well-led?

Our findings

Relatives told us that they were sent questionnaires to complete about the quality of the service provided. We saw that these had been analysed and the results displayed so that people could see whether people were happy with the service. We saw that the service had been awarded an excellent food hygiene rating. We saw that audits were completed on a regular basis, for example on falls, medication, accident and safeguarding records. We saw that the shortfalls in the management of medicines identified during our inspection had not been picked up by the audits. For example, we saw that the systems for disposal of medicines and protocols for the administration of “as and when required” medicines were not detailed and personalised so that people did not consistently receive their medication. Cream charts had not always been completed to show that they had been applied regularly as directed by the prescriber. The records for the administration of medicines disguise in food and drink was detailed and not based on the advice of the appropriate professionals. People’s weights were monitored but appropriate actions were not always taken because the monitoring of them was not effective and actions were not taken in a timely manner so that people were supported to maintain a healthy weight. We saw that complaints were logged and addressed but there was no overall analysis of trends and patterns that may need to be addressed so that action could be taken to minimise the risk of a reoccurrence. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

We saw that the service was meeting the requirements of the MCA and DoLS legislation and had ensured that the appropriate applications were made. We saw that we had not received the appropriate notifications of restrictions that had been agreed by the supervisory body. The provider is required to notify us of this by law. This is a breach of Regulation 18 of The Care Quality Commission

(Registration) Regulations 2009. This demonstrated that the leadership team did not fully understand their responsibilities in order to meet what is required of them in law.

The registered manager had left the service a few days prior to our inspection. The provider’s representative told us that they had identified an individual to take over the management of the service. Until that time the provider’s representative, who was well known to people, was in day to day control of the service. This showed that there were systems in place that ensured that the service continued to be managed in the absence of a registered manager.

People and relatives spoken with told us they were happy with the service provided. Relatives and staff told us that they felt listened to. One member of staff told us, “We work as a team.” Staff told us they felt listened to and supported to carry out their roles. We saw that systems in place to gather the views of people included surveys and meetings so that improvements could be made based on their comments. One relative told us that they were aware of meetings where they could raise issues about the home although they were not able to attend. Relatives told us they were able to raise issues and were confident they would be addressed. Staff spoken with confirmed that they were aware of the whistleblowing policies and felt able to raise any concerns knowing they were protected if they identified poor practices. This showed that there was an open and inclusive atmosphere in the home.

We saw that relatives of people who used to live there provided support through volunteering programmes. Links were made with apprenticeship schemes to provide experience in the kitchen. Local schools were involved in visits to the service for carol services. This showed that there were links with the local community so that people were a part of the local community.

The provider’s representative told us that there had been an external infection control audit which had identified a need for some wash hand basins to be fitted. We saw that these were fitted on the day of our inspection. This showed that the registered provider was responsive to the views and guidance of other professionals.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers How the regulation was not being met: Systems in place had not been effective in identifying shortfalls in the service and ensured that the appropriate actions were taken in a timely manner. Regulation 10(1)(a)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents How the regulation was not being met: The registered person had not notified the CQC of applications made and agreed to restrict the liberty of any person living in the home. Regulation 18(2)(c)