

Boscombe Care Homes Limited

Boscombe Lodge Nursing Home

Inspection report

65 Boscombe Road
Southend On Sea
Essex
SS2 5JD

Tel: 01702603444

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24 April 2019

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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 ●

Summary of findings

Overall summary

About the service: Boscombe Lodge is a Nursing Home located in a residential area of Southend on Sea. The service provides accommodation, nursing and personal care for people over the age of 65, some of whom have mental health and dementia related needs. The home can accommodate up to 31 people in one adapted building over two floors. At the time of our inspection, 21 people were using the service.

People's experience of using this service:

People and their relatives made positive comments about the staff and the care provided at Boscombe Lodge. Staff knew how to recognise abuse, neglect and discrimination and keep people safe. People could take positive risks and have choice and control over their lives. Policies and systems at the service supported this practice.

Staff were recruited safely and completed a comprehensive induction. Staff kept up to date with training requirements and professional qualifications through regular supervision and appraisals.

People's health was well managed, they were supported to have medicines when they needed them and to have a good diet. People's individual dietary needs and requirements were met.

People were able to take part in a range of activities if they wished to that were suitable for their needs.

Staff supported people to engage in friendships and maintain relationships with family and friends.

People and staff said they could raise concerns and knew how to do this.

Environmental risks had been regularly assessed, tested and audited.

Staff, people and professionals were complimentary about the management team at Boscombe Lodge.

The service met the characteristics of good in all areas; more information is in the full report

Rating at last inspection: At our last inspection, the service was rated "good." Our last report was published on 22 October 2016

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any information of concern, we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained good

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained good

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained good

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained good

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained good

Details are in our Well Led findings below.

Boscombe Lodge Nursing Home

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:

Two inspectors and an expert by experience conducted the inspection on day one. One inspector conducted the inspection on day two. 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

Boscombe Lodge is a care home which is registered to provide accommodation and personal care for up to 31 older people. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 23 and 24 April 2019.

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We assessed the

information that providers send us at least once annually 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 our inspection visit, we spoke with ten people using the service, eight relatives and friends and seven staff members including the registered manager, activities co-ordinator and care staff. We also spoke with one healthcare professional. We observed the support provided throughout the service. We looked at records in relation to people who used the service including four care plans and twenty-one medication records. We looked at records relating to staff recruitment, training and systems for monitoring quality assurance.

After the inspection, the registered manager provided us with further evidence of good practice.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe here, been here four years and never not felt safe." A relative told us, "I came here to look for my [relative] and feel [relative] is very safe here, I picked that up when I viewed the home."
- Staff recognised signs of abuse to protect people from the risk of abuse. Staff told us, "I know how to recognise signs of abuse. If I saw abuse I would report it to my manager or the Local Authority."
- Staff received safeguarding training and were able to tell us the different types of abuse people may experience. One staff member told us, "Safeguarding is ensuring the safety of people. Some of the characteristics of abuse are neglect, emotional abuse, financial abuse and physical abuse."
- Policies and procedures were in place to keep people safe. One staff member said, "I know about whistleblowing, there is a poster in the lobby."

Assessing risk, safety monitoring and management

- People had risk assessments in place covering areas such as mobility, falls and medication. These were reviewed at least monthly and were used to ensure people were safe and had their needs met. One member of staff told us, "I feel it's safe here, they do everything they should do, use bed rails etc."
- Environmental risk assessments were in place. These included personal evacuation plans. Staff were able to tell us what they would do in an emergency, for example, in the event of a fire.
- Maintenance checks were carried out and equipment maintained to a satisfactory level. These checks included gas safety, water and hoists.

Staffing and recruitment

- Recruitment processes were safe as checks to ensure staff were fit to carry out their role had been completed.
- There were enough staff to meet people's needs at all times. One relative told us, "I feel it is very safe living here, there always seems to be staff around." Observations during inspection found staffing levels were appropriate to meet people's needs promptly.
- The service used regular agency staff to cover for sickness, holidays and changes in people's needs.
- A dependency tool was used to work out how many staff were needed for each shift and what the skill mix should be. This was reviewed monthly. There were always experienced staff on duty.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. The registered provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

- Staff were trained to administer medicines and had their competency assessed.
- We checked people's Medicines Administration Records (MARs) and found medicines were given correctly, however we did find some missing signatures which we brought to the attention of the area manager. The area manager told us daily audits would be introduced to ensure all medicines were signed for. A stock check of medicines was carried out and stock levels held were correct and matched people's Medication Administration Records.
- People received support to manage their 'as required' (PRN) medicines. Staff knew how to respond to people and administer their medicines appropriately. One staff member told us, "To look for signs of pain I use the Abbey Pain scale and follow the PRN protocol." The Abbey Pain scale is a standardized tool that uses facial expressions and behaviours to work out if a person is in pain when they are unable to use verbal communication.

Preventing and controlling infection

- People were protected against the risk of infection. People told us the home was clean. One person said, "This room is always clean and tidy, the staff do a good job cleaning it."
- Staff had received appropriate training in infection control such as using the correct personal protective equipment, such as gloves and aprons. Staff knew how to prevent the spread of healthcare related infections.
- Hand hygiene notices and hand washing facilities were in place for staff and visitors.

Learning lessons when things go wrong

- The registered manager reviewed and audited all reported accidents and incidents, to ensure follow up actions were in place where required, for example, making referrals to the falls team.
- Where there had been errors made with medicines, measures had been put in place to reduce any re-occurrence. For example, we identified a medicines error during our inspection. This was investigated and resolved. Staff were given extra training and processes were reviewed to reduce re-occurrence of the error.
- One staff member told us, "We are not perfect, we learn from mistakes. We reflect, use our experience to make things better."

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

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 were assessed by the service before they moved in to ensure their needs could be met.
- People's histories and social lives were recorded using the, 'This is Me' document. These were kept with the care plan. The 'This is Me' document is a simple form created for anyone receiving professional care who is living with dementia or experiencing communication problems.

Staff support: induction, training, skills and experience

- People told us staff knew how to do their job. One person told us, "I feel they [staff] do know what they are doing. I watch the staff when they turn [relative] and they are so careful."
- Staff felt competent to do their job. One staff member told us, "I feel 100% I am supported to do my job, I feel I have all the training and skills to do my job."
- Staff received training that was a blend between e-learning and face to face. One staff member said, "All mandatory training is completed online and face to face. I've done specialist training and I've asked for catheter training as I feel I need to update."
- Staff received a comprehensive induction, one staff member told us, "Induction gave me a good refresher, I feel confident doing my job."

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

- People told us they enjoyed the food. One person said, "The food is very good here, look I am putting on weight because it is so good. The roast on Sunday is really good." Another person told us, "If I am hungry after my meal I ask for something else and they [staff] will bring me something."
- People were asked everyday by the chef what they would like to eat. There was a menu available for people to choose from. Staff told us, "If someone wants something different to eat they can. One person today has asked to have eggs, mash and beans."
- Staff knew about people's dietary and swallowing needs. There was information in people's care plans and in the kitchen with specific requirements for people such as diabetic diet, food fortification and where they required a soft diet. One relative told us, "They puree the food here for my [relative] and are really good with giving them what they know they can have."
- People were encouraged to drink throughout the day and there was always a choice of hot or cold drinks available.
- We observed lunch during our inspection. The dining room was not being used. People ate their food either in their rooms or within the main lounge. Staff supported people to eat their meals in the lounge and in their rooms and were kind and encouraging. One staff member encouraged a person with their meal, "Is that nice? You're doing really well, nearly finished."

- The dining experience for people was task orientated. We spoke with the registered provider and explained that lunch was task orientated rather than a person-centred experience. The registered provider told us they were looking to improve the experience for people

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

- There was good evidence of joint working with other health care professionals such as the respiratory team and tissue viability nurse.
- People were visited every week by a doctor. One relative told us, "They are good here and will always call a doctor to visit if there are any concerns. The regular doctor who comes in here to see the others will always see [relative] if there is an issue."
- People were given access to community health care such as optician's and chiropodists. One person's care plan said they saw the chiropodist every seven weeks.
- Staff were always available to accompany people to health appointments.

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

- People's rooms were comfortable and decorated to their personal tastes. People had chosen the colours on the walls and had personal photo's, pictures and ornaments in their rooms.
- Some areas of the service needed updating and modifying. The registered provider supplied us with a schedule of works to be undertaken at the home.
- There was some signage in place to identify areas of the service such as the lounge. The corridors looked the same and were painted in the same colour. There were not any hand rails. We spoke with the registered provider about ways to make the service more dementia friendly and improve the environment for people.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so themselves. The Act 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 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff received training in MCA and DoLS and understood what this meant for people using the service. One staff member told us, "I know about best interests for people's wellbeing and keeping people safe. I've seen people DoLS paperwork for the people I look after, and I understand it"
- Staff completed capacity assessments where a person's capacity to independently make important decisions was not clear.
- Where people could not make their own decisions, best interest decision making processes were followed and appropriate documentation completed.
- DoLS applications for authorisation of restriction of people's liberty were completed by the registered manager and submitted to the local authorities as needed. The Care Quality Commission had also been notified.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and relatives were complimentary about the care received and provided. One person said, "The staff here are very kind and will help you anytime. Of a morning I sit on my bed and have a wash, they do not rush me." Another person told us, "Care staff are very warm here and will help you with anything."
- A relative told us, "Staff are so kind here, they cannot improve on perfection" and, "I can visit here any time of the day."
- People and relatives told us staff knew their likes and dislikes. One relative told us, "The staff will get [relatives] ginger biscuits when [person] wants them."
- Staff told us about the people they cared for, one staff member said, "I know what people do and don't like. Some people have strict routines that I adapt to, to make them more comfortable."
- Staff were observed talking to people kindly and using their preferred names. A singing activity took place in the lounge and people were gently encouraged to join in. People were seen smiling and enjoying themselves.
- Staff told us, "I love working here, I really do, I would have my mum to come here" and, "I love the people, they mean everything to me."

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

- Relatives told us they were involved in their loved one's care. One relative told us, "I am involved with [relatives] care plan regularly." Another relative told us, "I am always updated on all that goes on with [relative]."
- The registered manager held regular meetings with people, relatives and advocates. Topics discussed included, staffing, decoration of the building, how people wished to spend their time and things that could be improved. Information from these meetings was displayed, including actions taken.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to treat people with dignity and respect. One staff member told us, "People are asked about what they would like to do. I keep the door closed for personal care, make sure I cover people up and show them options for clothes." We observed people being treated with kindness and dignity throughout the inspection
- People were encouraged to maintain relationships with friends and family. One person told us, "I have lots of my own friends who come in and visit."
- People's right to privacy and confidentiality were protected. Documents were locked away to prevent unauthorised access to people's personal information. Conversations regarding people took place in private.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

The provision of accessible information

All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use the service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS; identify, record, flag, share and meet. The service had taken steps to meet the AIS requirements.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care. Staff told us they had received training in providing person centred care and regularly discussed this at team meetings and supervisions.
- People's care plans were detailed, and person centred; they were reviewed and updated monthly. Any changes were passed on to staff during the daily hand over meetings. One person's care plan said they liked to keep their door open. When we spoke with this person they told said, "I like to keep my door open and staff do make sure it is."
- The service carried out detailed pre-admission assessments and collected personal details about each person's preferences, hobbies, likes and dislikes. One person told us, "I am catholic, and the priest comes in when I want him to." Another person told us, "I like to smoke, and I am allowed to, but I always go outside."
- People's care plans contained details about their communication needs. A member of staff said, "One person is hard of hearing, we use a pad and pen to communicate with them as they prefer this. We do encourage [person] to wear their hearing aid but they take it out." A person living at the service who is blind had been provided with a talking clock and newspaper.
- People enjoyed hobbies and activities that interested them. The service employed an activities co-ordinator and arranged for a regular entertainer to visit the home as well. The activities co-ordinator told us, "I plan the week with daily activities but do not always keep to them if people want to do something else. A relative told us, "My [relative] loves singing and they take them upstairs to have a sing along, [relative] responds well to singing. One person told us, "They have activities here, but I like to read in my room, sometimes I do go and join in if it's something I like to do."
- People's birthdays were celebrated. A staff member told us, "For people's birthdays we have banner, balloons and cake." A relative told us, "It was [relative's] birthday last week and they made it so special for them."
- The service had some local community links with the local catholic church and an 'Over 60's self-advocacy group'

Improving care quality in response to complaints or concerns

- The registered manager responded to all complaints in line with the registered provider's policy. We looked at the complaints log and saw that appropriate actions had been taken where appropriate.
- People told us they knew how to make a complaint. One person told us, "I have been here several years

and have never had to complain." Relative's told us, "At times I have complained, but they [management team] sort them out" and, "I have no complaints about [relatives] care, any concerns you can speak to the manager at any time."

- We had not received any information of concern or whistleblowing allegations prior to this inspection.

End of life care and support

- No one was receiving end of life care at the time of our inspection.
- One person had information in their care plan about their wishes for their end of life arrangements. People had Do Not Attempt Resuscitation (DNAR) forms in place for people where appropriate.
- Staff had received end of life training.
- The registered provider told us they were looking to introduce the Gold Standard Framework. The Gold Standards Framework (GSF) is a framework used by many GP practices, care homes and hospitals to enable earlier recognition of people with life-limiting conditions. This helps them to plan ahead to live as well as possible right to the end.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager demonstrated a strong commitment to the service and split their working hours between undertaking management duties and delivering care. This meant they had a good oversight of what was happening in the service.
- The registered manager was knowledgeable, experienced and capable of providing good quality care for people. One person said, "The manager will often come and say hello to you and we see her around a lot." A relative told us, "The manager will always sort out a problem, she is always caring about the people here." Staff told us, "The manager is really nice, I feel I can go to her", and, "The management team are very open and supportive."
- The culture of the service was open and inclusive. Staff clearly cared about the people they looked after and were passionate about the care they provided. Staff told us they enjoyed looking after the people at the service. One staff member told us, "The aim is for everyone to be looked after, cared for and safe. We want them to be treated like family."
- The registered provider and manager had a good understanding of duty of candour and provided open and honest explanation's to people when things went wrong.

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

- Staff showed they had a good understanding of their roles, knew how to manage risk and completed thorough training.
- The service had correctly displayed their current inspection rating and the registered manager had notified us of events which had occurred in line with their legal requirements.
- The service had an appropriate statement of purpose in place. The aims and objectives of the service and the company ethos were clearly set out and accessible to all.
- The registered manager said they felt supported by the management team and the registered provider. There was a daily telephone call where any issues could be discussed and a monthly meeting to look at audits, training and provide supervision.
- The service had in place effective quality monitoring arrangements. Regular audits of medicines and health and safety checks were carried out. Any findings were recorded, and an action plan was put in place. Some issues had been identified with the building, such as a toilet seat needing changing and the dishwasher had broken down. The repairs for these items were still outstanding at the time of our inspection. We discussed this with the registered provider and recommended action plans were audited and followed up.

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

- Staff told us teamwork was good and they enjoyed working at the service. Staff told us, "We work good as a team, we go to the senior if there are any problems, things get sorted, we look after each other."
- Staff told us they attended regular staff meetings and received supervision. These were used to discuss peoples care, protected characteristics such as age and disabilities, concerns and service updates. Staff told us, "We get to say what our point of view is, get training updates. I can tell the manager my thoughts on the home." Another staff member told us, "I had supervision, we went through the induction and identified areas for learning."
- The registered manager told us they supported staff to change their shifts, so they could manage child care and attend religious services.
- Staff had recently been given a survey to complete and there was a relatives and residents meeting every three months. The registered manager operated an open-door policy and had also set up an evening surgery once a week where relatives could come in to discuss any concerns. Feedback had been given regularly to relatives about any points that had been raised and displayed on a poster in the entrance lobby of the service.
- The service had received many compliments about the quality of care provided. One family had written, "Thank you so much for being such caring and considerate people. You looked after our [relative] for nearly four years and done a great job of it. You are such wonderful people and we are so glad [relative] spent their time left with you all."

Continuous learning and improving care

- The registered provider told us they had a schedule of work to update the building including the garden, so it could be used for activities. There were also plans to introduce a new style of care plan and the Gold Standard Framework. Boscombe Lodge is part of a group of homes. The registered provider and area manager were looking at ways to implement proven good practice from their other homes to improve the quality of paperwork processes used at the home and to deliver high quality care.

Working in partnership with others

- The service worked closely with their local sister home. The registered manger told us, "One person goes to [sister home] to join in activities."
- The local mental health trust provided a community-based training service. The team had been to the home to deliver training on sepsis, wounds and pressure care. We saw posters on the walls containing information about recognising pressure areas and sepsis.
- The service was part of the 'Red bag scheme' which had been set up by the Local Authority and the Clinical Commissioning Group with the local NHS Trust. Red bags contain all the information a person needs when going into hospital as well as clothes and personal belongings. The use of red bags has been shown to reduce hospital stays and stop people losing their personal belongings. People had taken part in a competition run by the Local Authority to design a cover sheet for the red bag. The entry was highly commended by the judges for the design and the way the service had involved the people.