Absolute Care Homes (Central) Limited

Boldmere Court Care Home

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 16 and 17 January 2017 and was unannounced on the first day but the registered manager knew we would be returning the second day. At our last inspection of 27 and 28 January 2016 we saw that improvements were needed in some aspects of the service provided although no regulations had been breached. At this inspection we found that further improvements had been made.

Boldmere Court Care Centre provides accommodation and support for up to 68 people with nursing and personal care needs. Some people were living with dementia. There were 65 people living in the home when we inspected.

There was 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.

There were systems in place to monitor and improve the quality of the service, but these had not always been sufficient to ensure that shortfalls in the service had been identified so that they could be addressed in a timely manner.

People and their relatives were happy that their views about the service were listened to and responded to and actions taken where needed to improve the service. People, their relatives and staff were extremely positive about the registered manager and his interactions with them.

People received a safe and effective service because staff received the appropriate training and support to provide safe care. Staff were knowledgeable about people's needs and people received an individualised service. People received support from staff that were caring and considerate.

People were supported to have their health needs met through support to take their medicines and to attend and receive medical attention when needed.

People were supported to eat and drink food that met their needs and that they enjoyed.

People's human rights were protected because consent was received from people or their relatives for the care provided. Staff worked according to the principles of the Mental Capacity Act to achieve this. This meant people were given choices and opportunities to be involved in making decisions about the care they received.

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 was safe

People were safeguarded from the risk of harm because staff was able to recognise abuse and knew the appropriate action to take.

Risks to people were assessed and managed appropriately. There were sufficient numbers of appropriately recruited staff to provide care and support to people.

People received support to take their medicines safely.

Is the service effective?

Good

The service was effective.

People received care and support from staff that were trained and knew people's needs. Staff received effective support, training and supervision to enable them to care for people well.

People were supported to receive food and drink that met their needs and staff supported them to receive medical attention when needed.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible.

Is the service caring?

Good

The service was caring.

People had good relationships with staff, and their individuality, independence, privacy and dignity were respected and promoted.

People made decisions about their care with support and guidance from staff and were supported to maintain contact with relatives and significant people in their lives.

Is the service responsive?

Good

The service was responsive.

People were involved in planning and agreeing their care and received care that met their individual needs.

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

Is the service well-led?

Requires Improvement

The service was not always well led.

There were systems in place to monitor and improve the service but they did not always identify shortfalls that needed to be addressed.

People were happy with the service they received and were positive about the registered manager and staff.

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 16 and 17 January 2017 and was unannounced on the first day of our inspection. The registered manager was aware that we would be returning on the second day of our inspection.

The inspection was carried out by two inspectors.

As part of planning our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We also reviewed any complaints and concerns received from people that used the service and their relatives. We contacted the local authority and the clinical commissioning group that purchased the care on behalf of people. We also reviewed reports that the local authority send us on a regular basis. We used this information to inform our inspection.

The provider had completed a Provider Information Return (PIR). This is a form the provider completes to tell us about what they are doing well and areas they would like to improve.

We spoke with twelve people, five relatives, eight care staff, three nurses and the registered manager. Some people were not able to tell us about their experience of receiving care so we carried out a Short Observational Framework for Inspection (SOFI). This meant we observed care to help us make a judgement about the service they received.

We looked at the records of four people who received support. This included their medication records and care plans to check that they received care as planned. We looked at staff training records and the recruitment files for two staff to check that the appropriate employment checks had been carried out. We

also looked at complaint records and quality monitoring systems to check that the quality of the service was being monitored and improved.

Good

Is the service safe?

Our findings

People told us that they received their medicines as prescribed. One person told us, "I get my medicines and they wait to watch that I have swallowed them." A relative told us, "There is no issue with the medicines." During our inspection we saw several examples when nurses explained to people what medicines they were receiving and giving choices where tablets were to be given on 'as and when required' basis (PRN). There were some people who were refusing their medicines but needed to take the medicine to stay healthy. In discussion with the person's GP, protocols were in place and reviewed for the medicines to be given disguised in food. This only happened where there had been agreement from the doctor about the need for these medicines to be taken in the persons best intersts. We saw that protocols were also in place for as and when required medicines to ensure people were supported with their medicine safely. We saw that there were protocols in place for staff to refer to when administering medicines disguised in food or on an as and when required basis.

People told us that they felt safe in the home. One person told us that they didn't like the hoist but went on to say, "I do feel safe when they [staff] use the hoist." We saw that people were relaxed in the presence of the staff and there were lots of smiles and general chit chat between staff and people showing a relaxed atmosphere in the home. A relative told us, "They [staff] keep her [person receiving a service] safe and look after her really well." All the staff we spoke with told us they had had training in safeguarding people and were able to describe different types of abuse. Staff were confident that they could raise any concerns with the registered manager and were aware of other people they could raise their concerns with if they felt the registered manager was not responding to their concerns. This included the provider, the provider's representative who was in the home most days and external organisations such as social services. Information we hold about the service showed that any allegations of abuse were raised with the local authority appropriately so that they could be investigated.

We saw there were sufficient staff to meet people's needs. Most people spoken with told us they were happy with the numbers of staff available but one person told us that the staff were always busy so didn't have time to sit and chat with them. During our day we saw staff sat in lounges talking with people. Everyone spoken with told us that the staff attended quickly if they used the buzzer for assistance. We saw that the buzzers were responded to quickly so that people were not left waiting for a response. Some people were not able to use the buzzer and staff told us that they checked on people on a regular basis to ensure they were okay. One relative told us, "It has improved on staffing but sometimes when there are absences mum can wait for the toilet." Another relative told us, "There will never be 'enough' staff but staff are always available when you need someone." Staff told us that there were sufficient staff available to support people. One staff member told us that where there were staff shortages efforts were made to get cover from staff not on duty rather than using agency staff so that people were supported by staff that they knew.

Sometimes staff were moved from one unit (if there was overstaffing) to another to support staff on the other unit. We saw that the registered manager also provided support where nurses were not available. Records showed that people's dependency levels were assessed on a monthly basis so that staffing levels could be adjusted if needed. We saw that where people needed individual support and observation this was

provided.

Staff spoken with told us that all required recruitment checks were undertaken before they commenced their work. We checked the recruitment records of two staff and found the necessary pre-employment checks had been completed to ensure staff were safe to support people.

Good

Is the service effective?

Our findings

People told us they were involved in planning their care and deciding on how they received support. One person told us, "I'm very happy here; they [staff] take good care of me." Another person told us, "I got up early today as I'm having a one to one for an activity." During the evening of our visit one person told us, "I am staying up late so will get up later tomorrow morning." Other people and their relatives told us they were happy with the care and support provided. One relative told us, "They do involve mum but she's deteriorating now. We are very happy with the home."

We saw and heard staff involving people when they were moved using the hoist so that they knew what was going to happen and felt reassured. Our observations showed that staff interactions with people were good and staff responded to people's needs quickly. For example, when people were confused about their whereabouts staff reassured them and supported them to their bedrooms or lounges. We saw that staff were attentive to people's needs and tried to ensure that people were kept comfortable, whether people remained in their beds or sat out in chairs.

Records and observations showed that people were supported to keep their skin healthy by ensuring pressure relieving equipment was available, creams were applied and there was regular repositioning of people who were unable to move independently.

People told us that the staff were good and helped them when they needed help. A relative said, "I think the staff have the training to look after mum." Staff told us they received induction and ongoing training that included fire safety, manual handling, safeguarding and health and safety. One staff said, "I shadowed another staff member when I first started. I had lots of different training because I'd not been in care before. It was very helpful." Another staff told us because they had worked in care before and had already had training she worked alongside staff to get to know people and how they liked to be supported. The Provider Information Return (PIR) told us that training was linked to the care certificate. The care certificate is the new minimum standards that should be covered as part of induction training for care workers. Records and staff spoken with confirmed this. Training records also showed that there was specific training available for staff so that they could carry out their roles effectively and ensure that people's needs were met. For example, there was training regarding pressure care for all staff and wound care for nurses so that all staff could work to prevent skin damage but where needed the nurses could provide appropriate nursing care. The registered manager told us that nurses were supported to undertake training to support them to maintain their registration with the nursing and midwifery council. This showed that training was tailored to meet staff's individual needs.

Staff told us that they received support to carry out their roles through regular staff meetings, supervision and appraisal. In addition there was regular handover of information at shift changes so that staff were kept informed of people's conditions when they came on duty.

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 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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff told us they had received training in the MCA and we saw that they were putting their training into practice. For example, people were encouraged to consent to and make choices and decisions about their care. Where people were not able to make decisions other people such as family members and medical professionals were involved in making decisions for people that were in their best interests. This included where people needed to have their medicines disguised in their food as it was important for them to have the medicines and whether people should receive lifesaving treatment after a heart attack.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made for the people that required them and we were kept informed when these had been authorised. Staff spoken with had an understanding of why the DoLS applications had been made.

People received food and drinks at various times throughout the day and assessments had been completed to identify people who may be at risk of not eating and drinking enough to maintain their health. Most people and their relatives told us that they were happy with the food provided. One person told us, "The food is very good." Another person told us that they had choices at meal times and we saw that this was the case. A relative told us that their family member found the food a bit bland but efforts had been made to accommodate for the person's taste. One person told us they did not like the food and we saw that they had ordered a takeaway meal to eat instead.

Our observations showed that staff provided appropriate support to people that needed it to eat their meals. This ranged from prompting to gentle persuasion and some people needed full support to eat. We saw that this was done at a pace that suited the individual and there were ongoing interactions with the people they were supporting. Staff told us that they monitored people's weights regularly and if there were any concerns the nurses would refer the individuals to the GP or dietician. Records showed that people had been referred to the speech and language therapists if they were having difficulties with their swallowing. We saw that people received food supplements where required and food was prepared and presented in a way that met their needs. For example people who had diabetes received an appropriate diet and some people received their food pureed to ensure safe swallowing.

People's health needs were being met. People told us that they were able to see the doctor when they needed. One person told us, "The doctor comes each week and I can see them." Another person told us, "Luckily I don't need to see the doctor often but if I do I can see one." Staff told us that they could refer to the badger service out of hours if needed or call 999 for emergency services. The badger service is an out of hour's doctor service. Records showed that people were supported to attend hospital follow up appointments and to have their dental and optical needs met. There was also involvement with community psychiatric nurses and consultants to ensure the mental health needs of people were met.

Good

Is the service caring?

Our findings

People spoken with were very positive about the staff that supported them. One person told us, "Staff are very good." Another person told us, "The staff are okay, no one's being nasty to me. You have your favourites and like some more than others." All the relatives spoken with felt their family members were well looked after although there were some concerns about spectacles being mislaid. A relative said, "Staff are lovely." We saw that staff were attentive to people's needs and spoke in a kind and caring manner with people.

People also spoke positively about the registered manager. One person told us, "The manager comes and sees us. He gives me medicines sometimes. He is lovely." Another person said, "The manager comes and shakes my hand." Conversations with the registered manager showed that he knew people well and we saw that his manner with people was caring and friendly.

We saw that staff supported people to make choices wherever they could. For example, people were supported to choose whether they stayed in bed, where they sat if they got out of bed and the personal care they received. One person told us, "I have a shower every morning." Another person told us that they preferred to stay in their bedroom but liked to eat their lunch in the dining room. We saw that this was facilitated. We heard staff ask one person whether they wanted white or brown bread for toast for breakfast.

We saw that people were treated with respect and dignity. People were referred to by their preferred name. Staff were able to tell us how they ensured people's dignity and this included ensuring bedroom doors and curtains were closed when providing care and keeping people informed about what was happening. We saw that staff knocked on bedroom doors and waited to be invited in where people were able to tell them to enter. We saw that staff closed bedroom doors when people were supported with their care needs. We heard staff telling people what was happening that day even though they knew that people may not remember and would ask them again. We heard a member of staff telling one person during breakfast that they [person] would be going out with a family member for the day. We later saw the person go out with their relative. Another person asked staff several times if their family member was going to visit and the staff always responded telling them they thought so. All bedrooms were singly occupied and had an en-suite facility promoting people's dignity and privacy. During our inspection we saw that on one occasion when a hoist was being used the person's clothing became raised and although the person laughed about it staff needed to be mindful about how dignity was managed during the use of the hoist. On another occasion a person was left sitting in their bedroom dressed for bed without a dressing gown or other covering whilst people of the opposite gender were walking about. Although in both of these circumstances the people were not affected in themselves staff should be mindful to ensure dignity is maintained.

People were supported to dress in a way that suited their personality and for the weather. We saw that the person that went out for the day was dressed appropriately for the weather. We saw that another person chose to wear jewellery and make up, which staff supported the person with. Another person told us they had their hair done by the hairdresser and they enjoyed this. This showed people's individuality was maintained.

We saw that where possible people were supported to be as independent as possible. For example, people had been assessed as to whether they could use the call buzzers and if not what other systems could be put in place. We saw that one person was given another type of buzzer because they were at risk of wrapping the cord of the other buzzer around themselves. We saw that people were enabled to mobilise independently with the use of zimmer or walking frames which were left in close proximity. People were able to move around the units they were on and there was floor level access to the ground floor and garden to enable people to mobilise safely. There was a passenger lift available to assist people to move between floors if they wished.

Good

Is the service responsive?

Our findings

People were supported to receive care and support based on their individual needs. People spoken with said they were happy with the care provided. A relative told us that staff involved them in updating care plans and that their family member was involved. Staff were knowledgeable about people's needs and risks associated with their care and able to give good examples of personalised care and how they managed difficult situations when people became upset and angry. Records showed that people's needs were reviewed on a regular basis. Staff told us that they received updates in changes in people's needs in handovers between staff at shift changes. The Provider Information Return (PIR) told us that improvements were being made to involve relatives more regularly in reviewing care. We saw that people's religious needs were met. One person's records showed that they were supported to receive a visit from the priest and we saw that people's bedrooms were personalised and had religious items such as crosses and rosary beads available to people.

People told us that they did not have to wait long for assistance if they used their buzzers. We saw that during our inspection, buzzers were responded to quickly and staff told us about how they made regular checks on people unable to use the buzzer.

People told us that there were some activities available to them. One person told us that they were having a one to one session on the day of our inspection. They told us, "We go to the pub for a meal sometimes." Another person told us the staff helped her to paint her nails. Two people told us that the staff didn't have time to chat to them but during our inspection we saw that at various times in the day staff were chatting with people. One relative told us, "You've come on a bad day. The activities co coordinator for this floor is on leave. There is usually something going on." We saw that some people chose to stay in their bedrooms. There was a record on people's care files of some activities they had been involved in. The registered manager told us that a third activities co coordinator was being recruited and although staff would try to carry out some activities with people this wasn't always possible.

There were systems in place to gather the views of people through complaints, compliments and concerns and also through surveys carried out. Most people in the home were not able to raise concerns but those that could told us they would speak with the registered manager if they were unhappy about something. Relatives told us that they had no concerns but if they did they would speak with the registered manager. One relative told us, "The communication is good. If we have anything to say or feel something is not being done we speak with [registered manager] he's a lovely man, very approachable, always available for us to speak with." Staff told us that if they saw something they would raise concerns with the registered manager or provider's representative on behalf of people. There was a log of all complaints and concerns received from people and this showed that the complaints had been investigated and people responded to with the outcomes. We also saw that relatives had sent compliment and thank you cards for the care people had received. One card said, "We can't express our gratitude for the very tender and caring way you treated [person] in the last months of his illness." We saw that there were lots of positive comments left on the home's website regarding the care provided to people. We saw that surveys completed by relatives showed that they were happy with the service. People were also able to give feedback at meetings arranged for

people and their relatives.

Requires Improvement

Is the service well-led?

Our findings

At the time of our last inspection in January 2016 we saw that records of care people received on a day to day basis were kept in a folder outside their bedrooms so that they could be accessed by people not entitled to access them. At this inspection we saw that although most of these records had been removed there continued to be some records that were accessible to people. During this inspection we saw that some archived records were left in a filing cabinet which had not been locked, in a corridor. Although there were not many people receiving a service that could access the records, visitors to the home could and this did not ensure that people's information was protected.

We saw that supervision and oversight of practices in the units was lacking. For example we saw a medication trolley was briefly left unattended and staff had not consistently followed the procedures to highlight where an error had been made. . Where audits had been carried out and identified some errors the reasons for the errors or actions taken to rectify the issues had not been recorded and the registered manager was unable to recall this information. Retaining this information would enable the causes of the errors to be analysed so that action could be taken to reduce the risk of future errors.

We saw that although there was a log of complaints, accidents and safeguarding's there was not sufficient analysis of the incidents to show themes and developing trends so that actions could be taken to address the issues in a timely manner if needed.

We also saw that there were a few instances where people's dignity had not beenfully maintained, some care records such as hospital passports had not been updated and body maps were not always completed where bruising had been noted. There had been a number of incidents instigated by one person against other people receiving a service and although staff were managing the situations there was no overall analysis of the incidents to determine if they were becoming more frequent or what was the most effective way of distracting the person to prevent these occurring.

There was a registered manager in post. People and their relatives told us they were happy with the service provided and were very complimentary about the registered manager. People and relatives told us that the registered manager was friendly, approachable and was seen regularly walking around the home. This was seen during our inspection. Staff spoken with told us they were happy with the support they received from the registered manager and that he was always available for advice and support.

We saw that the registered manager was supportive and encouraged staff to develop their individual skills through training and taking specific roles. For example, the staff had been involved in the Think Kidney programme which meant they worked alongside some healthcare professionals to ensure that people were kept hydrated by being offered regular drinks. Some staff were nominated as Hydration Champions who were responsible for ensuring that people were regularly prompted with drinks and they [staff] monitored the amount of fluids they [people] were taking. Student nurses were also carrying out some placements at the home to get experience of care homes and to complete units such as medication that was part of their nurse training.

We had received some concerns about the ability of staff to converse with people in English. The registered manager had responded to these concerns and during our inspection we saw that there were some staff for which English was not their first language and although they had accents their level of using the English language was acceptable. People and their relatives did not express any concerns to us about the staff. We had also received some concerns about the attitude of some of the senior management team and the use of the closed circuit television cameras (CCTV) in the home which were investigated by the provider and not upheld. Following our inspection we received further concerns about the use of CCTV cameras, the senior management team and staffs proficiency in the use of the English language. These concerns were sent to the provider to be investigated.

We saw that other regular audits were being carried out to monitor the quality of the service. These included accidents, incidents, infection control, cleanliness, supervision for staff and training undertaken by staff. We saw that the registered manager was able to monitor the quality of the service in these areas. The views of people had been obtained so that their views on the service could be used to determine the quality of the service.