Holsworthy Health Care Limited

Bodmeyrick Residential Home

Inspection report

North Road
Holsworthy
Devon
EX22 6HB

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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

Bodmeyrick Residential Home provides accommodation and personal care for up to 28 older people. It is not a nursing home. At the time of our inspection there were 25 people living at the home.

At the last inspection, the service was rated Good. However, they had a breach of regulation 13 due to not having Deprivation of Liberty Safeguards in place for people who were not free to leave unsupervised. This inspection found improvements had been made and the service was now meeting all the regulations.

At this inspection we found the service remained Good.

Why the service is rated good:

The service continued to provide safe care to people. One person commented: "The staff keep me safe." Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet, which they enjoyed.

Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

There were effective staff recruitment and selection processes in place. People received effective care and support from staff who were well trained and competent.

The service was caring and people had built strong relationships with each other and staff. People engaged in a wide variety of activities and spent time in the local community going to specific places of interest.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development.

A number of methods were used to assess the quality and safety of the service people received and made continuous improvements in response to their 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?

Good

The service remains Good.

Is the service effective?

Good

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well through regular contact with community health professionals.

People's rights were protected because the service followed the appropriate guidance.

People were supported to maintain a balanced diet, which they enjoyed.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Bodmeyrick Residential 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 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.

This was a comprehensive inspection: It took place on 29 March and 3 April 2017 and was unannounced.

The inspection team consisted of one adult social care inspector.

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with eight people receiving a service and seven members of staff, which included the registered manager and owner. We spent time talking with people and observing the interactions between them and staff. We also spoke to a visiting health professional.

We reviewed three people's care files, three staff files, staff training records and a selection of policies, procedures and records relating to the management of the service.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. One person commented: "The staff keep me safe." Staff responded appropriately to people's needs and interacted respectfully to ensure their human rights were upheld and respected. For example, staff communicated with people in a way they understood in order to meet their needs.

To minimise the risk of abuse to people, all staff undertook training in how to recognise and report abuse. Staff told us they would immediately report any concerns to the registered manager and were confident that action would be taken to protect people. A staff member commented: "I would go straight to (registered manager) and report. I would also document all the details."

People's individual risks were identified and risk assessment reviews were carried out to keep people safe. For example, risk assessments for falls, moving and handling, skin care and nutrition. Risk management considered people's physical and mental health needs and showed that measures to manage risk were as least restrictive as possible. For example, encouraging people to remain as independent as possible with the use of moving and handling equipment. A professional commented: "The slightest mark (on skin) they (staff) are on to the nurses."

Staff confirmed that people's needs were met promptly and they felt there were sufficient staffing numbers. We observed this during our visit when people needed support or wanted to participate in particular activities. For example, staff spent time with people engaging in a range of activities both within the home and in the local community. On the first day of our inspection a group of people attended a coffee morning in Holsworthy. Singing sessions were also observed on both days of our inspection.

There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received their medicines safely from staff who had received training to carry out this task. Medication administration records were correctly signed when they were administered. Certain additional checks had been put in place by the home to ensure that people received the correct type and dose of medicines. For example audits were carried out on a monthly basis.

Good

Is the service effective?

Our findings

People said staff were well trained. People commented: "The staff know what they are doing" and "Oh yes, the staff are well trained." A relative commented: "The staff are brilliant, very good." A visiting professional commented: "Staff are competent and say when they are not."

Staff had completed an induction when they started work at the service, which included training. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. The induction enabled the organisation to assess staff competency and suitability to work for the service.

Care was taken to ensure staff were trained to a level to meet people's current and changing needs. Staff received a range of training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on subjects including, moving and handling, the Mental Capacity Act (2005), medicines management, infection control, nutrition and first aid. In addition, staff had completed specialist training specific to people's individual needs. For example, dementia awareness, diabetes and end of life care. Staff had also completed varying levels of nationally recognised qualifications in health and social care, including the care certificate. The care certificate aims to equip health and social care staff with the knowledge and skills which they need to provide safe, compassionate care. Staff commented: "The training has been very good" and "I received lots of training."

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities. Staff confirmed that they felt supported by the registered manager when it came to their professional development. A staff member commented: "The support I have received has been amazing."

Staff files and staff confirmed that supervision sessions and appraisals took place on both a formal and informal basis. Appraisals were structured and covered a review of the year, overall performance rating, a personal development plan and comments from both the appraiser and appraisee.

Staff knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical or mental health. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. Staff commented: "The care plans really helped me when I first started here. For example, where creams need to go" and "We can always refer to people's care plans if we need to."

People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. There was evidence of health and social care professional involvement in people's

individual care on an on-going and timely basis. For example, GPs, community nurses and an occupational therapist. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. For example, when a person's behaviour had changed. A professional commented: "We have a monthly meeting and the staff are very good at following advice."

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.

Staff demonstrated an understanding of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and how these applied to their practice. For example, what actions they would take if they felt people were being deprived of their freedom to keep them safe. The 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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At our inspection in September 2015 we found no DoLS applications had been made for people who were not free to leave unsupervised. This inspection found improvements had been made and the service was now meeting the regulation. As a result, Seven people were awaiting an assessment from the local authority for a DoLS authorisation at the time of our inspection.

People's capacity to make decisions about their care and support were assessed on an on-going basis in line with the MCA. For example, where staff were concerned about a person's memory loss and their lack of capacity to make decisions, they had worked closely with other health and social care professionals. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, regards to a person's increasing needs. The registered manager was proactive in assessing people's capacity on an ongoing basis to ensure they received the right level of support. For example, a person's deteriorating memory and the need for an increased level of support.

People were supported to maintain a nutritious and balanced diet. People were involved in choosing what they wanted to eat with staff support to meet their individual preferences. People commented: "The food is lovely. Always enough and if you want something different you can"; "I like a fried or poached egg for breakfast" and "I have a fry up every day." Meals were cooked freshly by the cook and were warming and nutritious. For example, on the first day of our inspection, people were enjoying roast pork with all the trimmings and rice pudding. The mealtime experience was a social occasion for people. The home smelt lovely with the smell of home cooking.

Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a monthly basis. Staff recognised changes in people's nutrition with the need to consult with health professionals involved in people's care. Speech and language therapists worked closely with people with speech, language and communication

problems, and with those with swallowing, drinking or eating difficulties. As a result, people were prescribed specific diets to reduce the risks and staff followed the guidance.

Good

Is the service caring?

Our findings

Bodmeyrick continued to provide a caring service to people and was very much people's home. People had built strong relationships with each other and the staff who worked with them. There was a happy atmosphere. People commented: "Superb couldn't be better"; "Lovely staff. Do everything you ask; "The staff are very nice"; "The staff are so kind" and "I feel well cared for by lovely staff." A relative commented: "Brilliant. They (staff) are so caring, very good. (Relative) is contented and well looked after." A visiting professional commented: "I love Bodmeyrick. No concerns. A lovely atmosphere. The staff are really friendly. Nice interactions. Real homely feel."

Throughout the inspection there were kind and friendly interactions between people and staff. Staff knew people well and were able to communicate effectively with everyone. Staff took time for people to communicate their wishes through the use of individual cues, and looking for a person's facial expressions, body language, spoken word and objects of reference.

Staff showed patience and supported people in a way that promoted their dignity. For example a person needed support with personal care and a member of staff quietly took them to a bathroom where they could assist them in private. People had unrestricted access to their rooms and were able to spend time alone if they chose to. Staff told us how they maintained people's privacy and dignity when assisting with intimate care. For example by knocking on bedroom doors before entering, being discreet such as closing the curtains and gaining consent before providing care.

Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care. Staff recognised how important it was for people to be in control of their lives to aid their well-being. For example, offering people choices of how they spent their time. Staff demonstrated empathy in their discussions with us about people. A staff member commented: "We really care about the residents. They are so important."

Staff gave information to people, such as when activities were due to take place and when lunch was ready. Staff communicated with people in a respectful way. Their relationships with people were caring and supportive and they spoke confidently about people's specific needs and how they liked to be supported. Staff were motivated and inspired to offer care that was kind and compassionate. For example, we saw staff working closely with people, engaging with them in a way they responded positively to. Staff were singing with people and the atmosphere was happy with everyone clearly enjoying the activity. It was evident how kind and compassionate staff were. Staff explained it was important that people were at the heart of planning their care and support needs and how people were at the centre of everything.

The service had received several compliments about the care provided to people. For example, 'Thank you for your care, sensitivity and patience' and 'A big thank you to you all for the wonderful care and attention you gave to (relative) while she was in the home. This was very much appreciated by us and her family.'

Good

Is the service responsive?

Our findings

The service continued to be responsive. Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes.

Care files included personal information and identified the relevant people involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. Care files included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health. People's likes and dislikes were taken into account in care plans. This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and were clearly laid out. They were broken down into separate sections, making it easier to find relevant information, for example, physical and mental health, nutrition, continence, skin care, mobility and personal care. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

Activities formed an important part of people's lives. People engaged in wide variety of activities and spent time in the local community going to specific places of interest. For example, arts and crafts, baking, quizzes and outside entertainers. People commented: "We go out on trips" and "I enjoyed the coffee morning." A staff member said, "People go out for trips. They love making cakes." People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. People were made aware of the complaints system when they started using the service. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint. The service had not received any complaints. However, the registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure.

Good

Is the service well-led?

Our findings

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.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged an open culture. Staff felt able to raise concerns and would be listened to. Comments included: "(Registered manager) has been great, so supportive" and "I can always go to (registered manager)."

Various staff meetings occurred on a regular basis. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system which occurred at each shift change.

People's views and suggestions were taken into account to improve the service. Surveys had been completed by people using the service and relatives in February 2017. The surveys asked specific questions about the standard of the service and the support it gave people. Where actions were required these had been followed up by the registered manager. For example, alternative foods and maintenance jobs. This showed that the organisation recognised the importance of continually improving the service to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisations philosophy was embedded in Bodmeyrick.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GP and community nurse. Medical reviews took place to ensure people's current and changing needs were being met.

There was evidence that learning from incidents and accidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment to reflect current circumstances. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment. The service was both responsive and proactive in dealing with incidents which affected people.

Checks were completed on a regular basis as part of monitoring the service provided. For example, the checks reviewed people's care plans and risk assessments, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed and maintenance jobs completed. These checks assured the provider about the quality of care delivered at the home.