

Boars Tye Residential Home Ltd

# Boars Tye Farm Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Boars Tye Farm Residential Home is a residential care home providing personal care to up to 27 people in one adapted building, some of whom may be living with dementia. At the time of our inspection there were 23 people using the service.

### People's experience of using this service and what we found

Although there were risk assessments and care plans in place, not all risk to people's safety and wellbeing had been identified and mitigated. People told us they felt safe; however, the systems in place did not always protect people from avoidable harm. Not all concerns had been reported to the appropriate bodies in a timely way.

People's medicines were not always safely managed, people did not always receive their medicines as prescribed.

The provider had systems and processes in place to monitor the quality of the service, however some of these had not identified what we found on our inspection.

There was a complaints procedure in place and complaints were being responded to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for the service under the previous provider was good (published March 2020).

### Why we inspected

We received concerns in relation to safeguarding, keeping people safe from risk of harm and the management of medicines. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Boars Tye Farm Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed

We have identified breaches in relation to risk, medicines management and management oversight of the service.

Please see what action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Boars Tye Farm Residential 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Two inspectors carried out the inspection

#### Service and service type

Boars Tye Farm Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Boars Tye Farm Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with three people who used the service and six members of staff including the registered manager, two care managers and three care staff.

We reviewed a range of records. This included four people's care records and medicine records. We looked at three staff files in relation to recruitment, and a variety of records relating to the management of the service, including audits and safety checks were reviewed.

We spoke to two relatives following the inspection. We continued to seek clarification from the provider to validate evidence found. We looked at training and quality assurance records.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People did not always receive their medicines as prescribed. This placed people at risk and the registered manager had not adhered to the proper and safe management of medicines.
- One person told us they had not received their medicine for almost a week. When following this up we identified another person had missed their time critical medicine for Parkinson's for three days. This had the potential to increase symptoms such as stiffness and increase the risk of falls. This person's falls risk was already high.
- The service had not sought advice from the appropriate health care professional to see if there would be any adverse effects to people who had not received their medicines. Daily notes and people's care plans did not reflect the people we identified had missed their medicines.
- People's medicine records did not always include protocols for PRN medicines, which are medicines to be administered as and when required. There was not always guidance for staff on when to administer medicines for pain relief. For example, one person's pain relief stated every one to two hours, with no maximum dose stated to inform staff how many doses could be administered in a 24-hour period.
- Staff involved in the administration of medicines received appropriate training, however we found nearly all staff's medicine competency assessments were overdue. This was brought to the registered manager and care managers attention who told us these would be undertaken as soon as possible.

### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed, however not always recorded to ensure risk management procedures were being followed by staff to ensure people's safety.
- For example, a risk assessment and skin integrity care plan was not in place for a person with a pressure ulcer. Including any information or guidance provided by the district nursing team in how to provide appropriate support, or how to minimise risk of further skin deterioration.
- Fire systems and equipment were checked regularly, and routine fire drills carried out to ensure staff knew what to do in an emergency. We found people's Personal Emergency Evacuation Plans (PEEP's) had been condensed onto one 'grab sheet'. Relevant information such as sight, hearing, equipment, mobility and communication was not detailed enough to guide staff to safely evacuate people from the premises in the event of a fire.

Although we found no evidence that people had been harmed, systems were not always effective to assess monitor and mitigate the risks to the health safety and welfare of people using the service. The management of medicines was not always effective. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicines were administered throughout the day and night by dedicated staff members who only administer medicines. Time critical and time specific medicines were given first and all other medicines are offered to people throughout the day when it suits them. Medicines were given to people in their rooms and staff gain consent.

The registered manager responded after the inspection. They were going to review people's evacuation requirements over the next few weeks and introducing a more detailed individual PEEPS plan, for each person.

#### Staffing and recruitment

- The registered manager understood their responsibilities to ensure suitable staff were employed in the service. This included obtaining a Disclosure and Barring Service (DBS) check and references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff received supervisions and appraisals, one told us, "I can ask for training, what I am or not happy with." Another told us, "I have supervisions every six months, and a yearly appraisal."
- The service provided training in mandatory subjects via e-learning, however due to the complexities of some people's care requirements there had been no specialist training for staff to enable them to support people with more complex needs. For example, Parkinson's or sexual safety awareness training.

#### Systems and processes to safeguard people from the risk of abuse

- People us they felt safe. One person told us, "I feel safe and happy here, more so than at home." A second person told us, "I feel safe, I know I can speak up".
- Relatives we spoke to, confirmed they had no concerns relating to the safety of their family member. One relative told us, "Yes absolutely, if it had been in the other place then no." A second relative told us, "The staff are far better than me, and "[Name] is always there for us."
- Staff had completed safeguarding training and were able to recognise signs of abuse, however we found that the risk of potential harm due to missed medicines and other incidents we were informed of, were not always identified or reported to the appropriate authorities.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.



- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in Care Homes

- Relatives told us they were able to visit their family member with no restrictions. One relative told us, "I visit same time each day, three o'clock until just after teatime." Another relative said, "I visit every week, mainly in persons bedroom."
- People and relatives also had use of outdoor garden areas or a summerhouse for visiting.

#### Learning lessons when things go wrong

- Staff recorded accidents and incidents, these have been analysed and investigated where required by the management team.
- Any learning from incidents or people's and relatives' feedback, was discussed with the staffing team and shared via, WhatsApp groups (messaging platforms), team meetings and handover. The registered manager had identified that communication in some areas needs to be improved.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager was experienced and had knowledge to carry out their role, however we found shortfalls in the oversight of the service.
- Systems and processes had failed to identify that not all risk's to people's safety and well-being had been identified and mitigated and did not always protect people from avoidable harm. For example, one person's risk assessment relating to when they became anxious and distressed did not accurately reflect the current risk to others.
- Incidents of potential abuse had not always been reported in a timely manner. This placed people at risk of ongoing harm.
- People's medicines were not always managed safely; this had not been identified by the provider's audits. This meant people using the service did not always receive their medicines as they should. This placed people at risk of harm.
- The registered manager was aware of their regulatory responsibility to submit notifications to CQC. However, the registered manager had failed to notify CQC and or the local authority where people had consistently not received their medicines. These were raised retrospectively after the inspection.

We found no evidence that people had been harmed. However, the provider did not have effective arrangements to assess, monitor and improve the quality of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The registered manager was aware of their responsibility under the duty of candour and spoke about being open and honest when things go wrong.
- We saw evidence of surveys undertaken with people, relatives and staff to seek feedback on how the service was run.
- Relatives we spoke with told us communication was good and they knew who the registered manager and care managers were should they need to raise any concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Equality and diversity were evident in the home with a mixture of backgrounds among both staff and people. During our visit, the staff and people appeared happy and the atmosphere felt positive.
- We received positive feedback from relatives we spoke to, one relative told us, "I'm very pleased with all staff, they look after everyone, it's marvellous." Another told us, "They [staff] are all good, on the ball."
- People and staff provided mostly positive feedback on the management of the service. Staff told us they enjoyed their role. One person told us when asked if they knew the registered manager, "Yes, they recently done my hair and beard with clippers."

Continuous learning and improving care; Working in partnership with others

- Information available showed the service worked in partnership with key organisations, such as, GP surgeries, community paramedic who held twice weekly clinics at the service and the Dementia Intensive Support Team and District Nurse services.
- Referrals were made to other health professionals as required such as speech and language therapy, (SALT), dieticians and the falls service if there were concerns about people's care.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Although we found no evidence that people had been harmed, systems were not always effective to assess monitor and mitigate the risks to the health safety and welfare of people using the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed. However, the provider did not have effective arrangements to assess, monitor and improve the quality of the service.</p>