

Absolute Care Homes (Central) Limited

# Boldmere Court Care Home

## Inspection report

350 Gravelly Lane  
Birmingham  
West Midlands  
B23 5SB

Tel: 01213530003  
Website: [www.boldmerecourt.co.uk](http://www.boldmerecourt.co.uk)

Date of inspection visit:  
26 July 2018  
03 August 2018

Date of publication:  
28 August 2018

## 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

The inspection was unannounced and took place on 26 July 2018. We agreed with the registered manager to return on 03 August 2018 to complete the inspection. Prior to the inspection we had received concerns about care at the home and the inspection followed up on these concerns and we also discussed the information with partner agencies.

The home is registered to provide accommodation and personal care, for a maximum of 68 people and there were 68 people living at the home on the days of the inspection.

A registered manager was in place. A 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.

We last inspected Boldmere Court on 16 February 2017, when we rated it as 'good' overall, however we rated the key question, 'Is the service well-led' as requires improvement because we found we saw that there were systems in place to monitor and improve the service but they did not always identify shortfalls that needed to be addressed. At this inspection we found improvements had been made.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People felt safe living at the home. Staff were available to people and demonstrated good knowledge about people living at the home. People were supported by staff to have their medicines and records were maintained of medicines administered.

People and relatives complimented the cleanliness of the home. Staff maintained good hygiene and used protective clothing when appropriate.

Staff told us training helped them meet the specific needs of the people living at the home and they attended regular training to ensure they kept their knowledge updated.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and had submitted the appropriate applications where they had assessed that people were potentially receiving care that restricted their liberty.

People enjoyed a choice of meals and were supported to access professional healthcare outside of the

home, for example, they had regular visits with their GP and any changes to their care needs were recognised and supported by staff.

People said staff were caring and treated them with respect. We saw people were relaxed around the staff supporting them and saw some positive communication with staff. Staff showed us that they knew the interests, likes and dislikes of people and people were supported to enjoy various activities. We saw that staff ensured that they were respectful of people's choices and decisions.

People were involved in planning their care. Relatives also said they were involved in reviews of people's care and said staff listened to them. People and staff told us that the management team were approachable and if they had any concerns they would be listened to.

The management team ensured regular checks were completed to monitor the quality of the care that people received, and action had been taken where areas were identified for improvement.

People, relatives and staff were positive about the overall service. Relatives and staff complimented the improvements made under the new management. Staff felt supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

## 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 safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service has improved to good.

The management team ensured regular checks were completed to monitor the quality of the care that people received, and action had been taken where areas were identified for improvement.

Staff felt supported by the management team and were clear on their roles and responsibilities.

People, relatives and staff were positive about the overall service. Relatives and staff complimented the improvements made under the new management.

# 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 the 26 July 2018 and was unannounced. The inspection team consisted of one inspector, an inspection assistant, a specialist advisor and an expert by experience. A specialist professional advisor is someone who has a specialist knowledge area. The specialist professional advisor on this inspection was someone who had nursing expertise. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We agreed to return and complete the inspection on 03 August 2018, when the inspection team consisted of one inspector.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also spoke with the clinical commission group (CCG) and the local authority about information they held about the provider. Prior to the inspection we had received concerns about care at the home and the inspection followed up on these concerns and we also discussed the information with partner agencies. This helped us to plan the inspection.

During our inspection we spoke to seven people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with eight relatives of people living at the home during the inspection. We also received feedback from one relative who used our website to give their feedback during the inspection.

We spoke to the registered manager who is also the operations manager, the manager and deputy manager. We spoke to five nurses, three care assistants, two senior carers, the assistant chef and one activities co-

ordinator. We also spoke to one healthcare professional following our inspection. We looked at records relating to the management of the service such as, care plans for ten people, incident and accident records, medicine management records, four staff recruitment files and quality audit records.

# Is the service safe?

## Our findings

At the last inspection on 16 February 2017, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People we spoke with told us they enjoyed living at the home and they felt safe. One person said, "Yes I feel safe here. I feel the staff are very helpful, when I ring somebody always comes. .... If I need them in the night there is always someone here to help." Relatives we spoke with also felt people were safe living at the home. One relative commented they felt their family member was safe because, "It's the way [person's name] is looked after. The staff all seem pretty good."

Staff told us they had received training in safeguarding and knew the different types of abuse. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager, so plans would be put in place to keep people safe. One member of staff told us, "I would definitely take immediate action and report to the manager. The manager would take action but I know I can always raise concerns externally too." Staff confirmed that the provider had a whistleblowing policy in place.

People told us staff knew how to keep them safe. For example, one person told us, "They have two people (staff) to assist me." They also told us about the different equipment used to support their mobility. Their relative also confirmed guidance on people's risks was recorded in their care plans. They said, "Yes that's in [person's name] care plan. Staff we spoke with knew the type and level of assistance each person required. For example, the number of staff required to support people on different activities to keep people safe."

People told us staff were available to keep them safe. One person said, "They are very quick when you press the buzzer." Relatives told us that staff responded to and supported people when needed.

We observed support provided to people in the one of the communal lounge areas. We saw people were helped by staff and we saw one person experiencing anxiety and distress. We saw staff respond and offer reassurance, which was effective in supporting the person and we saw them becoming settled in response.

Staff we spoke with told us people were safe and staffing levels were suitable to meet the needs of people living at the home. One member of staff told us staffing levels were, "Right level to support people." The registered manager stated that staffing levels were based on a dependency tool which looked at people's individual needs.

We looked at recruitment files for four staff and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Completing these checks reduces the risk of unsuitable staff being recruited. Whilst the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS); they needed to strengthen the process further and ensure a full employment history was completed for all staff.

People we spoke to told us they got their medicines when they needed them. One person told us, "[Medication is] given at prescribed times." One relative also confirmed their family member was supported with the, "Correct meds at the correct time." We spent time with a member of the nursing staff during a medicine round and saw people were offered their medicines with the nurse offering support and guidance to support them. We looked at medicine records and saw these were completed to record when people received their medication. The new management team were piloting new medication charts at the time of the inspection, they also completed a monthly medication audit to ensure people received their medicines as required.

People were protected from harm by the prevention and control of infection. People and relatives we spoke with told us the home was kept clean. We saw that an infection control audit was completed monthly and where areas were identified requiring action they were entered into an Infection control action plan. Staff told us there was a good stock of personal protective equipment such as gloves and aprons available to them. We observed staff using gloves and aprons when supporting people with personal care. We spoke to a member of staff from the CCG who had completed an infection control audit for the home in June 2018. They advised infection control had improved at the home since their last inspection and they were satisfied with the current standard of infection control at the home.

The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again. Reports to the provider were colour coded to highlight areas that needed further actions. We saw that following coronial investigation the provider had made changes to their recruitment processes and had also provided additional training to staff and we also saw that a flowchart of first aid emergency guidance was provided to staff on each floor of the home



# Is the service effective?

## Our findings

At the last inspection on 16 February 2017, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People we spoke with felt staff had the knowledge to support people with their needs and provide effective care. One person told us, "They [staff] understand the effects of [health condition] on different individuals but they are willing to learn from [person's name]. There always seems to be an enormous amount of training going on." Staff we spoke with told us that training helped them to do their job. All staff were able to give examples of how training had impacted on the care they provided. For example, one member of staff told us how recent training on sepsis had increased their knowledge. We spoke to four nurses all of whom confirmed they received ongoing training.

We spoke with one new member of staff who told us they felt induction training was good. They said, "Showed us how to use equipment and I shadowed (experienced staff) for two weeks. I am now working towards the care certificate."

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 understood the importance of asking for people's consent before providing support. We saw that when one person refused support, the staff member respected this. One person commented, "They certainly don't make me do anything I don't want to." One relative also commented, "They [staff] respect [person's name] choices." Staff told us where people were unable to give verbal consent they looked for facial expressions and body language to gain consent and enable people to communicate choices.

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). We checked whether the service was working within the principles of the MCA and saw that the registered provider had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. The registered manager also had a process in place to record the expiry date of any authorisations so an assessment could be made to review the person's care and make a new application if needed.

People told us they enjoyed a choice of meals and we saw people were supported with drinks throughout the day. Care records included notes of people's likes and dislikes which had been shared with the kitchen staff. We saw some people were supported with specific diets to meet their health care needs, for example, softened food where they may have difficulty swallowing. One relative confirmed, "[Person's name] doesn't wear their teeth so they puree their food."

We visited when the weather was very hot, we saw in response staff ensured people were offered a good

choice of drinks throughout the day. One person told us, "They [staff] are very good with squash, they provide it in different flavours." We spoke to the assistant chef who advised they followed Department of Health heatwave guidance. For example, in the current hot weather afternoon cakes had been replaced by ice lollies and jellies. We later saw people and relatives being offered ice lollies.

We noted that the kitchen staff team had changed recently. One relative told us, "The quality and the choice have greatly improved." The assistant chef told us they were supported by the management team and equipment had been purchased to improve the quality of pureed foods. They told us they were working together with the activities co-ordinators to plan a food festival for people and relatives to attend and try different cuisines. We saw that staff had asked relatives for suggestions and recipes of foods to include.

On the first day of the inspection we noted that menus were type-written and staff read the menu to people to get their meal choices for the following day. We discussed this with the registered manager and discussed the use of picture menus or providing a visual choice. When we returned on the second day of the inspection, action had been taken and people were shown the two meal options at the point at which meals were served to help them make their choice. One member of staff said this had already enabled people to better make meals choices.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. One person said, "The doctor comes if you need him." Relatives told us they were happy with the actions taken by the staff in monitoring people's healthcare needs.

The premises were suitable to meet the needs of the people who used the service. We saw people's rooms were personalised and reflected their life histories and interests. The registered manager told us that the two upper floors for people living with dementia had recently been re-decorated with murals in many areas. The registered manager told us they had redecorated following consultation with a visiting healthcare professional. We noted that toilet doors and laundry cupboards had been decorated with pictures, the registered manager told us this had been successful in helping people identify what was behind the door. We discussed the need to ensure that further improvements were made, for example in the area where the mural was of books in a library style, improvements could be made by ensuring books were also available to people.

# Is the service caring?

## Our findings

At the last inspection on 16 February 2017, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People said staff were caring. One person said, "I think they are very good. Some go the extra mile. I think most of them do but even the ones that don't are still very good." Relatives also said they felt staff were caring, one relative said, "Staff are absolutely golden."

During our inspection we saw staff approached people in a friendly manner and we heard staff chatting with people, offering people support and reassurance where necessary. For example, when one person was anxious we saw one member of staff talk to them, offer reassurance and offer to walk with them. We saw the person become more settled in response.

The registered manager had received written compliments about care provided. For example, one relative had sent them a card saying, [Person's name] had a long journey here [at the home] but continued to laugh, love and be loved. They had a fantastic 80th birthday; treated like a queen and staff went above and beyond.'

People were able to make choices about their care. People told us they choose how and where to spend their day. One person told us, "I'm not forced to do anything I don't want. If I want to go to the lounge they will take me." Relatives also confirmed people were involved in making choices about their care. One relative said, "[Person's name] has choices."

Relatives told us there was good communication and they were updated if there were any changes in people's wellbeing. One relative said, "If anything happens they always phone you up straight away." Relatives said they were involved in the planning and reviews of care. One relative said, "Yes, yes I am [involved] and any changes needed have been agreed."

People's relatives told us they were able to visit when they chose, and they felt welcomed by staff. One relative said, "All staff are smiling, happy and welcoming." Relatives also felt their family members were respected by the staff. One relative said, "I suppose it is the little things really.... the way they speak to [person's name] when they put them to bed or personal care. It's the little things."

People told us there were residents meetings to give feedback on the home and share information. One person said, "There are residents meetings and I have attended some. There are things I have heard other people suggest and they have gone ahead. "

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I enjoy working here. I have learnt so much from the people who live here."

## Is the service responsive?

### Our findings

At the last inspection on 16 February 2017, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

Relatives told us staff were responsive to people. One relative said, "[Person's name] had continued infections but is now on 30-minute fluid charts and since being on this [person's name] rarely has any. I know they are being looked after with their mobility as they used to walk with a frame, then they used the stand aid and now they use a hoist and I know they are looked after with their changing needs." Another relative told us staff responded quickly in support of people's wellbeing. They said when their family member needed a doctors appointment, "Response for GP was very quick....the nurse put them on the GP list for the next day so it was 24 hours when [person's name] saw the doctor. "

Relatives told us staff knew their family members well and the way they liked things. One relative said, "They [staff] approach [person's name] in the right way. They know how far to go with [person's name] and when to leave things."

People, relatives and staff we spoke with told us that people enjoyed a range of activities with the support of two activities co-ordinator. One person said, "We go on outings like we did the other day, somewhere in town. They entertain us with singing and dancing." One relative also commented, "They do have activities on, bingo, games, a bit of dancing and if it's someone's birthday they have a party for them. You know it gets them involved."

Staff told us how people enjoyed both group and individual activities. On the days of our inspection we saw some people enjoy making pizzas together, and we saw other planned activities such as a visit from 'pat the dog' and a local choir. People told us they also enjoyed individual activities. One relative commented, "[Person's name] likes to do a lot of reading, word searches and listen to the radio and they supervise the gardening. Occasionally flower arranging [person's name] tells me where to put the flowers. They respect [person's name] decisions totally and if they do not want to go to exercise class they don't."

Staff understood people's individual needs and we saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover. For example, if people required wound management care or had a GP or hospital appointment an update was provided.

People told us they could raise any concerns with staff. One person told us they had no complaints but, "I would if needed, I'd go to the office." One relative commented they had no concerns but felt able to speak to staff. They said, "I've no concerns but happy to raise any concerns with any of the staff – care staff, nurses or managers are all very receptive to comments." Another relative told us when they had raised a concern, action had been taken. They said, "We raised a concern, they listened and took action." We saw that where written complaints had been received during the last twelve months, these had been investigated, and the supporting documentation showed the progression and conclusion of the complaint.

We saw that plans were in place to support people at the end of their life to receive the care they wanted. Staff we spoke with were aware of those people receiving end of life care and what this meant for them. The registered manager advised that families were involved, and they worked together with the palliative nurse team in supporting people.

Staff spoken with respected people's individuality and diversity. One member of staff said, "We respect people so they are safe to be individuals." Care files contained information about people's personal histories and people's preferences, so staff could consider people's individual needs when delivering their care. The registered manager advised they were not formally aware of anyone living at the home who identified themselves as being Lesbian, Gay, Bisexual or Transgender, (LGBT) but all relationships were respected. During the inspection the registered manager printed and displayed the LGBT rainbow symbol in the main reception area as a way of showing the service support for an inclusive environment. They also advised they would work with staff to produce a display for within the home and they committed to discussing this topic at the next residents and relatives meeting.

## Is the service well-led?

### Our findings

At our last inspection in 16 February 2017 we rated this key question as 'requires improvement'. We saw that there were systems in place to monitor and improve the service but they did not always identify shortfalls that needed to be addressed. At this inspection we found improvements had been made therefore the rating for this question is now 'good'.

People told us they liked living at the home and it was well run. One person said, "I think the one's in charge are very good. You can always have a chat with them if something's worrying you and tell them how you feel. You've got people here you can talk too. One relative told us they were happy with the service provided and concluded, "I wouldn't have any hesitations about recommending the home." Another relative commented, "I feel very confident in [person's name] living here." People said the registered manager was available to them. One person said, "If I want to speak to [registered manager's name] I just have to ask them to come and see me."

There was a registered manager in place who was present during our inspection. 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.

Prior to the inspection there had been a change in the management team when the existing manager left. In response and whilst recruitment was ongoing the operations manager had covered the role and had also registered with CQC. A new manager had been appointed three months prior to the inspection and was now responsible for the day-to-day care within the home and had applied to CQC to become the registered manager. A new deputy manager had also been appointed and was the clinical lead for the service.

The new manager told us they had introduced a daily walk around to see the care provided. One member of staff said, "[Registered managers name] has made improvements. They do a walk around and addresses any issues immediately."

Staff and relatives felt some improvements had been made since the management team had come into post and an open atmosphere was promoted. One relative commented, "[Managers name] creates a good atmosphere, it's very open door. If you are not happy about something you have no qualms in going to see them because they want to know. [Manager's name] calls you by name; they know everyone's name in the home." One member of staff said, "[Manager's name] is making things better, they are very good. [They are] making changes in a gradual way which we [staff] support." Another member of staff said, "[Manager's name] is making some good changes. I have faith in the new manager addressing what needs to be done."

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We saw that the provider had a programme of regular checks in place to review areas such as infection control, equipment and the environment. We saw that where areas

for improvement had been identified actions had been taken. The new manager told us that since starting at the home they had worked to produce an action plan of improvements. For example, we saw that people's care plans were currently being reviewed by the management team.

Staff we spoke with told us that they had regular supervisions and felt they could always approach the registered manager for advice and support. One member of staff said, "I'm happy working here, I wouldn't be here if not. There's excellent support and a good team of regular staff." Staff attended meetings, which they said provided a good opportunity to discuss any issues or changes and they felt involved in the running of the home.

The new manager said they kept their knowledge up-to-date by attending training and they felt supported by the provider in making changes. The manager said they completed a manager's report giving the provider an update on the home, for example, any incidents and staffing levels. Records we saw showed the management team worked with other agencies to support the well-being of the people living at Boldmere Court. For example, we saw referrals to GP, opticians, fall prevention team and speech and language team. The provider had also worked with a local school to help support staff with dyslexia to ensure information and training were appropriate.