Bournville Grange Limited

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this unannounced inspection on the 19 and 20 April 2017. Bournville Grange provides care for up to 27 older people some of whom are living with Dementia. At the time of the inspection 21 people were living at the home and one person was currently in hospital. We last inspected this home in August 2016 where they were rated as 'Requires Improvement.'

The registered manager had recently left the service at the time of 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. Management cover was being provided by the deputy manager with support from the registered managers of the providers other homes.

People told us they felt safe living at the home. Staff understood their responsibilities for safeguarding people although systems in place did not ensure safeguarding incidents were investigated robustly.

Risks to people had been identified and in the most part steps had been put in place to reduce the risk for the person. However this was not always followed in practice and appropriate action had not always been taken to reduce or monitor the risks associated with people's care. You can see what action we told the provider to take at the back of the full version of the report.

People were supported by sufficient staff. We found that systems in place for the recruitment of stff were not always robust.

People received their medicines as prescribed and they told us that they were happy with the support they received with their medicines.

Staff told us they had received sufficient training although records we viewed indicated that staff had not received training in all the areas they needed for their role.

Staff had some knowledge of the Mental Capacity Act (2005) and could describe how they supported people to make daily choices. The service had not always followed the principles of the MCA to protect peoples rights.

Some people were living with dementia and were supported by staff who had some knowledge of how to support people living with this condition. Our observations showed staff confidently supporting people. There were limited communication or orientation aids available to support people living with dementia.

People had access to regular healthcare and the service was responsive when people's needs changed. People were happy with the meals and drinks they received and were able to feedback their preferences for

meals.

People told us they felt cared for and were happy with the support they received from the staff team. People were involved in planning and reviewing their care that reflected their individual needs. Staff enjoyed working with the people who lived at the home and knew people's preferences for how their care needs were to be met.

People were treated with dignity and respect and wherever possible people were encouraged to retain their independence.

People had the opportunity to partake in some activities in the home based on their interests although at times there was little interaction or stimulation for some people.

People and their relatives said that they felt able to raise any concerns they may have and there were systems in place to ensure these would be responded to.

People were happy with how the service was managed and there were opportunities for some people living at the home to feedback their experiences of their care. The systems in place to monitor the quality and safety of the service were not robust and had failed to effectively monitor all aspects of the service. You can see what action we told the provider to take at the back of the full version of the report.

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.

Known risks associated with people's care had not always been well managed.

People were supported by sufficient staff. The recruitment of staff was not consistently robust.

Staff understood the action to take should they suspect that abuse had occurred.

Medicines prescribed for people were given safely.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not been provided with all the training they needed for their roles.

People told us they were supported with daily choices although we found that not all practice followed the principles of the Mental Capacity Act (2005).

People received support to maintain their health and to receive food and drink they enjoyed.

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring in their approach.

People had the opportunity to state their preferences for care.

People were treated with dignity and respect and were encouraged to retain their independence.

Is the service responsive?

Good

The service was responsive.

People had access to activities they enjoyed.

People had the opportunity to have their care reviewed to ensure it was still reflective of their current needs.

There were systems in place for people to raise concerns or complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The quality monitoring systems in place were not effective or robust and had failed to ensure that the care and support provided to people was consistently safe.

People were happy with the management of the service and staff felt supported in their roles.

Bournville Grange Limited

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.

The inspection was brought forward due to information we had received about the service which indicated concerns about the safety of the people living at the home. This unannounced inspection took place on the 19 and 20 April 2017. On the 19 April three inspectors carried out the inspection one of whom was present for only a part of the day. On the 20 April one inspector carried out the inspection.

As part of the inspection we looked at information we already had 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. We refer to these as notifications. We reviewed the information from notifications to plan the areas we wanted to focus our inspection on. We had received feedback from the local CCG's medicine team, the local safeguarding team and from the local authority who commission care for people living at the service. We used this feedback to help plan our inspection.

We visited the home and met with all the people who lived there. Some of the people living at the home were not able to speak to us due to their health conditions and communication needs. We spent time in communal areas observing how care was delivered and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people, one visitor and two healthcare professionals who were visiting the service at the time of the inspection. We also spoke with the nominated individual, the deputy manager, the quality manager, support manager, six staff and the chef. We looked at records including two people's care plans. We looked at three staff files to review the provider's recruitment process. We sampled records from staff training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality and safety of the service. As part of the inspection, we sought the views of three relatives of people using the service.

Requires Improvement

Is the service safe?

Our findings

The provider had submitted notifications prior to the inspection regarding safeguarding incidents that had occurred at the home. As part of the inspection we discussed these, to find out how the incident had been investigated. We found that the provider had not ensured systems were in place to investigate safeguarding incidents robustly or consider if any action could be taken to reduce the possibility of a similar incident occurring again. Although people could be assured that safeguarding concerns had been initially recognised and reported the registered provider had not ensured that robust systems were in place to protect people from re-occurring incidents.

We looked at how the service managed known risks to people. We found that some initial assessments of people's needs lacked detail. Where individual risks to people's care had been identified, steps had been put in place to minimise the risk for the person. However for another person risk assessments had not been completed fully and for a third person their risk assessment lacked detail about the specific way to support them when mobilising using equipment. We found that plans to minimise risk for the person did not always occur in practice. We observed two instances where staff had not followed care plans to minimise the known risks associated with two different peoples care. In one of these instances the inspector had to summon the support of staff to keep people living at the home safe from avoidable harm. Records we viewed did not demonstrate that one person had had their position moved at the frequency stated in their care plan in order to prevent the occurrence of sore skin. We saw that one person who was at risk of choking had contradictory information in their care plan of how their food should be prepared and they had been given a high risk food within their meals. Staff could not consistently describe how this person needed their food to be prepared. The deputy manager advised that would contact a healthcare professional to get this person's needs reassessed so that the care provided would be in line with their known needs.

Where accidents or incidents had occurred we saw that immediate checks had been undertaken on the person's well-being. However, we saw that there had been no further analysis of accidents to determine if any preventative measures could be put in place to reduce the chance of them occurring again.

People living at the home told us they felt safe with the support they received. People told us, "Very safe here," and another person said, "Absolutely feel safe." Relatives were happy with the support their relative received with their safety and one relative told us, "The safety and security is good."

People were supported by staff who had a good knowledge of the signs of abuse and who could describe the action they would take should they have concerns. Staff told us they had been provided with training on how to safeguard the people living at the home. The deputy manager understood their responsibilities for reporting any safeguarding concerns that arose to the appropriate authorities.

People told us there were sufficient staff available to respond to requests for support and one person told us, "They help me if I ask them, I do not usually have to wait." We saw that although people's safety had not been affected, at times staff were not available in communal areas of the home to enable people to request support or interaction. Staff informed us that generally there were sufficient staff available to meet people's

needs. At the time of the inspection the service was using agency staff to cover staff absence and was in the process of recruiting more permanent staff to meet designated staffing levels.

We looked at the systems in place for the recruitment of new staff. We saw that recruitment checks included obtaining an up to date Disclosure and Barring Service check before staff worked with people. Although the suitability of some staff had been checked via references from previous employers we found that there were no written references available for one staff member. The registered provider had not ensured robust systems were in place for the recruitment of staff.

We asked staff about the action they would take in the event of an emergency such as in the event of a fire. Some staff were not confident in knowing what their responsibilities were or appropriate action they would take. The deputy manager advised they would re-visit the fire evacuation procedure with staff promptly to ensure safe, effective action would be taken by all staff in the event of a fire. We saw that people had specific plans in place detailing the support and equipment they would need should an evacuation of the premises need to occur. The specific equipment mentioned in the plans would require staff to undertake training and each person would need to be assessed for their suitability to use the equipment safely. The deputy manager could not confirm whether these assessments had taken place but advised that they would re-check the support these people needed to ensure it was provided safely.

We had received information prior to the inspection from the local clinical medicines team that there had been some concerns about the management of medicines at the home. We met this team who were carrying out a re-inspection on the day we were at the home and they reported that medicines management had improved. The service had ensured that medicines were stored safely and that most of the records were completed accurately. Where people required medicines 'as required' the service had developed guidance for staff to understand and recognise the signs of the person needing this type of medicine. There was further improvement required in the monitoring of medicines through audits

People were happy with the support they received with their medicines and one person told us, "Medication is always on time, they have not forgotten it." Staff informed us they had received training to aid their understanding of safe medicine management and the service was introducing competency checks for staff. Assessing the competencies of staff is a further way of ensuring staff have the skills and knowledge required to safely support people with their medicines.

Requires Improvement

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People told us they were offered choices in their daily care. Staff told us how they used their knowledge of how people made choices to support people with making choices. Staff told us they had received training in the MCA to aid their understanding. We saw, in the most part, people were offered choices around their care. Where people were being given their medicines covertly we found that capacity assessments and best interest meetings had not occurred, in line with the MCA. The deputy manager advised that they would ensure these were introduced and put in place.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. We saw that, apart from one instance, the service had applied for DoLS appropriately where they had identified restrictions on a persons care. The deputy manager was putting systems in place to ensure any approved DoLS would be re-applied for before they expired to ensure people would be supported consistently with their legal rights.

Some people living at the home were living with dementia. We saw staff supporting people who were living with this condition confidently although only a very small number of staff had received training around dementia. We were informed that all staff were in the process of completing training workbooks to aid their understanding of how to support people living with dementia. We saw that the service had recognised the benefit of the use of a dementia aid for one person to support them with expressing themselves, although there were limited aids to help people orientate themselves or to support people with their communication. Care plans had been developed for people with dementia to enable specific support to be provided. We saw these care plans deemed people as unable to express their preferences for care due to living with this healthcare condition. The deputy manager advised that this was inaccurate and would be amending these care plans.

Staff told us they had received an induction when they first started working at the home where they worked alongside more experienced staff to get to know the people living at the home. We saw that the induction provided to new staff did not cover all aspects of their responsibilities at the home. We spoke with the deputy manager about this who had identified this was an area that needed improving and had plans in place to ensure the induction for new staff became more robust.

Staff told us they had received training to aid their understanding of people's individual needs and one staff member told us they, "Had loads of training- we're overloaded but it's good." Some staff were completing

the care certificate. The Care Certificate is a nationally recognised induction course which aims to provide untrained staff with a general understanding of how to meet the needs of people who use care services. Records we viewed indicated that a number of staff had not completed many training courses they needed for their roles such as fire safety, first aid and promoting dignity. We had raised this as a concern at our last inspection. The quality manager explained that action was being taken to address this issue by employing an external company to provide training sessions with staff.

People were happy with the provision of meals at the home. People told us, "The food is all very good," and another person told us that the, "Food is wonderful." We spoke with the chef at the home who informed us that they found out people's preferences for food and then developed menus around these preferences. We saw staff offering people two choices with their meals for the day. We found that some improvements were needed to the meal time experience for people living at the home. Our observations during meal times showed that there was a lack of staff presence and we observed missed opportunities for interactions between people and staff. One person was struggling to eat which staff did not recognise promptly and the chef entered the dining room and cut the person's food up for them. Whilst most people had their specific dietary requirements met we found one instance where separate food preparation was not carried out for one person although this had not had an adverse effect for the person. We spoke with the deputy manager who told us they would ensure this would be rectified.

People told us they had access to routine healthcare that met their needs and were happy with the support they received. One relative gave an example of where staff had acted quickly in response to a change in healthcare. Records we viewed showed that people had access to regular healthcare. During the inspection we observed staff act responsively to a change in a persons healthcare condition and the emergency services were contacted. Feedback from healthcare professionals we spoke with was positive and we were informed that they were given the information they needed from staff.

Good

Is the service caring?

Our findings

People were happy with the care they received and told us staff were caring in their approach. People commented positively about the staff who supported them and told us, "The staff are all very good to us," and "Carers are lovely," and "I would not want to be anywhere else." Relatives were happy with the care their relative received and comments received included, "Staff are cheerful and caring," and, "They're absolutely brilliant, so laid back and kind and caring to all residents."

Staff told us they enjoyed working with the people who lived at the home and one staff member told us, "I love my job." Another staff member said the best part of their job was, "Being with the residents and seeing smiles on their faces," whilst another staff member commented that they enjoyed working with the people who lived at the home and told us, "I love working with them." We observed staff communicating with people in a respectful and caring way and saw staff offer people reassurance sensitively when needed.

People and, where appropriate, their relatives had been involved in planning care that met individual preferences. Staff we spoke with were able to tell us people's likes and dislikes and their interests and hobbies. The service was in the process of finding out and documenting people's life histories. Staff were able to tell us the life histories of some people but not all as this information had not been shared across the staff team.

People told us their religious needs were met as a leader from their chosen faith attended the home on a weekly basis. People described the benefit this had for them.

People we spoke with informed us that staff supported them in a dignified way and respected their privacy. One person told us, "The staff knock on my door when I am washing myself." Staff were able to describe action they took to preserve people's dignity such as seeking consent from people before supporting them with personal care and providing explanations to people about the support they were receiving.

People were supported to retain their independence wherever possible. One person told us, "I like to manage things for myself, they encourage me to be independent." Staff explained how they encouraged people to remain independent with personal care tasks and in making choices. We observed staff supporting people's independence with their mobility whilst ensuring people were safe. Care plans we viewed detailed the importance of ensuring people remained independent wherever possible.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person we spoke with told us, "I only have to press the [call] bell and staff come and help you."

We looked at the opportunity people had for meaningful activities of their choosing. People told us that they were happy with the activities they took part in and one person told us, "[We] do nice things." People told us they had been to the botanical gardens and took part in keep fit sessions and one person commented, "We have an exercise man come every fortnight, its good fun, he is very good." We saw that people had access to jigsaws and daily newspapers and some people enjoyed watching television. At other times during the inspection we observed that there was a lack of staff presence in communal areas of the home. Although this had not had a detrimental effect on people's safety at times there was little interaction or stimulation for people living at the service. We were informed that the service had an activities co-ordinator who worked with people to find out their interests and hobbies. Plans for activities were then formulated around these interests. At the time of the inspection the activities co-ordinator was on holiday and the service had not arranged for anyone else to support people with activities during this time. The quality manager advised that they would look into this and to put systems in place to ensure people always had access to activities they enjoyed.

People had their care records reviewed to ensure they were an accurate reflection of people's current needs and preferences. We saw that these reviews did not always detail what had been reviewed or provide explanations of why parts of people's care plans had been changed following this review. We saw that people and their relatives took part in annual reviews to reflect on whether people were happy with the care they were receiving and to determine if people wanted any parts of their care to be changed. The deputy manager could not confirm if comments made about a request to take part in different activities as mentioned in one care review had been shared with staff.

The service had developed systems to enable staff to be informed of changes in people's care. We observed a handover take place between the day and night staff. We saw that important information was shared between the staff teams about people's changing needs and where appropriate where people needed additional monitoring. These systems ensured a continuity of care for the people living at the home.

People were supported to retain relationships with people who were important to them. Relatives told us there were no restrictions on when they could visit and that they visited when they wished. In addition one relative told us they could speak to their relative on the telephone or the service would arrange for their relative to phone them should they wish to maintain contact.

We looked at the procedures for people to raise concerns or complaints. People and their relatives told us they felt able to raise concerns they may have and felt assured they would be dealt with. One person commented that although they had not raised any complaints they, "Would feel comfortable in telling any of the staff if I had any." The complaints procedure was available in communal areas of the home. The service had received two complaints since our last inspection. We saw that action had been taken to investigate the

complaints, an apology had been issued, and there was some evidence that action had been taken to reduce the risk of a similar concern being raised.

Requires Improvement

Is the service well-led?

Our findings

There were some systems in place to monitor the quality and safety of the service although they were not entirely effective or robust and had failed to assess, monitor and mitigate risks relating to aspects of health and safety of people using the service. The systems in place to manage known risks to people were not effective and had failed to ensure that people were supported safely at all times. There were limited systems to ensure staff were recruited, inducted and trained effectively and the systems had failed to identify that all recruitment checks were in place. Systems to check the safety of some aspects of the building had not been effective. For example, we identified that the restrictors on some windows were not suitable or safe for use. Although the nominated individual took immediate action to address this, this safety concern had not been identified through the providers routine checking or auditing systems. The auditing systems in place had failed to identify that comprehensive fire drill training had not been provided or was overdue.

There had recently been a number of instances where the passenger lift had broken down. This had meant that some people's care had had to be altered as they couldn't access their bedrooms over a number of weeks. Although the lift was now working again there was no robust contingency plan in place should this type of event occur again.

We observed some instances during the inspection where there was little interaction between people and staff or where there were missed opportunities for meaningful interactions to occur. Monitoring systems in place had not considered the culture of the service or how staff interacted with people.

The lack of effective systems to manage risks and to monitor and improve the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We were informed by the support manager, and saw an example of, new more comprehensive audit tools that were being developed in order to monitor the quality of the service more robustly. We were told it was intended that these new audit tools would begin to be used shortly.

People we spoke with and their relatives were happy with how the service was managed. One person told us, "People do not appreciate just how good this place is," and another person told us, "I am quite happy here." One relative we spoke with told us, "We get to speak with the manager. The door's always open," whilst another relative commented, "It's like a home from home."

There had recently been some changes within the leadership of the home. The registered manager had left the service and management cover was being provided by the deputy manager with support from the quality manager and support manager. The provider informed us that they were in the process of recruiting an interim manager. Staff told us that recent changes had been positive and they had felt supported by the deputy manager. One staff member told us, "[name of deputy manager] is just amazing, so fair, she understands us," and another staff member commented, "[name of deputy manager] is brilliant, always asking are you ok, always there for us." Staff informed us that they had some opportunity for supervision

where feedback was given about their performance.

The deputy manager had some knowledge of changes in regulation such as the duty of candour and was in the process of developing their knowledge of regulations. Although the deputy manager was aware of some events that needed reporting to the commission they were not aware of the requirement to inform us of approved DoLS authorisations and we had not been notified of these either prior to or following the inspection. We saw that the provider had followed requirements to ensure their inspection rating was displayed within the home and on the providers website.

People had the opportunity to feedback their views of the service through meetings that were held and one person told us, "They do ask us about things but I am quite satisfied." Another person told us, "They ask us if we think they are doing a good job. I think they are doing a good job." Not all the people living at the home chose to partake in these meetings and there was little evidence to suggest that all people had been consulted. Where people had raised items for improvement or suggestions it was not clear what action had been taken to act on these comments. We were informed that the service had recently sent out questionnaires to relatives and staff to seek their views and were awaiting the return of these before analysis commenced.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to manage risks relating to the health, safety and welfare of people using the service. The provider did not have effective systems in place to monitor and improve the quality and safety of the service. Regulation 17(1)(2)(a)(b)