

Clo-Clo Ltd







# Bourne Hill Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

### Overall summary

This inspection took place on 10 April 2015 and was unannounced. When we last visited the home on 27 May 2014 we found the service met all the regulations we looked at.

Bourne Hill Care is a home for five adults with a learning disability or are on the autistic spectrum. On the day of the inspection visit there were two people using the service.

The home had a registered manager. 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.

People received individualised support that met their needs. The service had systems in place to ensure that people were protected from risks associated with their support, and care was planned and delivered in ways that enhanced people's safety and welfare according to their needs and preferences.

# Summary of findings

People were involved in decisions about their care and how their needs would be met. Risks to people were identified and how the risks could be prevented. Medicines were managed safely. People were supported effectively to meet their health needs.

Staff treated people with kindness, compassion, dignity and respect.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard the people they supported. Medicines were managed safely.

Staff understood what to do if people could not make decisions about their care needs as assessments of people's capacity had been carried out. Staff had received training on the Deprivation of Liberty Safeguards and the Mental Capacity Act 2005. These safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

People were provided with a choice of food, and were supported to eat when required.

People were encouraged to follow interests and develop new skills. There were a range of activities which took place. People were encouraged to be as independent as possible.

The service held regular meetings with people to gather their views about the service provided and to consult with them about various matters. People knew how to make a complaint if they were unhappy with the service.

The registered manager was accessible and approachable. People and staff felt able to speak with the registered manager and provided feedback on the service. Monthly audits were carried out across various aspects of the service, these included the administration of medicines, care planning and training and development. Where these audits identified that improvements were needed action had been taken to improve the service for people.

# Summary of 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?

The service was safe. Staff were available in sufficient numbers to meet people's needs.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred.

The risks to people who use the service were identified and managed appropriately

Staff supported people to have their medicines safely.

Good



### Is the service effective?

The service was effective. The registered manager had taken sufficient action to comply with the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People's healthcare needs were monitored and information about people's ongoing health needs was up to date.

Staff received training to provide them with the skills and knowledge to care for people effectively. Staff were supported through regular supervision and an appraisal to meet people's needs.

People received a variety of meals and had the support and assistance they needed from staff with eating and drinking, so their dietary needs were met.

Good



### Is the service caring?

The service was caring. Staff were caring and knowledgeable about the people they supported.

People and their representatives were supported to make informed decisions about their care and support, and information was presented in ways they could understand to facilitate this.

People's privacy and dignity were respected.

Good



### Is the service responsive?

The service was responsive. Care plans were in place outlining people's care and support needs.

Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

The service had a system in place to gather feedback from people and their relatives, and this was acted upon. People knew how to make a complaint as there was an appropriate complaints procedure in place.

Good



### Is the service well-led?

The service was well-led. The service had an open and transparent culture in which good practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored, and these resulted in improvements to service delivery.

Good



# Bourne Hill 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 10 April 2015 and was unannounced. The inspection was carried out by an inspector.

Prior to the inspection we reviewed the information we held about the service. This included information sent to us by the provider about the staff and the people who used the service. Before the inspection the provider completed a

Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We spoke with the local safeguarding team, two professionals and two relatives to obtain their views.

During the visit, we spoke with two people who used the service, two care staff and the registered manager. We spent time observing care and support in communal areas. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we spent time observing interaction between people and the staff who were supporting them.

We also looked at the two care records of the people who used the service, four staff records and records related to the management of the service.

# Is the service safe?

## Our findings

Arrangements were in place to protect people from the risks of abuse and avoidable harm. People told us they felt safe in the service. One person said, "I am safe, I have no worries." We saw that staff knew how to communicate with people and support them if they became distressed. Information was available in a pictorial format for people about whom they could talk to if they had concerns about the way they were treated.

Staff could explain how people might communicate that they were distressed or being abused. Staff knew how to report concerns if they felt people were at risk of being abused. They understood the services policies regarding abuse and safeguarding. These were available for staff to consult. Staff told us, and training records confirmed that they had received training in safeguarding adults. The registered manager was able to show us that they had followed the provider's safeguarding procedure when there had been a safeguarding concern.

People's care plans contained up to date risk assessments that detailed any identified risks to their safety or that of others. Care records showed that the service carried out risks assessments and management plans put in place to reduce the risk of harm to people. Risk assessments covered various areas including medical conditions, mental health, and mobility, behaviour, going out and carrying out activities. Staff were able to explain the specific risks that people might face when in the community, such as not understanding how to cross the road safely, and what they needed to do in order to maintain the person's safety. Action was taken to mitigate the risks to people who used the service so they could participate in community based activities safely.

Ways to respond to people's behaviour were recorded in their risk assessments and care plans to ensure they were supported safely. One person liked to go for a walk to help them to relax and this was recorded in their care plan. When people who used the service became distressed staff responded to them in a sensitive manner so that their safety and wellbeing was supported. One person liked to listen to music to help them to relax and this was recorded in their care plan.

Staff could explain how they managed situations where the behaviour of people who use the service presented a risk to

themselves or others. Staff explained how they responded to each person's behaviour in a way that met individual's needs regarding communication and the triggers for their behaviour.

Staff undertook daily checks of the premises and ensured that a safe environment was provided to people using the service. Fire evacuation drills were conducted regularly to ensure people knew how to respond in the event of a fire. Fire systems and equipment were tested and serviced regularly to ensure they were functioning properly. There were risk assessments covering various areas including fire, gas, electrical safety and security and management plans were in place to ensure people were safe at the service.

Sufficient staff were on duty to meet people's needs. Relatives told us that enough staff were on duty when they visited. One relative said, "I have seen that there is always enough staff." Three staff were on duty when we visited this meant that where people needed one to one support to access the community this was available. Staff explained that additional staff would be available later in the day when people returned from their community based activities. We saw that daily records and the rota highlighted when staff were provided to support people to access services or activities in the community. Where people needed support from staff this was provided. The registered manager explained that they monitored staffing levels and made sure that sufficient staff were available to meet people's individual needs.

The provider followed safe recruitment practices. Staff files contained pre-employment checks such as criminal records checks, two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role.

People's medicines were managed so that they were protected against the risk of unsafe administration of medicines. We observed staff giving people their medicines at lunchtime. Staff checked that they were giving the correct medicine to the right person, and stayed with the person while they took their medicines. People received

## Is the service safe?

their medicines when they needed them. Staff knew when to offer people a 'when required medicines'. We observed that when they noticed person was in pain and asked them if they wanted their pain relieving medicine.

People's current medicines were recorded on Medicines Administration Records (MAR) as well as medicines received into the home. All people had their allergy status recorded to prevent inappropriate prescribing. Medicines

prescribed as a variable dose were all recorded accurately and there were individual protocols in place for people prescribed as required medicines (PRN). This meant that staff knew in what circumstances and what dose, these medicines could be given, such as when people had changes in mood or sleeping pattern. There were no omissions in recording administration of medicines. We confirmed that medicines had been given as prescribed.

# Is the service effective?

## Our findings

People were supported by staff who had the skills to meet their needs. One person said, "The staff know how to help me." Staff told us they received regular training that helped them to meet people's needs effectively. Staff who had recently started to work at the home had completed a detailed induction. This included time spent getting to know the needs of people who used the service and how these should be met. Training records showed that staff had completed all areas of mandatory training and had also had specific training on autism and managing behaviour that challenges. Some staff had completed a vocational qualification in care. A training matrix was used to identify when staff needed training updates, and it showed that these were taking place annually.

Staff received regular one to one supervision from the registered manager to discuss their work role. Notes of supervision meetings showed discussions about people using the service and team work. Training needs were also discussed at these meetings. Appraisals were also conducted annually where staff received feedback on their work performance which covered their achievements in relation to supporting people and developing the service.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). These safeguards are there to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. Staff understood people's right to make choices for themselves and also, where necessary, for staff to act in someone's best interest. Staff knew how to communicate with people and understood when they made choices about their care and support.

Staff had received training in the Mental Capacity Act 2005 (MCA) and DoLS. Staff were able to describe people's rights and the process to be followed if someone was identified as needing to be assessed under DoLS. The two people who used the service had a DoLS in place. This was usually so that they could be accompanied by a member of staff as they were not safe when crossing the road or accessing

local shops and other services. DoLS were reflected in people's care plans and risk assessments which identified how staff should respond to people's varying capacity to make decisions regarding their care and support.

People were supported to eat and drink to meet their needs. One person said, "They asked me what I want to eat." People who used the service had individual menus each week, which were created in consultation with the person and reflected their individual nutritional needs. We observed that people were asked what they wanted to eat for lunch and where they wished to, were involved in the preparation of their meal with staff support. People were involved in purchasing the food for the week with staff support. One person told us they regularly went with staff to do the weekly shopping.

Care plans identified people's specific nutritional needs and how they could be supported to eat a nutritious and healthy diet. One person's care plan stated that they were on a weight reducing diet. Their care plan showed that this had been discussed with them and their relative. Each person's weight was monitored monthly. The dietician had been consulted regarding appropriate diets when needed to meet people's needs. This information had been recorded in the people's care plans.

Records showed that staff involved medical and healthcare professionals when necessary, and people were supported to maintain their health. People who used the service had health care passports which outlined their health care needs and medical histories. These were accompanied by communication passports that outlined how people could be communicated with and how they responded to medical treatment and symptoms such as when they were in pain. Staff were able to explain people's health care needs and knew which health professionals were involved in their care. People's care records showed that each person who used the service was regularly supported to see the health and medical professionals they needed to, and each instance of doing so was recorded on a form with details of the appointment, the outcomes and actions for staff.

People were supported to see other healthcare professionals, such as dentists, dieticians and psychiatrists. People's care records showed that there was regular input

## Is the service effective?

from the specialist community nursing and integrated care team. Changes to people's needs were reflected in their care plans and staff acted on the advice of medical and other professionals.



# Is the service caring?

## Our findings

People told us that staff were kind and caring. A person said, "The staff are kind and nice." A health professional involved with a person at the service told us that the staff team knew people well and understood how to support them. People were treated with respect and their views about their care and how their needs should be met were acted upon by staff. There were caring and positive interactions, which were noticeable between staff, the registered manager and people.

Staff told us they made sure that people were treated with dignity and respect. Staff explained that they knocked on people's doors before entering their bedrooms, and made sure that doors were closed when providing people with personal care. They explained what they were doing and addressed people by their preferred names. We observed that staff spoke to people in a respectful and dignified manner. Staff engaged positively with people who used the service, using a range of communication techniques.

Staff responded to people sensitively when offering to support them with their personal care needs. Staff understood people's preferences relating to their care and support needs. Care plans recorded people's preferences and likes and dislikes regarding their personal care and the support they received. This included if they preferred certain foods or when they wished to have same gender staff for support with personal care.

Care records detailed people's histories and background, individual preferences, likes and dislikes. Staff understood these and how affected people's choices and support needs. For example, a member of staff was able to explain how a person liked to receive their support and how they

worked with them to ensure they received assistance in the way they wished. People had a key member of staff who was responsible for ensuring their well-being and progress. Records of key worker meetings showed that people were asked about any concerns they had and plans on how to address them.

Care plans showed that people and their relatives had been consulted about how they wished to be supported. Care plans were available in a range of pictorial formats that reflected people's communication needs. Staff explained that these were used in monthly key worker meetings with people to discuss how their needs were being met and to help identify any changes that people might want in how their care and support was provided.

The registered manager explained that he regularly consulted people who used the service and their relatives. Meetings were held with people during which issues regarding future activities and the general running of the service were discussed. These minutes were in an easy read format so that people who used the service were able to understand and participate in decisions. The manager had monthly discussions with the relatives of people who used the service and these were recorded in their daily notes and reflected in their care plans. Where people did not have a relative who could advocate on their behalf the service had helped them to access a community advocacy service so that they were supported to share their views were they wished to do so.

People told us they were able to keep in touch with people who were important to them and that staff supported them with this. People also told us that their friends and family could visit them at the service and they have private chats with them in their room if they wanted.

# Is the service responsive?

## Our findings

People and their relatives told us that the service responded appropriately to their needs. A relative told us, "If there is a problem they sort it out quickly." Assessment of needs was carried out before people came to live at the service. Care records showed that this assessment covered of the person's physical and mental health needs, their background and social relationships, preferences of how they wanted to be supported and the goals they want achieved.

Care records showed that people and their relatives had been involved in the initial assessment and ongoing reviews of their care needs. As part of the initial assessment process people were able to spend time at the service so that staff could become familiar with their needs. This also supported people to become familiar and comfortable using the service.

Each person had a support plan which set out the support they received. These covered how the person was supported to meet their identified needs such as maintaining their personal hygiene, physical and mental health and behaviour. For example, one person was supported to maintain their personal hygiene and appearance. How staff should support them with it was detailed in their support plan. Support plans were reviewed regularly with the person to ensure they reflected their current needs. For example, progress on a person's goal to maintain contact with family was reviewed weekly and actions set to achieve it.

People's behaviour that might challenge the service had been identified in their care plans. There were detailed plans in place to tell staff how they should respond to such behaviour. Staff were aware of how and when people might behave in ways that might be challenging. There were

systems in place to monitor people's behaviour. The actions identified through this monitoring were reviewed. Review dates had been set and health professionals had been consulted.

We saw that staff understood how to meet people's needs and responded in line with the needs identified in their care plans. Staff also understood the importance of meeting people's cultural and religious needs, by supporting them to attend the place of worship of their choice and community activities.

Staff supported people to engage in a range of activities that reflected their interests. These included regular shopping trips, going to the park and attending local day centres and clubs. Each person had an individualised pictorial activities plan. Daily records showed that people were supported to take part in these activities. We observed that one person went on a shopping trip in the morning, while another person went to the local park in the afternoon. Care records showed that people were also supported to participate in their local community by attending religious services to support their spiritual needs.

The service responded to people's and relatives complaints so that their concerns were addressed. The complaints policy was available around the home in both an easy read and pictorial format. Minutes of meetings with people and discussions with relatives showed that they were asked if they had any concerns about the service. Where they had concerns, action was taken to address these and the outcome had been recorded.

Staff told us they took any comments about how the service could be improved seriously and acted on them. The manager told us that he used any feedback about the service to improve the care and support that people received. We saw that where a person had requested a change to their daily routine this had been incorporated into their care plan.

## Is the service well-led?

### Our findings

The service had an open culture that encouraged good practice. One relative said, “I can talk to the manager any time and they are always helpful.” The registered manager was available and spent time with people who used the service. Staff told us the manager was open to any suggestions they made and ensured they were meeting people needs. Staff had regular team meetings during which they discussed how care could be improved. The minutes of these meetings showed that staff had an opportunity to discuss any changes in people’s care needs.

The registered manager had carried out a survey of people used the service, relatives and professionals to get their views of the service and to identify any areas for improvement. The provider had carried out regular audits of the quality of care and support provided to people. These included audits of care plans and risk assessments,

medication and health and safety. The audits and records showed that where improvements needed to be made these had been addressed. People’s risk assessments had been updated in response to their changing needs.

The registered manager regularly involved people and their relatives in monitoring and assessing the quality of the service. The manager had regular contact with relatives, community advocates and professionals and had acted on any feedback from this to improve how the service met people's needs. Health and social care professionals had told us the service acted and delivered care based on their recommendations.

Staff knew where and how to report accidents and incidents. There had been four incidents in the last two months. These had been reviewed by the acting manager and action taken to make sure that any risks identified were addressed. Accidents reports showed that, where necessary, people had been referred to their GP for further treatment and review. Accidents and incidents were monitored so that the risks to people's safety were appropriately managed.