

Boroughbridge Manor Limited

Boroughbridge Manor and Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Boroughbridge Manor and Lodge Care Home is a care home providing personal care to up to 77 younger adults and older people, some of whom may be living with dementia or have a physical disability. At the time of this inspection, 62 people were living at the service. The home is purpose built, set over three floors and is located in the Boroughbridge.

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

Improvements had been made since the last inspection. Governance systems were now effective in monitoring the quality and safety of the service and highlighting any areas for improvement.

Risks to people had been assessed, recorded and reviewed on a regular basis. Risk relating to the environment had also been assessed and appropriate maintenance checks were completed on a regular basis.

Medicine were managed and stored safely. Topical medicines now contained opening dates. Staff had completed medicine training and had their competencies in medicine management assessed.

People told us they felt safe living at the service and spoke highly of the staff team and their kind and caring approach. People described how staff promoted their independence and respected their wishes.

Staff had been recruited safely. An appropriate tool was used to calculate safe staffing levels. The deployment of staff was not always effective at mealtimes. The manager took action to address this.

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. Deprivation of Liberty Safeguard renewal applications had not always been made in a timely manner. We have made a recommendation about this.

People were provided with support from appropriate professionals and strong working relationships had been developed. Health passports, which provide important information to other professionals in the event of a hospital admission, were not completed. We have made a recommendation about this.

The home was clean, tidy and well-presented throughout. A recent refurbishment plan had been completed but a dementia friendly environment had not been created. We have made a recommendation about this.

People, staff and relatives spoke positively of the new manager and their approach. Feedback from people and relatives was acted upon and any lessons learnt were shared with the staff team to aid learning and development.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 9 June 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Boroughbridge Manor and Lodge Care Home on our website at www.cqc.org.uk.

Recommendations

We have made recommendations in relation to the renewal of Deprivation of Liberty safeguards, dementia friendly environment and health passports following this inspection.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Boroughbridge Manor and Lodge Care 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

This inspection was undertaken by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Boroughbridge Manor and Lodge Care 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. Boroughbridge Manor and Lodge Care 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 this inspection there was not a registered manager in post. The previous registered manager had left the service in September 2021. A new manager had recently been appointed and they were in the process of registering with CQC. We will refer to the new manager as 'the manager' throughout this report.

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 sought feedback from the local authority and professionals who work with the service. 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 nine people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the manager, regional manager, senior carers and care assistants. 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 conducted a tour of the service and looked at a wide variety of records. These included multiple care and medicine records, monitoring documentation, staff files and audits used to monitor the service.

Following the inspection site visit we request some documents electronically. These included audits, survey results, meeting minutes and training information.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At the last inspection we recommended the provider reviewed staff understanding of falls risk assessments and malnutritional universal screening tool (MUST) to make sure they understood and completed these correctly. Improvements had been made.

- Risk assessment tools, such as falls, and MUST were now completed accurately. They had been regularly reviewed to ensure they remained relevant and up to date. Other identified risks to people had been assessed and mitigation put in place where possible.
- The environment was safe and routine checks and servicing of equipment had been completed on a regular basis.
- Accidents and incidents were monitored and recorded. A monthly analysis was completed to identify any patterns or trends and any action that needed to be taken to prevent reoccurrence.

Using medicines safely

At the last inspection we recommended the provider consider current best practice guidance on the safe storage of medicines and take action to update their practice accordingly. Improvements had been made.

- Medicines were stored appropriately and safely. Topical medication now contained opening dates so staff could monitor when they were due to expire.
- People received their medicines as prescribed, and medicines were administered by staff who were trained and competent to do so.
- Medication audits were completed on a regular basis. These had been effective in highlighting any areas of improvements and prompt action had been taken to address these.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. Comments included, "Staff look after me properly. They do as I ask and yes, I feel safe and well looked after."
- Safeguarding policies and procedures were in place and had been followed. Any safeguarding concerns had been appropriately reported to the local authority. Thorough records were not always kept in relation to safeguarding outcomes. The manager was aware of this and taking action to address this.
- Staff had received safeguarding training and understood the process to follow if they had any safeguarding concerns.

Staffing and recruitment

- Staff were recruited safely. Appropriate pre-employment checks were completed prior to new staff commencing employment.
- There was enough staff on duty to support people and call bells were answered in a timely manner. One person said, "If I need anything then I press the buzzer and they come." A staff member told us there had been previous issue with staffing levels due to sickness. They went on to say, "When we are fully staffed, we have more time to talk to the residents but when we are short staffed it's so much more rushed to get everything done. Staffing is better than it was."
- We observed the deployment of staff at mealtimes was not always appropriate to meet people's support needs. We discussed this with the manager who agreed to monitor the deployment of staff at lunch times.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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

- Visits to Boroughbridge Manor and Lodge Care Home were in line with government guidelines.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection we recommended the provider reviewed people's documentation about their mental capacity to ensure they are acting in line with legislation and act to update their practice. Some improvements had been made, but further improvements were needed.

- Improvements had been made with regards to records relating to best interest decision making. Where people lacked capacity to make decisions, appropriate capacity assessments and best interest decision were in place for most people.
- We identified some gaps in best interest record and examples where DoLS applications had not been renewed in a timely manner. However, the manager was aware of these shortfalls and action was already being taken to address this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they received support from other professionals when needed. One person said, "The staff took me to the dentist last week as I was having problems with my tooth. They sorted it all no problem."
- The service had strong working links with other professionals, such as GP's and district nurses. The manager told us, "We have recently met with the district nursing team to help build relationships. We are working really well with them and this is having a positive impact on people."

- Health passports, which contain essential information should a person require hospital admission, had not been completed.

We recommend the provider act to ensure health passports are completed for each person living in the service to ensure essential information can be shared in a timely way with other professionals.

Adapting service, design, decoration to meet people's needs

- The service was clean, tidy and very well presented throughout.
- A full refurbishment of the service had recently been completed. However, minimal consideration had been given to the design and décor of the dementia unit to ensure it was 'dementia friendly'. The manager told us the provider's Dementia Lead was visiting the service to review the dementia environment and any recommendations would be actioned.

We recommend the provider considers current best practice guidance in relation to dementia friendly environments and takes action to update their practice accordingly.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with appropriate support to ensure they had enough to drink and maintained a balanced diet. A variety of snack and refreshments were served throughout the day.
- Appropriate monitoring documents were in place for people who required increased monitoring due to the risk associated with their medical condition.
- People were weighed on a regular basis. This helped to highlight any concerns. Where concerns were found, appropriate professionals had been contacted and the advice provided was followed.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Pre-admission assessments were completed prior to people moving to the service. This ensured the service could meet people's needs.
- Assessments included people's choices and preferences; these were respected.

Staff support: induction, training, skills and experience

- Staff were well supported within their role; they received an induction when they joined the service, regular training to ensure they had the skills and knowledge to carry out their roles as well as regular support via one to one and group supervisions.
- Staff told us they felt supported within their role. Comments included, "It's been a difficult year with changes in the management team, but the new manager is very supportive, and we are moving forward" and "We do get a lot of support. It is not always easy, especially when the old manager left but support is available. The new manager is really engaging with staff which is nice."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind and caring to people. One person told us, "They (staff) treat us so kind and the way they look after us is wonderful." A professional told us, "They (staff) look after the residents really well and the staff are all really nice. The residents always appear well looked after and well cared for by staff and staff work hard; there's a good rapport. They (staff) are good at building relationships with us and the residents."
- Observations showed staff treated people with kindness and respected their wishes. People were comfortable approaching staff to seek support or have a general chat.

Supporting people to express their views and be involved in making decisions about their care

- People and relatives told us they were involved in discussion around their care and support. One relative said, "Staff are very good at keeping me updated. They rang me last week when [Person's name] was not well to say they had consent from [Person's name] to call the doctor. They are quick off the ball with things like that."
- Records to show people, and where appropriate relatives, had been involved in discussions such as care plan reviews, was not always clearly recorded.
- Staff were observed to seek consent before providing support. For example, kneeling so they were at eye level and asking the person if they wanted to go to the dining area for lunch.
- People had access to the support of advocates if required.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect.
- Care plans contained person-centred information in relation to the level of support people required, and how staff could promote people's independence. For example, one care plan detailed that a person was able to mobilise alone but require staff to provide navigation prompts only.
- Staff were mindful to protect and promote people's dignity. Personal care discussions took place discreetly and staff ensured doors and curtains were closed when providing personal care.
- Personal information was stored securely in locked cabinets to maintain people's confidentiality.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were provided with personalised care that met their needs and respected their choices. Comments included, "Staff know me well and what I am able to do. I shower myself but if I need any help at all I just have to ask."
- Care plans contained person-centred information that focused on what was important to the person and provided details as to the level of support they required, whilst promoting independence.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was available and could be provided in a range of different formats if required.
- Care records provided detailed information in relation to people's preferred communication methods. One person's care plan stated their first language was not English and although they could speak English, they could not read in English. There was no evidence written communication had been provided in the person's preferred language. We discussed this with the manager who stated the person preferred verbal communication and they would take action to ensure this was recorded in the person's care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities and other opportunities for social interaction were available. The activities coordinator arranged activities according to people's hobbies and interests.
- People told us they were able to contribute their ideas with regards to future activities. One person said, "There is a weekly newsletter which details what activities are booked and it is our choice if we attend or not. Some things I am interested in, other things I am not but overall, I enjoy what is on offer."
- Observation showed people engaging in social interaction throughout the inspection. One person said, "I have made friends here. We enjoy spending time in the lounge all together watching movies or chatting."
- We received mixed feedback from relatives with regards to the activities on offer. Comments include, "There isn't really much stimulation that I see when I visit" and "The residents are often sat bored and staff don't really have time to sit with them as they are busy."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place. There had been no formal complaints in the past 12 months, but the manager was clear of the process to follow.
- People told us they knew how to raise any concerns or complaints. Comments included, "I have chatted with the new manager and would be confident raising any issues with them."

End of life care and support

- Advanced care plans were in place and people were encouraged to discuss their wishes regarding end of life care.
- It was acknowledged by staff that some people did not wish to discuss their end of life wishes. This resulted in varying person-centred information within end of life care plans.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection the provider failed to ensure systems effectively monitored the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Effective governance systems were now in place and completed on a regular basis.
- Although some shortfalls were found during this inspection in relation to MCA and the dementia environment, this had already been identified via internal audits and action plans were in place to address the issues.
- The new manager was supported by a regional manager who conducted their own audits to monitor the quality and safety of the service. Support was also provided by specialist managers when this was required.
- The provider had taken action to address the shortfalls found at the last inspection.

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

- People, relatives and staff spoke positively of the new manager and their approach. Comments included, "They [the manager] are very good. You couldn't get better" and "They haven't been here long, but they seem to be very good, really pleasant to talk to."
- The manager was working hard to improve the culture of the service following changes in the management team. During the inspection, the manager was observed positively interacting with people and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider and management team worked in partnership with other professionals, people and relatives.
- The manager had built stronger working links with GP's and the district nursing team to help achieve positive outcomes for people.
- People and relatives were encouraged to completed satisfaction surveys. 'You said, we did' notice boards

were on display and used to share the results of satisfaction surveys and action being taken, as a result of the comments made, to improve the service.

Continuous learning and improving care; 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

- Improvements had been made since the last inspection to ensure compliance with regulations.
- The new manager was committed to further developing the service. Any learning was shared with the staff team to prevent reoccurrence.
- The manager and provider understood the requirements relating to the duty of candour and to be open and honest when things went wrong.