

Mrs Eleni Panayi

Bolters Corner Nursing Home

Inspection report

Bolters Lane
Banstead
Surrey
SM7 2AB

Tel: 01737361409

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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 ●

Summary of findings

Overall summary

Bolters Corner Nursing Home provides accommodation for up to 35 older people with dementia and a variety of other physical disabilities.

At the last inspection on 29 October 2015 the service was rated 'Good.' At this inspection we found the service remained 'Good.'

People were continued to be safe at Bolters Corner Nursing Home because staff were aware of their responsibilities to keep people safe. Staff were knowledgeable about the processes to follow when they suspected abuse. The provider followed safe recruitment practices that ensured only suitable staff worked at the home. Risks to people had been identified and risk assessments were in place to enable people to remain safe. These provided guidance to staff about the risks and how to maintain people's safety.

Records of accidents and incidents were maintained and actions to help to prevent the re-occurrence of these had been implemented. There were sufficient numbers of staff to attend to the assessed needs of people. Medicines were managed and stored safely and people received their medicines on time and as prescribed by their GP.

People continued to receive effective care from staff who had received training that enabled them to carry out their roles. Staff were supported by the registered manager through regular supervision and appraisals of their work. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. People were provided with sufficient food and drink. People were complimentary about the food and how it was cooked. People's healthcare needs continued to be met and they were able to access all healthcare professionals as and when required.

People's privacy and dignity was respected and they were involved in making decisions about their care and treatment. People were treated with kindness and compassion in their day-to-day care. People received care that was personalised to their individual needs. Care plans included information about how people preferred their needs to be attended to by staff. People and their family members were involved in the writing and review of their care plans. People had a range of activities they could choose to be involved in. A complaints system was in place that enabled people, relatives and visitors to raise any concerns. No complaints had been received since our last inspection.

The registered manager and provider were visible at the home and all staff stated that they felt supported by the registered manager. The management team in place were aware of their roles and responsibilities within the home. There was a system in place to monitor the quality of care and treatment provided at the home.

Further information is in the detailed findings below.

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 Good.

Staff were knowledgeable about the signs of abuse and the process to be followed if they suspected abuse.

There were enough staff deployed throughout the day and night to meet people's needs.

Risks to individual people had been identified and written guidance for staff about how to manage risks was being followed.

Accidents and incidents were recorded and monitored by staff at the home to help minimise the risk of repeated events.

The provider had carried out appropriate checks to ensure staff were safe to work at the service.

People's medicines were managed and stored safely.

Is the service effective?

Good ●

The service remains Good

Staff responded well to people's needs or changing needs and person centred care plans were written with people and their relatives.

People had opportunities to take part in a variety of activities that interested them.

Information about how to make a complaint was available for people, their relatives and visitors.

Is the service caring?

Good ●

The service remains Good.

Staff respected people's privacy and promoted their dignity.

Staff were caring, gentle and kind to people.

People were supported to make their own decisions.

Relatives and visitors were welcomed and able to visit the home at any time.

Is the service responsive?

Good ●

The service remains Good

Staff responded well to people's needs or changing needs and person centred care plans were written with people and their relatives.

People had opportunities to take part in a variety of activities that interested them.

Information about how to make a complaint was available for people, their relatives and visitors.

Is the service well-led?

Good ●

The service remains Good

Staff understood their roles and were confident about their skills and the management team.

Quality assurance checks were completed to help ensure the care provided was of good quality.

The provider sought the views of people, relatives and staff about how the home should be run.

Bolters Corner Nursing 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 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 took place on 13 July 2017 and was unannounced. This was a comprehensive inspection carried out by three 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.

Before the inspection we reviewed the information we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law. We did not ask the provider to complete 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.

During the inspection we spoke with six people who lived at the service and seven relatives. We spoke with the registered manager, clinical lead nurse, three members of staff and the chef. We looked at the care records of five people, including their assessments, care plans and risk assessments. We looked at how medicines were managed and the records relating to this. We looked at records relating to staff recruitment, support and training. We also looked at records used to monitor the quality of the service, such as the provider's own audits of different aspects of the service.

Is the service safe?

Our findings

People were safe living at Bolters Corner Nursing Home. People told us that they were always kept safe at the home. One person told us, "Oh yes, I feel very safe here." Another person told us, "Yes, well the staff make sure I'm ok." One relative told us, "Oh yes, I think the way the staff are with [family member] X is safe, they get X to smile."

People continued to be protected from abuse because staff understood their roles in keeping people safe. Staff told us they had undertaken adult safeguarding training within the last year. Staff were able to correctly identify categories of abuse and they understood the reporting procedures to follow should they suspect abuse. They were aware of the local authority safeguarding team and their role. One staff member told us, "I would speak to a person who was treating someone badly and let the manager know. That wouldn't happen here though."

People were kept as safe as possible because potential risks had been identified and assessed. Each person had risk assessments in place to help them maintain their independence. For example, falls, guidance was provided on how to help people walk independently and what to do if a person became exposed to the risk of falling. Other risk assessments included waterlow (Skin integrity), nutrition and mobility. Staff knew what the risks were to each person and the appropriate actions to take to keep people safe and maintain their independence. For example, appropriate measures were in place to reduce the risk for a person who had the potential to hurt themselves during personal care. Staff we spoke told us that this was how they supported this person to manage the risk. When people had accidents or incidents these were recorded and monitored to look for developing trends. For example, one person had a fall. The risk assessment was reviewed, a mat was put by the bed and the person was kept on hourly observations. A sensor mat alerts staff to attend in case the person getting out of bed requires assistance to prevent them falling.

There were enough staff to keep people safe and meet their needs. The registered manager told us that staffing each day included two registered nurses (RN) and seven care staff for 35 people. The registered manager and the provider worked at the home. There was chef, kitchen and domestic staff employed at the home. The staffing levels were confirmed during discussion with staff, people, relatives and our observations.

Medicines were administered and stored safely. All medicines received into the service and those being returned to the pharmacy were clearly recorded on a monthly basis. The clinical lead had the overall responsibility for the management of medicines at the home. Only the RNs administered medicines. Staff and RNs received regular training updates and medicine administration and competency checks were undertaken. One person told us, "I take medication every day. I don't get bad side effects from them."

Safe recruitment practices were followed before new staff were employed. All the required documentation, including disclosure and Disclosure and Barring Service (DBS) had been obtained for new staff. The DBS helps providers ensure only suitable people are employed in health and social care services.

Is the service effective?

Our findings

People and their relatives told us that staff at the home were very good and they knew what they were doing.

People continued to be supported by trained staff that had sufficient knowledge and skills to enable them to provide effective care for people. One member of staff told us, "We have refreshers in training, it is very important to improve my practice. I did dementia training. It helped me learn about dementia such as the medicines and exercise that can make a better life for them." A nurse told us, "We have a very active training programme. All nurses have training once a month to maintain their skills and the registered manager and provider supported RNs so they could re validate professional registration with the nursing and midwifery council (NMC)." Records maintained by the registered manager confirmed that all RNs registration to practice were up to date. People were supported by staff who had supervision (one to one meeting) and an annual appraisal with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. One member of staff told us, "I do get supervision regularly, but I wouldn't wait if there was a problem obviously. The manager is very easy to talk to." Records of staff supervisions and appraisals were maintained at the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in nursing homes are called the Deprivation of Liberty Safeguards (DoLS). MCA assessments had been undertaken and where people lacked capacity best interest meetings had taken place and a DoLS application had been submitted.

Staff were aware of the importance of consent and they had an understanding of the MCA and DoLS. Staff had recently undertaken training in this area and they were able tell us the implications of Act and DoLS for the people they were supporting. People told us that staff would ask them for their permission before they helped them with anything.

People were supported to ensure they had enough to eat and drink to keep them healthy. People's dietary needs and preferences were documented and known by the chef and staff. The chef kept a record of people's likes, dislikes and allergies. People and their relatives were very complimentary about the food provided. Comments included: "Food is very good and my favourite food is fish and chips. I never get hungry at night" "The food is very good, the vegetables are very good and it's all home made."

People were supported to maintain good health and had access to all healthcare professionals as and when required. The provider involved a range of external health and social care professionals in the care of people, such as dietitians, speech and language therapists, community psychiatric nurses and Intensive Support Teams. Advice and guidance given by these professionals was followed and recorded in people's care plans. People and their relatives told us that all healthcare needs were attended to.

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People were busy throughout the day and freely conversed with each other and staff. People and their relatives told us that the staff team were very caring and kind. One person told us, "I like living here, it's the staff, they are very good and they come and talk to me when I have nobody to talk to." "The staff are very good but there is one female nurse and she takes Sunday school. They told us that this member of staff provided a religious service with people in a calm and peaceful manner." One relative told us, "I think there is a really good family atmosphere and the staff are very good."

We observed care and support given to people. Staff were respectful and kind to people living at the home. There were many instances of genuine warmth between staff and people. The interaction between people and staff was consistently good and staff took care to ask permission before intervening or assisting. There was a high level of engagement between people and staff. It was evident throughout our observations that staff had the skills and experience to manage situations as they arose and that the care provided was consistently compassionate. For example, people who required assistance with their food at lunchtime were helped in a caring and discreet manner.

Staff told us that they encouraged people to be as independent as they were able to be. People and their relatives told us that staff encouraged them to do what they were able to. People were able to access the communal parts of the home. One person told us they did things for themselves. They said, "I have a shower in my room and I can have a shower as and when I please and I do it myself"

People's privacy and dignity was respected by staff. Staff knocked on bedroom doors before entering and closed doors when they attended to people's personal care needs. Relatives told us that staff were very respectful of their family members and they attended to their needs in private.

People and their relatives told us they there were no restrictions on the times they could visit the home. One relative told us, "I come in nearly every other day and I take my [family member] out shopping. I take a wheelchair and X comes home to or house."

Is the service responsive?

Our findings

People continued to receive care that was personalised to their needs. Relatives confirmed that they had been involved with the care plans of their family members. People and, when appropriate, their family were involved in reviewing their care. One relative stated that staff had spoken to their family member regularly about the care plan.

Care plans and care were person centred. Care plans had been produced from the pre-admission assessments and reviewed on a monthly basis. They contained detailed information about people's care needs and actions required in order to provide safe and effective care. For example, one person had developed a pressure sore due to immobility. An air mattress was put in place for this person and the pressure was calibrated on a regular basis. There were regularly updated body maps and photographs in care plans. The person had been referred to a Tissue Viability Nurse (TVN) who was advising and supporting the nursing team. Staff were responsive to people's needs.

People had a range of activities they could be involved in. There was an activity coordinator employed at the home. There was a sensory garden which was used for activities. People had made some strings with Cheerios on during an activity. These were then hung out in the garden for the birds to eat. There was varied activities that met the interests for people. For example, one person's interest recorded in their care plan informed that they were in one of the armed forces. We saw in this person's bedroom that pictures and objects of reference relating to their time in the armed forces were on their wall.

There was a complaints procedure available to people, relatives and visitors. The complaints procedure included all relevant information about how to make a complaint, timescales for response and who to go to if they were dissatisfied with the response. People and their relatives told us they knew how to make a complaint but had not needed to. The service had not received any complaints since the last inspection. Staff were clear about their responsibilities in the management of complaints or concerns. They were aware of the provider's complaints policy and procedures, which were on display in communal areas.

Is the service well-led?

Our findings

There was a positive culture within the home, between the people, staff and the manager. One relative told us, "The culture here is open, honest, transparent and I always feel very welcomed." Another relative told us, "The atmosphere here and the staff are very good."

Staff understood their roles and were confident about their skills and the support from the management team. The registered manager and the provider were visible at the home throughout the day and were available to people, relatives and staff. People and relatives were very complimentary about the registered manager. One person told us, "The management here is very good, any problems are sorted on the spot." A relative told us, "The manager is softly spoken and such a nice guy." Staff were complimentary about the support they received from the registered manager. One member of staff told us, "I like working here. The support from my manager is very good." Another member of staff told us, "It's lovely here."

Quality assurance systems were in place to monitor the quality of care and treatment of service being delivered to people. Both the registered manager and provider were present at the home, and although they were supernumerary to the duty rota, they worked 'hands on' with people and staff. The registered manager monitored the home, staff, menus and environment and equipment on a daily basis. We saw records of these checks and the actions taken. For example, it was recorded that room X broken door closer, this had been repaired on the 18 June 2017. Other audits undertaken included health and safety, care plans, the environment, training and supervision.

Regular staff meetings and daily handover meetings took place at the home. One member of staff told us, "We have staff meetings every six months and we have regular handovers when we discuss residents and other information about our roles." Another member of staff told us, "Before staff meetings we have a questionnaire and they ask what we need and what we want to talk about."

People and relatives had the opportunity to feedback on the services provided. Residents and relatives meetings took place twice a year. Minutes of these meetings were maintained and they were thorough. One relative told us they had put forward the idea of setting up the sensory garden at a relatives meeting. This was taken on board by the registered manager and the relative took the lead on this project. The sensory garden was full of plants that had been grown from seed and people and relatives were seen enjoying spending time in the garden on the day of our inspection.

The provider had recently undertaken a survey of people, relatives and stakeholders. The feedback in these surveys were all positive and included comments such as "Care given to residents is first class," and "I am very pleased that [family member] is in your care," and "Very considerate staff. No negative comments were noted in the returned surveys."