

Magicare Limited

Bollingbroke House

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 ●

Summary of findings

Overall summary

About the service:

Bollingbroke House is a care home that provides accommodation for people who require personal care. The home can accommodate up to 33 people. At the time of this inspection there were 21 people using the service.

People's experience of using this service:

People told us they felt safe living at Bollingbroke House. Risks to people were assessed and kept under review so staff knew how to support people safely. All staff knew what action to take if they were concerned about a person's safety. People using the service, their relatives and staff told us any concerns would be acted upon promptly.

People received their medicines as prescribed, from staff who were trained in medicines administration.

There were enough staff on each shift to meet people's needs. Staff told us they were able to care for people in an unrushed manner.

The premises were undergoing some refurbishment at the time of this inspection. This was welcomed by people using the service, their relatives and staff who all told us improvements were needed to the home environment. People could not easily access the garden area however the manager had plans in place to improve accessibility.

People were supported to eat a balanced diet. People told us they enjoyed the food, however they said they did not have a choice of hot options at lunch time. The manager agreed to review this.

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 supported this practice. We observed staff ask for consent before providing people with care.

People were cared for by staff who knew them well. People told us staff were always kind and caring and treated them well. We observed staff treat people with dignity and respect throughout this inspection.

People told us staff supported them with their health needs and were quick to refer them to other professionals when necessary.

People were asked to provide information about their life history and their preferences for receiving care. This information was recorded in their care plan. This helped staff to provide personalised care to each person. People were involved in developing their care plan during a pre-admission assessment process, however people's ongoing involvement in reviews of their care was not clearly recorded on the care planning system.

People told us they did not have enough to do to keep them occupied throughout the day. We saw some activities had taken place recently and some people had been supported to access the community, however improvements were required in this area. We have made a recommendation about the development of activity provision in the home.

The provider had a complaints procedure in place. People knew how to complain and were confident any concerns they raised would be acted upon. People told us the manager had swiftly acted upon any minor issues they raised.

Without exception, we received positive feedback about how the home was run by the new manager. People using the service, their relatives and staff all told us the manager was approachable and they had made a positive impact on the service since they had started working at the service.

The manager and provider monitored the quality of the service by completing a range of audits. The manager had made improvements to the service as a result of the audits they completed. They had a clear plan in place for the further improvements that were required.

The manager made themselves accessible to people using the service, their relatives and staff so they could share any feedback or concerns about the service. They planned to hold resident and relative meetings to obtain feedback about the service. Surveys were also completed to obtain feedback from people, relatives, staff and visiting professionals and the results were used to improve the service.

More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated good (published 8 November 2016).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor this service. We plan to complete a further inspection in line with our re-inspection schedule for those services rated good.

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

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?

Good ●

The service was 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.

Bollingbroke House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was completed by one inspector 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. The Expert by Experience had experience in caring for older people and people living with dementia.

Service and service type:

Bollingbroke House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Bollingbroke House provides accommodation and personal care for up to 33 older people with a range of support needs, including people living with dementia. Bollingbroke House is an adapted building over two floors.

The service is required to have a manager registered with CQC. The service had a manager who had been working at the home for around five months at the time of this inspection. They intended to apply for registration with CQC. Once they are registered, this means the manager and provider will both be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

Before this inspection we reviewed the information we had received about the service since the last

inspection, such as feedback from people and their relatives and information from the provider of the service. Providers are required by law to notify us of certain events, such as when a person who uses the service suffers a serious injury. We took this information into account when we inspected the service.

We contacted social care commissioners who help arrange and monitor the care of people living at Bollingbroke House. We also contacted Healthwatch (Barnsley). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received from these organisations to plan our inspection.

During this inspection we spoke with five people living at Bollingbroke House and four of their relatives. We spoke with seven members of staff which included the manager, a senior care assistant, four care assistants and the cook.

We looked at three people's care records. We checked four medication administration records and three staff files containing their recruitment checks. We also looked at other records relating to the management of the service, such as quality assurance audits, staff training and complaints management.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

- There were enough staff on shift to keep people safe and meet their needs. The manager used a dependency tool to calculate the number of staff required to meet peoples' needs. Staffing levels were kept under review and increased when required.
- Staff told us they had enough time and opportunity to get to know people well and provide care in an unrushed manner. We observed staff respond promptly to people during this inspection.
- People using the service raised no concerns about staffing levels and some relatives commented, "There is always plenty of staff around, so I feel comfortable about [my relative's] safety" and "It looks very safe to me. There's always plenty of staff around."
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal convictions a person may have. This information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management:

- Systems were in place to identify and reduce the risks involved in the delivery of care to people. People's care records included assessments of specific risks posed to them, such as risk of falls and risks arising from moving and handling, pressure areas and nutritional needs. Care records contained guidance for staff about how to support people to reduce the risk of avoidable harm.
- Risk assessments were reviewed each month or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks to people as risk levels changed.
- Regular checks of the building and the equipment were carried out to keep people safe. The home had appropriate safety certificates in place for the premises and the equipment they used.

Using medicines safely:

- Medicines were obtained, stored, administered and disposed of safely by staff. The provider had policies in place regarding the safe management of medicines. They provided guidance to staff to help ensure people received their medicines safely.
- People received their medicines as prescribed by their GP and staff kept accurate records about what medicines they had administered to people and when.
- Staff were trained in medicines management and their competency to administer medicines safely had been checked. We observed staff were patient and respectful when they supported people to take their medicines.
- Night staff were not trained in medicines administration and were therefore unable to provide people with medicine in the event they needed some in the night. An "on call" system was in operation. This meant if someone required medicine during the night, staff would contact a manager who would attend the home to

administer the medicine. During the inspection we found no evidence to suggest that people living at Bollingbroke House had been adversely affected by this system or experienced any delays in receiving medicine at night.

Systems and processes to safeguard people from the risk of abuse:

- The provider had appropriate systems in place to safeguard people from abuse.
- Staff knew what action to take if they witnessed or suspected abuse and they were confident the manager would address any concerns they raised. The manager made appropriate referrals to the local safeguarding authority when required.
- People were supported to understand how to keep safe and to raise any concerns with staff. People told us they felt safe. Comments included, "I've been in another home before and I didn't feel safe there, but I feel really safe in here" and "I feel as safe as houses."

Preventing and controlling infection:

- Prior to this inspection a detailed infection control audit of the service had been completed by a local specialist, at the request of the manager. The manager had followed the advice given by the auditor, to make improvements to infection control procedures within the service.
- The manager had increased the working hours of the domestic staff within the home. Staff told us this had led to recent improvements in the cleanliness of the home. We observed some slight malodours within areas of the home during this inspection. The manager had already identified that further improvements would be made in this area when the planned refurbishments to the home were complete, for example the changing of various carpets.
- Staff had access to personal protective equipment such as gloves and aprons to help prevent and control the spread of infection. Staff told us they had all the equipment they needed.

Learning lessons when things go wrong:

- Accidents and incidents were recorded by staff. The manager reviewed the incident records to ensure staff had taken all necessary action to reduce the risk of incidents reoccurring.
- The manager used a falls log to identify trends and patterns and reduce the risk of people experiencing further falls.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Where people required a special diet because of medical or cultural reasons, this was catered for. The cook was knowledgeable about people's dietary requirements and people's care records contained information about their dietary needs and preferences.
- People said they enjoyed the food, however they told us they did not get a choice of different cooked options at lunch time. People commented, "The food's ok. It is what it is. I don't get a choice", "We can't choose our meals, but what we have is lovely" and "We get lots of tea and biscuits". We observed one main hot option was cooked each lunch time, however the cook told us people could ask for other options if they did not want what was being served. We shared people's feedback about the choice of cooked options with the manager and they agreed to review how meal options were planned and provided within the service.
- People's relatives were happy with the food on offer to their family members.
- During the inspection the food appeared appetising and most people were observed to enjoy it.

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

- The premises were being refurbished during this inspection. We saw an upstairs bedroom that had recently been fully redecorated which looked well-maintained, bright and clean. Other bedrooms were partly completed and there were plans to refurbish other rooms and replace flooring on the second floor of the home.
- People using the service, relatives and staff all told us the new manager was keen to make improvements to the home environment. They all told us the home needed to be refurbished and were pleased this was taking place. People had access to a large bath which they enjoyed using, however they told us they would also like access to a shower. The manager told us this was being considered as part of the home's refurbishment plan.
- There was some signage displayed within the home to help people living with dementia navigate their way around it. Where flooring had been replaced it met the needs of people living with dementia. The manager and provider had recently audited the home environment to identify further improvements they could make, to ensure it met the needs of people using the service.
- The service had a garden at the rear of the property however it was not fully accessible to people using the service. The manager planned to develop the garden area so people using the service could fully benefit from it. They were in the process of obtaining quotes for the work needed. People had access to a patio area overlooking the garden and we saw people and their relatives using this area throughout the day.

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

- The manager assessed people's needs before they moved into Bollingbroke House to check the service was suitable for them. This information was used to develop a care plan for each person which guided staff

in how to care for them.

- People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history. This information was recorded in their care plan so care could be delivered in accordance with their needs and preferences.
- People told us they received the care they needed from staff at Bollingbroke House. Comments from relatives included, "We are very pleased with this home. We won't find a better place for [my relative] than this" and "[My relative] is well looked after here."

Staff support: induction, training, skills and experience:

- Staff were competent, knowledgeable and skilled. They carried out their roles effectively.
- Staff completed training in a range of different areas to ensure they had the right skills, knowledge and experience to deliver effective care. Staff told us they were happy with the training they completed.
- The manager told us they were in the process of sourcing additional training for staff in some areas where they felt their skills could be developed further. For example, some staff were being supported to become 'champions' in certain areas such as end of life care. The end of life care champion was due to attend additional training and then share their learning with other staff.
- Staff received regular support and supervision from the manager to review their competence and discuss areas of good practice or any improvements that were needed. Staff told us they felt supported by the manager and they felt able to raise any concerns or questions with them.

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

- Staff worked with other organisations to deliver effective care and support to people. Staff sought advice from community health professionals such as the GP, district nurses and the palliative care team. This supported staff to achieve good outcomes for people and helped people maintain their health.
- People told us staff were quick to seek medical advice for them when they were feeling unwell. People's care records showed they received regular input from other professionals. Advice given by these professionals was recorded so staff could act on it. A relative commented, "We had tried to get a [community health professional] to see [our relative] when they were living in another home, with no results, but the manager here got them to come within days."
- Feedback had recently been received about the service from various health and social care professionals such as district nurses and social workers. This feedback was positive and demonstrated the service worked closely with these professionals to promote people's health.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The manager had applied for DoLS authorisations where there were necessary restrictions on people's liberty. When authorisations were granted they were stored in people's care records. Any conditions were flagged on the care planning system. This meant staff were aware of all authorisations and any conditions they were subject to, so they could ensure they were met.

- The manager was knowledgeable about the MCA and DOLS. They had identified that some staff would benefit from additional training in this area and arranged a training session for all staff which was due to take place shortly after this inspection.
- We observed staff asking people for their consent before they provided them with care and support.

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

Good: 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:

- People told us staff were kind and caring and they felt well treated by staff. Comments included, "Yes they are kind, loving people", "They are very friendly" and "The staff are wonderful."
- Staff treated people as individuals and their choices and preferences were respected. Staff demonstrated a good knowledge of people's personalities, individual needs and what was important to them. A person using the service commented, "It's like one big happy family here." Staff and people who used the service clearly had a good rapport.
- All staff told us they would recommend Bollingbroke House to family and friends. Staff told us the service provided a good quality of care and people were well treated by a staff team who cared for them. Staff told us they enjoyed their jobs and this was evident from our observations during the inspection.
- Through talking with staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

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

- People were involved in decisions about their care. This started when they took part in an initial assessment of their needs, which was used to complete their care plan. People's relatives were also involved in decisions about people's care, where this was appropriate. Relatives told us the service kept them well informed about their family member's care.
- The manager was aware of the need to consider arranging the support of an advocate if people did not have any family or friends to support them. An advocate is a person who would support and speak up for a person who does not have any family members or friends who can act on their behalf. Information about a local advocacy service was displayed in the entrance to the home.
- People's care records did not evidence how they had been involved in formal reviews of their care on a regular basis as this was not recorded in their care records. The service kept people's care under review to ensure it continued to meet their needs.

Respecting and promoting people's privacy, dignity and independence:

- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff knocked on doors before they entered bedrooms or toilet areas. We observed staff promote people's dignity and respect their privacy throughout this inspection.
- People's care records were electronic. Staff accessed them via a computer, laptop or via tablets. Staff were required to log onto the care planning system with a password, to access people's care plans. This helped to ensure people's records and personal information remained confidential and could only be accessed by

people who needed to see it. Daily handover meetings between staff took place in the staff office to ensure confidential information about people using the service was discussed in a private setting.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Although people and their relatives told us they were happy with the care they received from staff, they also told us they did not have enough to do or keep them occupied each day. People and relatives told us the service needed to improve in this area. Some staff also agreed improvements were needed with activity provision and with ensuring people were supported to access the community.
- People commented, "There is nothing to do but watch TV", "I sit and look through the window at the birds and squirrels. I get bored", "They never take us out" and "I would like to go out. I would feel better if I was taken on a visit or shopping."
- Staff told us some people were supported to access the community and the service had the use of a mini-bus to support this. During the inspection we observed a quiz taking place in the afternoon and saw other activities had taken place recently. For example, people had been supported to plant vegetables in the garden. We observed staff supported a person to water the flowers in the garden and undertake some household tasks within the home. This meant people were supported to engage in some meaningful occupation. However, regular, planned activity provision was not embedded into the daily service provided.
- The manager was recruiting an activity coordinator for the home. They told us the activity provision would be much improved when this role was filled. The manager had a clear vision about how they wanted to develop the activity provision to ensure the activities on offer were in line with people's needs, preferences and interests. We recommend the provider refers to good practice guidance to support the development of the activity provision in the home.
- The service had recently started using an electronic care planning system. People's care plans recorded information about their life history, previous occupations, relationships and interests. This supported staff to get to know people well.
- People's care plans recorded any preferences they had about how they wanted to be cared for. This allowed staff to care for people in a person-centred way. The manager told us they planned to complete a further review of people's care plans to make them more personalised as some were more personalised than others.

Improving care quality in response to complaints or concerns:

- The provider had an appropriate complaints policy and procedure in place. It explained how people and their relatives could complain about the service and how any complaints would be dealt with. Information about how to complain was displayed in the entrance to the home.
- People and their relatives told us they knew how to report any complaints or concerns. They were confident any concerns would be taken seriously. People commented, "If had to complain I would go straight to [the manager]. I've never had to make a big complaint but if I tell [the manager] about anything, they sort it out quickly" and "If I had a problem I would tell one of the staff. I know they would help me."
- We checked the service's complaint records and found they were appropriately recorded, investigated and

responded to.

End of life care and support:

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- People were given the opportunity to express how they wanted to be cared for at the end of their life. This meant people could be supported to have a dignified death, in accordance with their own wishes.
- The manager described how the service worked closely with community health professionals when providing care to people at the end of their lives, such as their GP and the Macmillan nurses. This helped to ensure people received consistent and coordinated support.

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

Good: 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:

- The service is required to have a manager registered with CQC. The previous manager cancelled their registration with CQC in October 2018. The new manager started managing the service in November 2018. They confirmed they were in the process of applying to register with CQC as manager of the service.
- People using the service, their relatives and staff all gave positive feedback about the way the home was run. They told us the manager was approachable, supportive and proactive at dealing with any issues that arose.
- People using the service commented, "The new manager is lovely, very approachable", "The new manager is one of the nicest people I have met", "[The new manager] is the best. They will come and sit and have a word with you. They mingle with the residents and get to know people." Staff commented, "I love [the new manager]. They are really supportive. You can go to them about anything" and "I have every confidence in [the new manager]."
- Staff morale was positive and they all told us they enjoyed their jobs. Staff at all levels were clear about their roles and responsibilities and staff worked effectively as a team. The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff.

Continuous learning and improving care:

- The manager monitored the quality of the service and took action when issues were identified. They completed a wide range of audits and checks on the service. We saw improvements had been made to the service as a result of the audits they had completed since they started working at the service.
- The manager maintained a service improvement plan which they regularly reviewed to ensure the service improved in a timely manner.
- Staff told us the manager had made a positive impact on the service since they started in their management role. Staff told us the manager had engaged well with the provider to ensure improvements were made to the service, such as the ongoing refurbishment of the environment.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The provider, manager and staff were all keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home. Staff told us everyone was well cared for and they were all keen to provide high quality care.
- The provider maintained an overview of the service by requiring the manager to provide them with regular

information about different aspects of the service. Senior management employed by the provider also visited the home to undertake their own checks on the quality of the service. This supported the provider to identify any areas for improvement and support changes to the service to ensure it provided high-quality care and support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People using the service told us they did not remember being asked their opinion of the service via surveys or any recent meetings however we saw some people had completed surveys recently. The manager informed us they were going to schedule meetings for residents and relatives, so they could obtain their views and share news about the development of the service via this forum.
- Staff attended staff meetings where they could share their views about the service. They were also asked for their opinions and feedback via one to one meetings with the manager and through annual surveys.
- The manager made themselves easily available to people using the service, relatives and staff so they could share any concerns or feedback.

Working in partnership with others:

- The service worked collaboratively with a range of different health services and professionals to help make sure people received the right support. Staff also worked with professionals from the local council and clinical commissioning group who commissioned the care of some people living in the service.
- We contacted commissioners of the service prior to this inspection to obtain their feedback about the service. A commissioner commented, "Since [manager's name] came into post they have been extremely interactive with ourselves, positively working jointly with us and linking in with colleagues from [the clinical commissioning group] and NHS, accessing our training opportunities and seeking advice and opinions where necessary."