

Hartford Care (2) Limited

Boulters Lock Residential 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 ●

Summary of findings

Overall summary

Boulter's Lock Residential Home is a care home without nursing situated in a residential part of Maidenhead, Berkshire. It is part of a group of services collectively called Hartfordcare. The service has three principles: care, comfort and companionship. The location is registered to accommodate 32 people. People who used the service are older adults, some with dementia. At the time of our inspection, 30 people lived at Boulter's Lock Residential Home.

At the last inspection, the service was rated good.

At this inspection we found the service remained good.

Why the service is rated good:

People were protected from abuse and neglect. The service had satisfactory assessment, mitigation and documentation of any risks to people. This helped prevent harm. There was safe staff deployment. People's medicines were safely managed. The service had improved recruitment checks of new workers before they commenced their roles. We made a recommendation about staff personnel files.

Staff received appropriate support to perform their roles. The service was compliant with the Mental Capacity Act 2005. 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 found the staff were compassionate and dedicated to care. We saw staff engaged with the people who used the service. People's right to privacy was respected and their dignity was respected.

We found care plans were person-centred and contained appropriate details. The service helped people to have an active life in the community. We made a recommendation about complaints management at the service.

The service had a positive workplace culture. There was good oversight of the service's care from the registered manager and the provider. The provider ensured that the quality of the care was regularly assessed. Where people's care could be improved, the provider made appropriate changes to facilitate this. The service was receptive of feedback and recommendations we provided at our inspection. We made a recommendation about the duty of candour requirement.

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 was good.

People were protected against abuse and neglect.

People were protected from risks related to the building and grounds.

There were sufficient staff deployed.

People's medicines were safely managed.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Boulters Lock Residential 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.

This was a comprehensive inspection.

This inspection took place on 15 June 2017 and was unannounced.

The inspection was carried out by two adult social care inspectors.

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 also reviewed previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We asked local authorities, clinical commissioning groups (CCGs), the fire authority and environmental health for information to aid planning of our inspection. We checked information held at Companies House, the Information Commissioner's Office and the Food Standards Agency.

At our inspection, we spoke with seven people who used the service. We also spoke with one of the company's directors, the registered manager, the deputy manager, five care workers and three other staff.

We looked at four people's care records, four staff personnel files and other records about the safe management of the service.

Is the service safe?

Our findings

At our last inspection on 1 April 2015, we rated this key question as 'requires improvement.' This was because we found the service did not always have an effective recruitment procedure to ensure people employed were fit and proper. We served a requirement notice against the provider for a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was required to send an action plan and we received this. We have checked this regulation at our inspection and found that the service took steps to improve recruitment processes and pre-employment checks. We consider the service is compliant with the previous breach of the regulations. Our rating for this key question has therefore changed 'good'.

We looked at four staff personnel files. Information from personnel files was always scanned and sent to the provider's human resources staff at the head office. All of the files contained information required by the regulation before workers were permitted to commence employment. This included proof of identity and the right to work in the UK, checks on their conduct in prior jobs or character references, and full employment histories. We saw three staff criminal history checks via the Disclosure and Barring Service (DBS). The fourth DBS was completed, but the certificate was not present. The registered manager asked the staff member to bring the certificate into work for copying, and this was completed. Files were disorganised which made it difficult to find information to demonstrate compliance. We spoke with the company director and the registered manager about this. The provider had a policy about the way files needed to be set out. They told us personnel files would be organised and indexed to ensure that the documents were easier to find.

People were protected from abuse and neglect. There was information about who to contact if there was any allegations of harm to people. We saw there was a clear policy and steps to follow if any harm was reported by staff or others to the management. Staff, the deputy manager and the registered manager had all received training in safeguarding and understood potential signs of abuse or neglect. Staff told us they would not hesitate to report abuse and knew the organisations they could contact if needed.

Risks to people from the building were managed to ensure the risk of harm was reduced. We saw there were appropriate risk assessments in place that included fire risk, Legionella, electricity and gas. A maintenance person was employed ensure routine checks and repairs were carried out. The most recent fire risk assessment from June 2017 had a list of remedial works that the provider and maintenance person were working on.

People's risk assessments were incorporated into relevant care plans and included actions required to minimise identified risks. Physical, medical, emotional and environmental risks were recorded. We saw there were assessment scores recorded for the risk of malnutrition (MUST), skin integrity (Braden) and pain (Abbey). We found that in all four people's files we reviewed the risk assessments were updated on a monthly basis. There was also a falls risk assessment in each person's mobility care plan. Each file also contained a 'personal emergency evacuation plan' (PEEP) which indicated the staff and any equipment required for each individual to safely evacuate in the event of emergency or fire.

Accidents and incidents were appropriately recorded by staff. These were reviewed by the registered manager and also communicated to the provider's central quality assurance staff. The provider used the accident and incident reports as a way of preventing recurrence.

People received safe care because there were sufficient staff deployed. People and staff we spoke with raised no concerns about the number of staff on shifts. We examined records for people's call bell requests for a one week period in June 2017. We found people did not have to wait more than five minutes before staff attended to them.

There was robust management of people's medicines. Staff had necessary training and competency assessments in medicines safety before they were allowed to administer to people. A pharmacist visited annually, and conducted an audit to check staff compliance with best practice for medicines management. Medicines were stored, handled and disposed of correctly.

Is the service effective?

Our findings

The service continued to provide effective care to people.

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. The service provided an induction programme, mandatory training, regular supervision sessions and performance appraisals to staff. When we observed staff, they worked effectively with people who used the service. People we spoke with further confirmed they felt staff had good knowledge and skills.

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 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service was compliant with the requirements of the MCA. Consent was legally obtained and documented. All of the files we viewed contained a consent to care and treatment form and these had been signed and dated by the person and their relative. In two cases the form was signed only by the relative although the person had the capacity to consent themselves. This was due to physical limitations of people able to sign for themselves. Where there was a doubt about a person's ability to consent, mental capacity assessments were completed. There was good evidence of people's power of attorney in files we read which included a copy of checks made by the service to the Office of the Public Guardian. The service had applied for standard DoLS authorisations when people's liberty was restricted for their safety. We found the service's records of people's DoLS applications and authorisations matched those held by one local authority.

We found there was excellent nutrition and hydration. Attention was given to people's preferences, needs, risks, allergies and the format of their food.

People were protected from malnutrition and dehydration. There was an extensive menu and people were able to make choices between different dishes at each meal. The dining experience was calm and people were able to socialise with others in the dining room. Nearly all people who used the service attended the dining room for meals, including those with mobility impairments. The chef served the meals in the dining room and the staff showed people the choices on a plate before they were given meals. This ensured people could see what the food looked like, and encouraged them to choose meals they liked. People with modified texture diets (pureed foods) had their meals shaped on the plate according to the ingredients of the dish. The chef showed us how they did this and pictures of what the meals looked like. This appealed to people who had pureed foods, because the meal was presented in an attractive format. We saw fresh fruit, snacks and drinks were readily available for people when they wanted them. Staff also offered regular drinks and snacks to people throughout the day.

People were supported to maintain good health and have access to healthcare services. We saw there was a record of input from other health care professionals, with a separate record of GP visits and reviews. These were dated and signed and well-maintained. We found each person's file contained a completed transfer

form for use if a person needed to be admitted to hospital or another service. These forms included key information including personal details, medical conditions and needs. These forms all included a section indicating whether the person was to be resuscitated in the event of a cardiac arrest. We found an error with the form and pointed this out to the registered manager. They agreed that people's resuscitation status was incorrectly recorded on the forms, and reassured us this would be promptly rectified.

Is the service caring?

Our findings

The service continued to provide compassionate care to people.

People were very positive about the care received at the service. They reported that staff were kind, attentive and helpful. People were unclear about who the registered manager was but were familiar with the deputy manager. One person said, "The staff are wonderful and the carers are very good...the activities coordinator is very good and there are a lot of outings. The manager is lovely." Another person told us, "The staff are kind and caring. They do their best. I rely on them a lot to get ready in the morning and they're very nice." The next person stated, "The staff are quite obliging. Very good really. The food is very nice." Other comments from people included, "The home is first class. The staff are really nice; polite, friendly and helpful and the food is very good and "The staff are fantastic; so caring, friendly and helpful. Nothing is too much trouble. They're really first rate and they work really hard."

Staff we spoke with were clearly familiar with the needs of people living at the service and were able to describe the needs, personalities and routines of different people when asked. Staff said that they had an opportunity to read care plans at induction and at reviews so that they were up-to-date with current needs and risks.

Staff told us that they protected the people's privacy and dignity and said that they always knocked on bedroom doors before entering, and ensured that doors and curtains if necessary, were closed during personal care. People we spoke with confirmed this and we observed staff knocking on doors and calling each person's name as they entered. Care plans and daily records were stored in a locked cupboard in the registered manager's office to ensure confidentiality.

We observed that staff were gentle, pleasant and patient with people and communicated with them clearly and appropriately, making eye contact, allowing them time to express themselves and offering choices, for example whether they would like to go outside in the garden or stay out of the sun. We saw that several people were in different areas of the garden supported appropriately by staff.

We found care plans outlined people's abilities and level of independence as well as areas where they required extra support, for example with mobility needs and swallowing problems. We observed that most people mobilised independently and chose where they wanted to be and what they wanted to do. We saw the registered manager conversing with one person in another language. This person's care plan showed that they had worked as a translator and the registered manager was helping to maintain his language skills.

We saw that people were well-supported by staff and assisted to mobilise as needed. We saw that staff provided female residents sitting in the garden with attractive straw hats to protect them from the sun.

The environment at Boulters Lock Residential Home was attractive and appropriate with good quality furnishing and flooring in all areas. There was a lift to the upper floor and stair lift to the second floor and all areas were spacious and free of hazards. There were pictures on the walls on each floor and ornaments and

objects to provide a homely feel. As well as a large, sunny communal lounge and dining room there were quieter, small seating areas throughout the home.

Bedrooms were individualised with people's personal possessions and furnishings. There were memory boxes outside each room for the use of people if they wished.

There was a large and very well-designed landscaped garden with various seating areas throughout and raised planter beds that could be easily used by people. The garden was readily accessible from communal areas and many of the bedrooms overlooked the different aspects of the garden. The service kept pets that could be enjoyed by people, including a cat and a rabbit

The service took account of the needs of people with dementia. There was good signage to different areas within the building, including toilets and bathrooms and all bedrooms were clearly numbered and named. There were clocks in communal areas and the lounge had a board with the date clearly displayed.

Is the service responsive?

Our findings

The service continued to provide responsive care to people.

There were two activities coordinators employed at the home. There was a monthly schedule of varied activities which was typed and given to residents which outlined the programme for each day of the week. This included group discussions about the news, book club, games, entertainers, craft sessions (baking, flower arranging) and outings. Sherry was served each day in the lounge before lunch. There was a section in each care file that recorded participation in activities and these records were well-completed and up-to-date. We observed a discussion about the daily news in the lounge and there was a planned open day and barbeque for the following day. A couple of people commented that they would like to see more organised outings. We noted several already planned for June 2017 which included a trip to Ascot, the beach, picnic by the river and the garden centre.

Each person had an individual care plan containing personal details and background, medical history and a range of risk assessments and person-centred care plans to take account of different aspects of care and support needs. Daily records and an activities diary were also recorded. Care plans were consistently ordered with an index at the front of each file although some information had been filed in the incorrect place. For example, power of attorney documentation and 'do not attempt resuscitation' forms were not immediately accessible. All care plans and reviews were dated and signed by staff. Monthly reviews and updates did not always reflect changes identified or recorded elsewhere in the care file and were sometimes generic. We spoke with the registered manager about this who agreed to work with individual care workers on improving their documentation of care reviews.

There was a pre-admission assessment of people's needs in each file and a good overview of personal information, including a life history section with details of family background, past employment, personality, significant events, religious beliefs and hobbies. There was a section that outlined preferred routines in relation to sleeping and waking, personal care and other daily activity. We found care plans outlined needs, risks and actions required and there was evidence of individual preferences, likes and dislikes. For example one person's preferences included a drink required at bedtime, to only receive small portions at mealtimes and not to overload their plate with food. Care plans were sufficiently detailed easy to read. All of the documents we viewed were produced within the last 3 months.

There was a complaints procedure outlining the process and timelines to follow in the event of a complaint or concern and we were told by the registered manager that a copy of this was included in the 'service user's' booklet issued to all people on admission to the home. However the complaints procedure was not on display anywhere in the building and was not seen in the central complaints file. People we spoke with said they could not recall seeing a complaints procedure. They said that if they were concerned or wanted to complain they would speak to a relative, a member of staff or the deputy manager. There was no suggestion box seen at the service.

The file containing compliments and complaints indicated only one complaint, although we saw many

thank you cards and compliments letters. There was a letter from a relative of a person who used the service that outlines the details of the complaint. There was no letter of acknowledgement, no evidence of the investigation or statements from staff. There was no indication as to whether the complaint had been resolved or closed. We spoke with the registered manager about this. There was a reply from the registered manager offering reassurance about processes operating in the service, but it did not address all of the specific concerns raised and no apology was present. This letter was not dated. It was therefore not possible to tell if the service procedure had been followed correctly.

We recommend that the service reviews their complaints management process.

Is the service well-led?

Our findings

The service continued to provide well-led care to people.

We found excellent leadership within the service. Staff told us they were very satisfied working in their roles. We saw that safety of people and monitoring the quality of their care were satisfactory.

At the time of the inspection there was 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.

We looked at how people and their relatives had a say in the operation of the service. We saw four sets of minutes of 'residents' meetings from 2016 and 2017. There was a clear agenda for each meeting and minutes were well-documented with people's feedback about the quality of the service. We saw issues discussed at the most recent meeting included activities, an update about the building, catering and housekeeping issues. Two people we spoke with confirmed that 'residents' meetings were held sometimes but were unsure of the frequency. We saw only one 'relatives' meeting documented for April 2016. When we asked the registered manager about this they told us although they planned 'relatives' meetings, there was low or no turnout. They explained that because relatives visited often and the service's staff engaged with them frequently, relatives did not feel regular meetings were needed.

Staff who worked at the service explained a positive workplace culture. We observed staff worked well together on the day of our inspection. One staff meeting was documented in April 2017. We saw the minutes recorded discussions about the Mental Capacity Act 2005, duty of candour, mobile phones, catering, and completion of people's documentation. Staff we spoke with confirmed that there were meetings every few months.

A staff survey was completed in March and April 2017 and 65% of staff completed questionnaires. The results were mostly positive. The registered manager went further to gather staff feedback by conducting their own 'mini survey' using only three questions. Again, the responses were positive. Staff wrote, "Management are very supportive", "I enjoy working at Boulters Lock", "My manager is understanding and helps in all ways when I need support" and "[The registered manager] is good." There was a short period when the staff spirit had dipped due to multiple issues. However, the service had bolstered the drive of staff and the registered manager explained there was an upcoming team-building exercise at the local bowling alley.

The quality of people's care was regularly assessed. We found this was completed in a number of ways. The registered manager completed several audits about the service to identify any areas for improvement. These included checks on areas such as infection prevention and control and health and safety. The provider also completed six monthly audits of the service. We looked at the last results from an audit completed in February 2017. We saw the audit was completed in the style of our 'five key questions' and assigned ratings to the service. The provider found the service was doing well, and identified areas for further improvements.

Actions and target dates were set and the responsibility to ensure the changes occurred were assigned to the respective staff.

Our last rating was conspicuously displayed on the provider's website. This meant people and others knew the service was previously rated 'good' by us.

The service complied with their conditions of registration and send us notifications of certain events, as required by the regulations. When serious injuries occurred, the documentation for duty of candour required some improvements to ensure that the service could always demonstrate that they had conducted investigations and provided written apologies.

We recommend that the service's management team undertake further training on the duty of candour requirement.