

Bournville Grange Limited

Bournville Grange Limited

Inspection report

168 Oak Tree Lane
Bournville
Birmingham
West Midlands
B30 1TX

Tel: 01214722213

Date of inspection visit:
05 March 2019

Date of publication:
03 April 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Bournville Grange is registered to provide accommodation and personal care for up to a maximum of 27 people some of who may be living with dementia. At the time of our inspection there were 24 people living at the home.

People's experience of using this service:

The provider had systems to monitor the quality of the service they provided and to drive improvements where needed. However, these systems needed further embedding into the practice and culture at Bournville Grange. This was because our previous four inspections identified areas which require improvement and we need to be sure any improvements made are sustainable over time. The management were not fully up to date with developments in health and social care. The provider, and management team, had good links with the local community which people benefited from. The provider had systems in place to ensure the Care Quality Commission was notified of significant events in a timely manner and in accordance with their registration.

People received safe care and support as the staff team had been trained to recognise potential signs of abuse and understood what to do to safely support people. Staff members followed effective infection prevention and control procedures although some areas of the home needed further, more detailed, cleaning.

People received safe support with their medicines by competent staff members. The provider had systems in place to respond to any medicine errors should they occur. The provider completed regular checks to ensure that people were receiving the right medicine at the right time and people's medicines were stored correctly.

The provider had assessed risks to people associated with their care and support. Staff members were knowledgeable about these risks and knew what to do to minimise the risk of harm to people. The provider had systems in place to respond to any additional risks to people. Staff members were aware of the necessary action they should take in the event of an emergency.

The provider supported staff in providing effective care for people through person-centred care planning, training and one-to-one supervision. Staff members were knowledgeable about the relevant legislations that informed their practice and supported the rights of those living at Bournville Grange.

People were promptly referred to additional healthcare services when required. People were supported to maintain a healthy diet and had choice regarding food and drink. The environment where people lived suited their individual needs and preferences and people freely moved around their home.

People received help and support from a kind and compassionate staff team with whom they had positive

relationships. People were supported by staff members who were aware of their individual protected characteristics like age, gender and disability. People were supported to retain their independence.

People participated in a range of activities that met their individual choices and preferences and they found interesting and stimulating. People were provided with information in a way that they could understand. The provider had systems in place to encourage and respond to any complaints or compliments from people or visitors.

More information in Detailed Findings below.

Rating at last inspection:

Requires Improvement (Report published 20 February 2018) for the key questions 'Safe,' 'Effective,' 'Caring,' 'Responsive' and 'Well-led.' At that inspection we found that risks to people had not been properly assessed, People's experience at mealtimes needed to be improved, people did not consistently receive a caring service, the systems had not ensured effective assessment and care planning for all people and the previous registered manager had left and not cancelled their registration with us.

Why we inspected:

This was a planned inspection based on the rating at the last inspection, 'Requires Improvement.' At this inspection we found the service had improved.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Bournville Grange Limited

Detailed findings

Background to this inspection

The 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.

Bournville Grange is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At the time of this inspection the service had a manager registered with the Care Quality Commission. 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

Inspection team:

Two inspectors and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Notice of inspection:

This inspection took place on 05 March 2019 and was unannounced.

What we did:

Before our inspection visit, 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 information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with five people living at Bournville Grange and five relatives. We also spent time in the communal areas observing the care and support people received to understand the experiences of those who were not able to talk with us. In addition, we spoke with the registered manager, the area manager, one housekeeper, four care staff members and the cook.

We reviewed a range of records. This included four people's care and support plans and medication records. We confirmed the safe recruitment of two staff members and reviewed records relating to the provider's quality monitoring, health and safety and staff training.

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.

At our last inspection (published 20 February 2018) we identified risks to people had not been fully assessed to ensure they received the support they needed to stay safe. At this inspection we found improvements had been made and therefore rated this key question 'Good'.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of ill-treatment and abuse as staff members had received training and knew how to recognise and respond to any potential concerns.
- Information was available to people, staff, relatives and visitors on how to report any concerns.
- The provider had made appropriate notifications to the local authority to keep people safe.
- The environment and equipment was safe and well maintained. People had personal emergency evacuation plans in place which contained details on how to safely support them at such times.
- Staff members had received specific training on fire safety and knew what to do in the event of an emergency to keep people safe.

Assessing risk, safety monitoring and management.

- One person told us, "I feel safe with my alarm mat and my pendant alarm". They went on to say they slept well and felt reassured that staff members checked on them during the night.
- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff took to promote people's safety and ensure their needs were met appropriately. For example, the risks to people's skin integrity had been assessed along with their individual mobility, nutrition and hydration.
- Risk assessments were updated following changes in people's needs. For example, after one person fell their assessment was changed following advice and guidance from the GP to minimise the risk of re-occurrence.
- We saw staff members followed people's individual risk assessments to ensure safe and consistent care and support.
- Checks to the physical environment were completed regularly to ensure it was safe for those living there. These included checks to the fire prevention systems and any trips and hazards. At this inspection we saw work was underway to change the flooring in one toilet to make it a non-slip surface. In addition, the registered manager and area manager pointed out to us their plans for replacement flooring in the hallways of the first floor as, they believed, the carpets were starting to show signs of wear and tear and could potentially be a hazard in the future.

Staffing and recruitment.

- People were supported by enough staff who were available to safely support them.
- We saw people were promptly supported when they needed assistance. One person said, "Staff are always

there when we need them. Day or night."

- The provider followed safe recruitment processes when employing new staff members. The provider had systems in place to address any unsafe staff behaviour including disciplinary processes and re-training if needed.

Using medicines safely.

- People were safely supported with their medicines by a trained and competent staff team.
- One person told us, "I get what I need when I need them. End of story." Medicines were accurately recorded.
- The provider had systems in place to respond to any medicine errors, including contact with healthcare professionals, investigations into the perceived error and, if needed, retraining of staff members.
- People had guidelines in place for staff to safely support them with 'when required' medicines including the maximum dosage within a 24-hour period to keep people safe.
- Medicines were safely stored in accordance with the recommended storage instructions.
- The provider completed regular quality checks to ensure people received the right medicine at the right time and the stocks of people's medicines were accurate and stored correctly.

Preventing and controlling infection.

- The provider had effective infection prevention and control systems and practices in place which included regular checks to minimise the risks of communicable illnesses which followed recognised best practice. However, some areas of Bournville Grange needed a "deep clean" which the registered manager was in the process of arranging at this inspection.
- Staff members were provided with personal protective equipment to assist in the prevention of communicable illnesses.

Learning lessons when things go wrong.

- The provider reviewed any incidents or accidents to see if any further action was needed and to minimise the risk of reoccurrence. For example, all incidents, accidents and near miss incidents were recorded and passed to the registered manager for their review. They analysed these incidents to identify if anything else could be done differently in the future to minimise the risks of harm to people.

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 feedback confirmed this.

At our last inspection (published 20 February 2018) we identified the meal time experience for people needed improvement.

Supporting people to eat and drink enough with choice in a balanced diet.

- We saw the mealtime experience was a pleasant and enjoyable occasion which also focused on the social interaction between people as well as the food people received. One person said, "It's lovely. I get two puddings a day." A relative told us, "The food is very good, [relative's name] loves it."
- People were supported to have enough to eat and drink to maintain their well-being. When people required assistance with their eating this was provided at a pace which suited them and encouraged their eating.
- People's individual diets and choices were known and supported by staff members. One person told us they followed a vegetarian diet and they still had choice of what they wanted to eat. We saw other diets, including gluten free and soft food options, were also provided to meet people's needs. Staff members we spoke with told us about people's individual diets and choices which supported their decision making.
- When it was identified that people needed additional support with their eating and drinking a specialist assessment was requested. The outcomes of these assessments were then included in people's care and support plans for staff members to follow.

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

- All the staff members we spoke with had a clear understanding of The Mental Capacity Act 2005 (MCA) and how this was effectively applied to those they worked with to ensure their rights were maintained.
- The 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 provider had made appropriate applications and had systems in place to renew and meet any recommendations of authorised applications. Staff members told us about these applications. This included, those which had been approved and those which were still awaiting approval. This demonstrated to us that staff members understood the legislation that informed their work with people.
- People were supported to have choice and control over their lives and staff supported them in the least

restrictive way possible; the policies and systems supported this practice. When someone could not make decisions for themselves, the provider and staff knew what to do in order to protect the individual's rights. Decision specific mental capacity assessments were completed and the best interest process was followed in relation to decisions about people's care and treatment. When it was appropriate, people had access to independent advocates. One staff member said, "We do things in people's 'best interests'. We have meetings, discussions and we would discuss if something, like an operation, was in someone's best interests."

- We saw one person had a sensor mat in place to alert staff when the person needed support. We saw this person had been involved in the decision about the use of such a piece of equipment and the staff we spoke with could also tell us the reason for using the mat. One staff member said, "We always ask people before doing anything. If people want to refuse, they can. We'll ask them later to see if they have changed their mind."

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

- People's needs were assessed and regularly reviewed. People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- One relative told us Bournville Grange had been proactive in addressing their family members medical condition. They told us the staff members had arranged for emergency medicines in case they needed them to avoid delays in treatment. They went on to say they believed the plans of care reflected their family members current needs and expectations. The care and support plans we looked at contained accurately scored clinical assessments for people's identified needs. For example, risk associated with diet and hydration and skin condition.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.

Staff support: induction, training, skills and experience.

- People were supported by a well-trained staff team who felt supported by the provider and the management team. Staff members we spoke with told us they received regular support and supervision sessions. These were opportunities for staff members to discuss their performance and any concerns related to their work or personal development.
- New staff members completed a structured introduction to their role. This included completion of induction training, for example, adult safeguarding and fire awareness.
- In addition, new staff members worked alongside experienced staff members until they felt confident to support people safely and effectively. The registered manager told us they were in the process of developing a new induction package for staff members which would focus on their practical competency as well as their learning. Staff members we spoke with found this process supportive.
- Staff members who were new to care were supported to complete the care certificate. The care certificate is a nationally recognised qualification in social care.

Staff working with other agencies to provide consistent, effective, timely care.

- Staff members had effective, and efficient, communication systems in place to share appropriate and relevant information with those involved in the continued care and support of people living at Bournville Grange. We saw staff members sharing appropriate between themselves to ensure there was continuity in care when shifts changed. For example, there were structured handover sessions between morning staff and afternoon staff.

Supporting people to live healthier lives, access healthcare services and support.

- People had access to healthcare services when they needed it. This included foot health, GP and dentists. The provider referred people for healthcare assessments promptly if required.

- Staff members we spoke with were knowledgeable about people's healthcare needs and knew how to support them in the best way to meet their personal health outcomes.
- When people required support from healthcare professionals this was arranged and staff followed the guidance provided. People had received support to maintain their health with regular access to GP's, dentists and other services.

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

- The physical environment, within which people lived, was accessible and suitable to their individual needs, including mobility and orientation around their home.
- People had personalised their own rooms and their own door. This was to help them orientate themselves and assisted them in retaining their independence when moving around their own home.

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.

At our last inspection (published 20 February 2018) we identified people did not consistently receive a caring service.

Ensuring people are well treated and supported.

- People told us, and we saw, they were treated with care by a compassionate and respectful staff team. One person told us "From the start I liked it here, it's good. The staff are always willing to help me and they are very obliging."
- Throughout this inspection we saw many instances of positive interactions between people and staff members supporting them. We saw staff members had the time and opportunity to spend time with people chatting about things they knew interested them. One staff member said, "We're family, it's like home from home."
- All staff members, we spoke with, talked about those they supported with fondness and compassion.
- People were supported at time of upset and when they were anxious. We saw one person was distressed at the loss of a family member. Every staff member we saw took time to spend with the person comforting them and easing their distress. Afterwards this person showed signs of comfort and relaxation.

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

- People told us they were supported to be involved in making decisions about their care. One person told us how they liked physical security and their preference was to have their door locked. They went on to say that staff and management knew this and supported them with their decision.
- People were supported to express their individual likes and dislikes. These were known to staff members who supported them to meet their stated decisions. This included, but was not limited to, food, drink and activities. For example, during an activities session one person appeared disengaged. This was recognised by a staff member who supported them to initiate a different activity with one other person which they both appeared to enjoy.
- As part of the care assessment making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. The care and support plans we saw recorded people's protected characteristics and how staff members and the management team assisted them to retain their individual identities. The catering team was aware of people's preferences when it came to food and diet. Although they were not catering for specific cultural diets, at this inspection, they had the knowledge to meet people's needs when required.

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

- We saw that people were treated with dignity and respect and that their privacy was supported by staff members. We saw information which was confidential to the person was kept securely and only accessed by those with authority to do so.
- People were supported to retain their independence. For example, one person told us they liked to go outside into the gardens on their own for some "quiet time." They went on to tell us they are always offered support but they liked to do it unaided to "Keep those bones moving."

Is the service responsive?

Our findings

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

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

At our last inspection (published 20 February 2018) we identified the systems in place had not ensured effective assessment and care planning for all people.

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

- People, and if needed those close to them, were involved in the development and review of their own care and support plans. We saw these plans gave the staff information on how people wanted to be assisted. Although people's care plans considered all aspects of their individual circumstances; their dietary, social, personal care and health needs, some of the information was contradictory. For example, one person's preferred name was recorded differently in different sections of their plan. However, staff we spoke with knew people very well and told us about the support people needed. We confirmed this person's preferred name and we saw staff members using it throughout this inspection.
- The registered manager had introduced a new system for checking the accuracy and quality of care and support plans we saw this process had started to identify and correct such inaccuracies. People, and relatives, we spoke with were happy with their involvement and amount of detail contained in these plans.
- When it was appropriate relatives were kept informed about changes to people's health and needs at Bournville Grange. One relative told us they are always phoned if there is ever a change or a concern which they found reassuring. Another relative said, "[Relative's name] has really thrived since they came here, it's old fashioned homely, I love it here myself."
- We saw people's care and support plans were reviewed to account for any personal or health changes. These plans also reflected advice and guidance from visiting healthcare professionals.
- People had information presented in a way that they found accessible and in a format, that they could easily comprehend. For example, important policies and procedures relevant to people's support was provided with picture prompts to assist with their understanding. One person told us they liked to look at the subtitles on the TV as their hearing was slightly impaired and they found this useful.
- People took part in activities that they enjoyed, found interesting and stimulating. The activities that people took part in were based on their individual preferences and likes. At this inspection we saw people involved in card and board games, arts and crafts and activities which encouraged hand eye coordination, like construction bricks, which people visibly enjoyed.

Improving care quality in response to complaints or concerns.

- We saw information was available to people, in a format appropriate to their communication styles, on how to raise a complaint or a concern if they needed to do so.
- The provider had systems in place to record and investigate and to respond to any complaints raised with them.

End of life care and support.

- Bournville Grange supported people at the end of their lives. Where people had expressed specific preferences for their care and spiritual support we saw that these were met as part of the providers care and support planning. When it was needed they engaged the services of other health care professionals to ensure people's needs were met.

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.

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection (published 20 February 2018) we identified the provider needed to improve their quality monitoring systems and the last registered manager had left without cancelling their registration with us. At this inspection we found some improvements had been made but these needed to be embedded in the culture and practices at Bournville Grange.

Continuous learning and improving care.

- The management team had systems in place to monitor the quality of the service that they provided. This included checks on the environment, checks of the medicine administration records and reviews of the care and support people received. We saw these checks were completed regularly and actions were completed promptly to ensure people received good care and support.
- The registered manager and area manager recognised that a different system was needed for checking the quality and accuracy of people's care and support plans. At this inspection we saw that most people's care and support plans had been checked for their quality and where needed minor amendments had been made. However, they were aware that they had not yet completed this exercise for everyone. These systems needed further embedding into the practice and culture at Bournville Grange. This was because our previous four inspections identified areas which required improvement and we needed to be sure any improvements made were sustainable over time.
- The registered manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes.

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

- People told us, and we saw, they had a positive relationship with the registered manager and found them to be available and engaging. Everyone we spoke with was complementary about the management team and they felt supported by them.
- Throughout this inspection we saw the registered manager supporting people and working alongside the staff team to meet people's needs. When one person displayed some signs of anxiety we saw they spent time with the registered manager in the office completing some office based activities which eased their distress.
- Staff members we spoke with told us they found the management team supportive and approachable. Staff members described the registered manager as "Brilliant," "A good manager," and, "Really approachable."
- We saw the management team, and provider, had systems in place to investigate and feedback on any incidents, accidents or complaints.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- At this inspection a registered manager was in post and present throughout. The registered manager understood the requirements of registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.
- We saw the last rated inspection was displayed in accordance with the law at Bournville Grange.

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

- We saw people were involved in decisions about where they lived and the support they required. For example, one person told us about the changes to one room and the vision to create an outside garden area, inside.
- Staff members told us they felt listened to by the management team and their views and opinions were valued. Staff members were encouraged to attend staff meetings. One staff member said, "We are encouraged to speak up freely, raise concerns and discuss ideas."
- Staff members understood the policies and procedures that informed their practice including the whistleblowing policy. They were confident they would be supported by the provider should they ever need to raise such a concern.

Working in partnership with others.

- The management team had established and maintained good links with the local community and with other healthcare professionals which people benefited from. For example, Bournville Grange supported a local school to attend and spend time with people living at the home. People we spoke with told us they loved this and looked forward to seeing and playing alongside the children.