

Borough Care Ltd

Reinbek

## 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

Reinbek is a residential care home providing personal care to 39 older people with a variety of conditions at the time of the inspection. The home could support up to 46 people. Care is provided over two floors and each of the four unit had a separate kitchenette, lounge and dining area although people are free to move around the home. The home also provides short stay and day care services.

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

People felt safe and well cared for in the home. The registered manager had systems in place for checking and auditing the safety of the home and the home was clean and tidy. Safe recruitment processes were in place and there were sufficient staff to meet people's care needs. Accident and incidents were analysed, and action taken to reduce the potential of future risk where possible.

Staff felt they had appropriate training and support to undertake their role and development and progression was encouraged. The home worked closely with healthcare professionals to ensure people's care needs were met in a timely manner and people and relatives told us communication was good. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the home supported this practice.

People told us that staff were kind and caring. We noted that staff knew people and their care needs well. Staff promoted choice and people's dignity and privacy was respected. We saw people were encouraged to be as independent as possible and care plans promoted this where possible.

There was a range of activities available for people who wished to engage, and the home had links to the community. People felt able to raise concerns and make complaints and these were investigated, and action taken. The home was continually working to make care plans person-centred and develop end of life care. We saw that care plans contained information to ensure people's needs were met.

The registered manager was committed to driving improvement in the home. There were a range of systems to audit the quality of the service and actions taken in response to any concerns. Staff felt clear about their roles and able to contribute to service development. People and relatives were involved in meetings and were happy with the care and support they received at Reinbek.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection.

The last rating for this service was good following a focused inspection (Published 28 December 2017) and comprehensive inspection (published 04 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Reinbek

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken 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.

#### Service and service type

Reinbek 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.

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.

#### Notice of inspection

The first day of this inspection was unannounced. We arranged to return on the 6 November to complete the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about the service, what they do well, and improvement plans. We reviewed the information we held about the service including notifications the provider had sent to us. We contacted local commissioning teams to obtain their views about the service. We contacted Healthwatch for any feedback they had received. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All this information was used to plan our inspection.

During the inspection

During the inspection we spoke with ten people who used the service and four relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, deputy manager, domestic staff and care workers.

We looked at five people's care records which included a wide range of support plans and risk assessments. We reviewed a range of documents relating to how the service was managed including; three staff personnel files, staff training records, policies, procedures and quality assurance audits.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Reinbek. They said, "I feel safe and well looked after here." A relative told us, "I am very satisfied that my [family member] is safe and well looked after. If there are any concerns they contact the family."
- Staff had completed training in safeguarding and understood their responsibilities to safeguard people. There were policies and procedures to underpin this.

Assessing risk, safety monitoring and management

- People were protected against harm. Individual risk assessments were in place which highlighted areas where a person was at risk and provided guidance to staff on how this risk could be managed. Areas covered included choking, falls, medication, moving and handling and skin integrity.
- There were generic risk assessments covering risks onsite at the home such as the environment and equipment. Staff checked equipment regularly which included weekly checks of call bells, pendants, slings and wheelchairs.

Staffing and recruitment

- Systems were in place to ensure staff were safely recruited. Checks of a staff member's character and with the Disclosure and Barring Service (DBS) to ensure a staff member was suitable to support people were made.
- Most people told us they felt there were enough staff. They said, "There are always people around day and night to help me." During the inspection we noted that call bells were responded to quickly.
- Staff told us they felt there were sufficient staff and said, "I think these [staffing levels] are generally good."

Using medicines safely

- Medicines were safely and securely stored within the home. An electronic medication administration record (eMAR) system was in use and records demonstrated people were receiving support with their medicines safely.
- People told us, "I get my tablets every day." and, "If I need pain relief I just need to ask one of the seniors."
- Staff who provided this type of support had all received training. The management team completed checks of staff to ensure they were competent to safely support people with taking their medicine.
- There were systems in place to ensure oversight of how people were supported with medicines. The registered manager and deputy manager undertook regular checks of stocks and records to ensure people were receiving the right support.

### Preventing and controlling infection

- The home was clean and tidy. Staff were quick to address any unpleasant odours. Personal protective equipment (PPE) such as disposable aprons and gloves were available for staff. We observed that staff used this equipment when supporting people with personal care and had received appropriate training in this area.
- The laundry was clean and tidy. Systems were in place for managing soiled laundry to reduce the risk of it contaminating clean clothes.
- The kitchen had achieved a rating of five from the local authority. This is the highest rating awarded. We saw that the kitchen was clean and tidy and had appropriate systems in to ensure food was handled safely.

### Learning lessons when things go wrong

- The registered manager held various meetings to discuss any incidents and share learning.
- The registered manager used information from accidents, incidents, safeguarding concerns, and complaints and compliments to understand and drive improvement within the home.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to admissions and this was being continually updated as people's care need changed.
- People's physical, mental and social needs were holistically assessed, and their care, treatment and support were delivered in line with legislation, standards and evidence-based guidance.
- People's preferences were recorded and staff respected these choices, for example regarding what to eat, what activities to take part in and what time to get up.

Staff support: induction, training, skills and experience

- Staff spoke positively about training and told us they had completed all the training they needed to complete their role. They said, "Nothing has been missed from training and if we want to do something we can go and ask. There are lots of opportunity to develop and progress."
- Staff told us they felt well supported in their roles. They said, "Supervisions have been useful. They look at what we are interested in, what we may be struggling with. You get to reflect on your practice." and, "supervisions are a positive experience."

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

- People spoke positively about the food. They told us, "The food is beautiful." and, "The food is good. We are given choice and we can select what we want."
- The home had recently participated in a pilot with the catering service used by the provider, to look at supporting people with limited appetite to maximise the nutritional content of their meals. This included the use of nutritionally fortified finger foods.
- People at risk of losing weight were monitored and appropriate referrals were made to speech and language therapy (SALT) if a person was struggling with swallowing, or dietician services if a person was losing weight. Care plans were amended following any guidance and advice from professionals.
- People could choose where they wished to eat their meals and a number of people opted to eat in their rooms. When people required additional support with eating and drinking, we observed that staff provided this appropriately and with patience so that people were not rushed.

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

- People felt confident that appropriate support from services would be requested. One person told us, "I can speak to any member of staff and they act on my needs. If I need to see the GP they listen. If it is urgent they ring for the GP, otherwise I wait until the GP does the round every week."

- Care records demonstrated that people were supported to access health care services as needed. Advice from professionals was documented within the daily records, and care plans updated as required.

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

- The home was clean and nicely decorated. People were able to personalise their bedrooms and we saw that some people had redecorated their bedrooms to suit their preferences and brought in their own furniture.
- Bedroom doors had recently been replaced to look like front doors and people had been able to choose the colour of these according to their preferences. This assists people to find their way around the home independently.

#### 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care records demonstrated that people's capacity to make daily decisions was considered. Where people lacked capacity and were subject to restrictions, the home has applied for a DoLS authorisation.
- People told us they had choice in their daily lives and we observed that staff promoted choice and decision making whenever possible.
- Staff had completed training in the MCA and DoLS and understood their legal duties and there were policies and procedures to underpin this.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People spoke positively about the staff that were supporting them and told us staff were kind and caring. They said, "All the staff are kind and good. They know me and look after me. I class them as friends." "Staff are fantastic, we have a laugh." and, "It's good here. I like it."
- During the inspection we observed that staff were polite and caring towards people. Staff clearly knew people and their care needs.
- The registered manager had a clear understanding of how to support people who had protected characteristics and ensure that equality and diversity was respected. They told us, "We spend a lot of time getting to know people as individuals and building good relationships. This helps us understand what things are important to them."

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

- People felt involved in making decisions and choices. They told us, "I am involved in my care plan." "I have my opinion and staff respect that. I'm given choice and I'm not told what to do." and, "Staff listened to me and sourced a [specific item] for me and I'm a lot more comfortable now."
- Relatives told us they were involved in discussions and decisions about people's care, and care records reflected this. They told us, "Staff have made me feel included." "We are always aware of what is going on." and, "I've been involved in care planning and how to meet my [family members] needs."
- We observed that staff consistently provided choice to people in their daily lives and these choices were respected.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was respected. One person said, "Most of the staff knock on my door before they come in." We observed this was the staff's usual practice during the inspection.
- Care plans and daily records showed that people's dignity and privacy were considered within the plans for how care would be delivered. People were encouraged to be as independent as possible and equipment to support independence was sourced, such as walking aids.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us they felt they had choice and control in the care they received. We saw that people and families had contributed to the planning of care. We discussed with the registered manager how care plans could be more detailed and person-centred. We could see that work in this area was ongoing.
- Care plans were in place and readily accessible to staff via a secure electronic system. Staff spoke positively about the system for care management and felt this had improved the information available to them and how updates were communicated.
- One professional told us, "The registered manager delivers person centred care and is passionate about ensuring that residents' wishes for care are achieved."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The home was committed to supporting people with communication. Advice from speech and language therapy had been sought for individuals and staff would support people with exercises to support ongoing communication and meet individual's needs.
- Information could be provided to people in a variety of formats and languages depending on a person's preferences and needs.

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

- The home had an activities and lifestyle facilitator (ALF) who arranged and delivered a variety of activities for people within the home. This included activities such as bingo and crafts, visits from entertainers and themed nights on site and trips out to places such as Blackpool.
- People we spoke with were positive about the activities on offer, and people were able to engage in activities as much as they wished. We noted that there were a number of people who choose not to engage with activities but did like to talk on a one to one basis.
- The home worked closely with other local groups to deliver activities. This had included joint activities with children's voluntary groups and local schools including themed parties, music and craft activities.
- People were supported to attend religious meetings if this was their preference and clergy visited the home throughout the year.

#### Improving care quality in response to complaints or concerns

- The home maintained a record of complaints, concerns and compliments. Where concerns had been raised, these had been investigated and action taken to reduce the risk of future reoccurrences.
- People told us they felt able to raise concerns. People said, "I feel I can speak to staff. If I wasn't happy they would listen and respond." "I'm happy here, I have no complaints." and, "I have never had to complain but I could speak to any member of staff if I needed to."

#### End of life care and support

- Work was ongoing to develop end of life care plans. Where these care records were in place they were detailed about a person's wishes and preferences.
- The registered manager advised that the home worked closely with service who specialised in end of life care and would seek advice and support as required. They told us they would try to support people to return to the home if this was their wish.
- Clear information in relation to people who had Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions was in place and staff were aware of this. The relevant paperwork was in place for these people.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The registered manager was passionate about providing good quality care and support to the people living at Reinbek. It was clear from the feedback we received that the registered manager was fully involved and engaged in supporting staff and people. People and staff felt able to contribute their views and ideas as part of service improvements.
- The home was continually looking at ways to engage with the local community. This included identifying local community groups which the people living at Reinbek could attend and involving the local community in activities and celebrations within the home.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and management team completed audits around the quality of service provision and developed actions plan to drive improvement. Records demonstrated that action was taken to maintain and improve the home and this work was ongoing.
- The registered manager had a system for oversight with accidents, incidents and used this information to drive improvement within the service. This included action to prevent future reoccurrences. People and relatives were informed when things had gone wrong and apologise were offered.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their regulatory requirements and submitted relevant statutory notifications to the CQC.
- The home had good links with local commissioners including the local authority and clinical commission groups (CCG). They attended local meetings to share good practice and improve the quality of service being delivered.
- Daily handover meetings were undertaken at the start and end of each shift to ensure staff had all the latest information about people and how people's needs were to be met.

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

- The home held meetings with residents and relatives. Records demonstrated that these provided people with an opportunity to provide feedback and share ideas and suggestion to improve the home.

- People told us their opinions were often sought and they felt listened to. Relatives told us, "They listen to suggestions." and, "Communication is good."
- The home held regular staff meetings which were used as an opportunity for reflection, learning and information sharing. There were meeting specific to staff's role and wider staff forums to discuss issues at provider level.