

Bournville Grange Limited

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Inspection report

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Date of inspection visit:
22 August 2016
23 August 2016

Date of publication:
05 December 2016

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 22 and 23 August 2016. Bournville Grange provides accommodation for a maximum of twenty six people some of whom were living with dementia and who require support with personal care. There were twenty six people living at the home when we visited.

The service has a registered manager who was present throughout our inspection. 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 last inspected the service in July 2015 and found that the registered provider was breaching regulations in relation to keeping people safe from known risks and safe medicine management. Following that inspection the registered provider sent us an action plan detailing action they would take to address the breach. At this inspection we found that improvements had been made and the provider was no longer breaching regulation.

People received their medicines safely from staff who had received training in how to do this safely and the provider had systems in place to monitor the safe administration of medicines.

Risks to people had been identified and measures had been put in place to reduce the risk for the person. Risks to people were monitored and preventative action was taken.

People were supported by suitably recruited staff. People were happy with the level of support they received and said that there was enough staff to meet their needs. However at key times of the day, we saw that additional staffing was needed to meet people's care and support needs in a timely manner.

People told us they felt cared for and were supported by staff who had got to know them well. People were involved in developing and reviewing their care to ensure it met their individual preferences and needs. Staff that we spoke with knew people well and were committed to their role and we saw staff displayed patient and kind interactions with people they were supporting.

People had appropriate support to have their healthcare, nutritional and hydration needs met. People were treated with dignity and had been encouraged to remain independent wherever possible.

Some of the people living at the home were living with dementia. Although staff seemed assured in supporting people many staff had not received specific training in good dementia practice. There were limited communication aids or resources available for people.

People told us they were offered choices in their care and staff could tell us how they ensured consent was

sought before supporting a person. Staff had some understanding of the principles of Mental Capacity Act (2005) and additional training had been planned to improve how people were supported in line with this legislation.

Most people had the opportunity to participate in activities based on their preferences and people told us that staff were quick to respond to any requests for support.

People and their relatives felt able to raise any concerns or complaints they may have about the service and were confident that concerns would be dealt with effectively.

People and their relatives were happy with how the service was managed. The registered manager monitored the quality and safety of the service although we found that systems in place were not entirely effective or robust. Staff felt supported in their role and felt able to contribute to the running of the service.

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.

People received their daily medicines safely.

Risks to people had been identified and well managed.

People were supported by suitably recruited staff who were aware of the signs of abuse and appropriate action to take should they have concerns.

Although people told us there were sufficient staff available we noted at busy times of the day people were left waiting for support to meet their needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

There were limited resources available for those people living with dementia and many staff had not completed training in this area.

People had choices in their care. However not all people had been supported appropriately in line with the principles of The Mental Capacity Act.

People were supported to eat and drink enough to meet their needs and were supported to maintain their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People felt cared for and staff displayed compassion whilst supporting people.

People were involved in developing their care plans and to be able state how they wanted their preferences for care to be met.

People had their privacy and dignity respected.

Is the service responsive?

Good 

The service was responsive.

People had been involved in reviewing their care to ensure it still met their needs.

There were systems in place to manage concerns and complaints.

Most people were supported to take part in activities of their preference.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Systems in place to monitor the quality of the service were not consistently robust.

People were happy with the management of the service and staff felt supported in their roles.

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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 was planned to check 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 unannounced inspection took place on the 22 and 23 August 2016. On the 22 August the inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has experience of caring for someone who uses this type of care service. On the 23 August the inspection was carried out by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on.

We visited the home and spoke with seven people who lived at the home. We met all the other people who lived at the home. Some people living at the home did not have the capacity to speak to us due to their health conditions. We spent time in communal areas observing how care was delivered and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the cook and four staff. We spoke with three relatives who were visiting the service and we spoke with a visiting healthcare professional. We looked at records including two care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Is the service safe?

Our findings

At our last inspection in July 2015 we found that the registered provider was breaching regulations in relation to keeping people safe from known risks and safe medicine management. Following this inspection the provider submitted a plan detailing action they would take to address the breach we found. At this inspection we found that progress had been made in addressing the issues identified at the last inspection and the provider had followed their action plan and were no longer in breach of regulation.

People told us they were happy with the support they received with their medicines and we saw that people received support with their medicines in a dignified way. We observed staff giving explanation to people of what medicine they were taking and asking if they needed their 'as required' pain relief. The systems around recording and monitoring of medicines had improved. We saw that medicine administration charts had been completed accurately and legibly and confirmed that people had received their medicines as prescribed.

Staff told us they had received training in administering medicines and that observations of medicine administration were carried out to ensure staff were competent to administer medicines safely. We saw that the service carried out checks of medicines on a regular basis to ensure medicines had been given safely and correctly. Although staff were able to tell us the signs of people needing their 'as required' medicines when people were unable to advise staff themselves, we saw that there were no written instructions or guidance available for staff detailing the signs of a person needing their 'as required' medicines. The registered manager assured us these would be put in place to ensure people received consistent support with their 'as required' medicines. We noted that the monitoring of medicines that were stored in the fridge was not carried out consistently and had not identified that the wrong temperatures had been recorded. There was a risk that medicines stored in the fridge and had not been stored following specific manufacturer's instructions for storing these medicines safely. The registered manager resolved this during the inspection and had checked the temperature to ensure that medicines would now be stored safely.

We saw that individual risks to people had been identified and measures put in place to reduce the risk for the person. These assessments were checked monthly to ensure they were up to date and accurate. Some assessment tools that had been used as part of the process to identify and rate the level of risk people were, had been completed inaccurately. Although people's risks were being managed appropriately this demonstrated some lack of understanding from staff. The registered manager said she would relook at these tools to see if they were fit for purpose.

People felt safe to mobilise around the home using their walking aids where they were needed. People told us they received the necessary support and encouragement from staff to do this safely. We saw that where accidents had occurred immediate action was taken to check on the person's well-being. The systems in place for monitoring and preventing further accidents had improved and the registered manager introduced and carried out monthly audits to identify trends and prevent re-occurrence. During the inspection we heard examples of prompt action staff had taken in response to people who had suffered a fall. This included seeking advice from other healthcare professionals to source equipment that would support the person's

safety whilst ensuring this did not restrict them.

People told us they felt safe living at the home. People that we spoke with commented that, "I feel very safe and well looked after," and "It's safe and friendly." One person told us, "I'm not alone, they keep an eye on me." Relatives felt confident that their family member was safe at the home and told us, "She's been here for three years and I know she's secure and happy."

People were supported by staff who could recognise the signs of abuse and knew the appropriate action to take should they have concerns. Staff told us they had received training in safeguarding to aid their understanding and knowledge of the procedures to follow. We noted that half the staff at the home had not received any refresher safeguarding training. This meant there was a risk that staff would not have up to date knowledge of safeguarding practices. The registered manager was aware of their responsibilities to safeguard people living at the home and had alerted the appropriate authorities and took action when required.

People told us that they thought there were enough staff available and explained that they didn't have to wait long to receive support. One person said, "I think there's enough [staff] and they come when I ask." Staff told us that there were enough staff available to support people. Relatives that we spoke with stated that at busy times of the day such as meal times or to enable staff to spend more one to one care with people they thought that more staff were needed. Since our last inspection the support needs of the people living at the home had increased and we observed times where people were left without staff interaction for periods of time. We saw that at busy times, such as during meals, people did not always get the support they needed. For example on one occasion staff had not noticed that a person who was reluctant to eat had not eaten their meal. Another resident tried to encourage the person to eat their meal but staff had not noticed due to being busy helping other people. The registered manager was aware that the needs of people had increased recently and was looking at ways to ensure increased staffing levels were available at the busy times of the day.

Staff told us about the recruitment checks that had been undertaken when they first started to work at the home. We saw that recruitment processes included obtaining Disclosure and Barring Service (DBS) checks to ensure staff were safe to be supporting people. Further checks, such as obtaining references had been undertaken to ensure staff were safe to be supporting people. Where any risks had been identified the registered manager told us of action they had taken to assess these although this wasn't currently recorded. People were supported by staff who had been safely recruited.

Is the service effective?

Our findings

Staff felt supported in their role and told us they had received sufficient training to carry out their role effectively. Staff informed us of the induction they had completed when staff first started to work at the service which included working alongside a more experienced member of staff. Training consisted of carrying out practical training in some topics and also workbook based training. The registered manager told us of observations she carried out of staff practice following training to ensure that the training received had been understood and put into practice. These competency assessments were not being recorded. We saw that training had been provided to some staff around people's individual healthcare needs although we noted that many staff had not completed this training. Training on key areas of people's current needs such as person centred approaches, dignity and safeguarding adults had not been provided to many staff members. Whilst competency assessments had been carried out there was a risk that staff would not have up to date knowledge of how to support people appropriately. We spoke to the registered manager who had identified this as a concern and was in the process of ensuring all staff received the required training.

A number of people living at the home were living with dementia. Although staff appeared confident when supporting people with this condition we found that training on dementia had only been provided to a small number of staff. We noted that there were limited resources available to specifically support people living with dementia to help them make decisions and there were limited visual cues around the home, such as signs, to indicate where the lounge or bathrooms were. The registered manager told us of plans they had to adapt the environment and develop the understanding of staff about how dementia was affecting each person.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People told us they were involved in making decisions about their care and we saw this in practice. One person told us that, "I choose what I would like to wear but they [staff] help me." Another person told us that they had chosen to stay up late to watch the Olympics. Staff told us that they offered choice to people in all aspects of their care and explained they would take time to explain things to people if they didn't understand. Although staff could explain how they supported people to make choices they lacked knowledge about the principles of the MCA and records we viewed did not reflect that people had always been supported in line with this legislation. We saw that a general assessment of capacity had been undertaken and deemed a person as lacking capacity without considering which decisions the person lacked capacity to make. The registered manager was scheduling training in this area to support staff's understanding of the MCA.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being

met. Where restrictions to people's care had been identified we saw that the registered manager had acted appropriately and had applied for a DoLS, some of which had been approved. We observed that care was provided in the least restrictive way and that people were free to access and move freely around all areas of their home.

People had been supported to have their nutritional and hydration needs met. People told us they enjoyed the meals at the home and one person told us, "The dinners are lovely here. It's my favourite time of day." We saw people being offered choices in what meal they would like. People told us that they had access to drinks and snacks throughout the day and we saw people being offered drinks at regular intervals. The chef told us that people were involved in developing the menu's and that food preferences were incorporated into menu planning. Comments from people during lunch time included, "Smells good," and "Very Good." Where people required assistance to eat it was done in a dignified manner and people's independence was still encouraged. Many people had their meals in the dining room. We noted that one person who had chosen to have their meal in the lounge did not have a pleasant dining experience as staff were vacuuming and cleaning in this area whilst they were eating their meal. We brought this to the attention of the registered manager who assured us they would address this matter.

People were happy with the support they received to have their healthcare needs met. People's comments included, "They always check I'm okay," and "They would call the doctor." We saw that staff monitored people's healthcare needs regularly and acted proactively when a change in need was identified. The service had good links with their GP surgery and other healthcare professionals who visited the service regularly. One healthcare professional we spoke with during the inspection told us that people benefitted from staff who knew them well and therefore could identify any changes in health needs quickly. This healthcare professional told us that the service followed any advice given and made sure that all staff were aware of new treatments prescribed.

Is the service caring?

Our findings

People told us they were happy living at the home and we saw that interactions between people and staff were relaxed and compassionate. People made positive comments about the staff describing them as lovely, and one person said, "I can't praise them enough." Another person told us, "Staff are kind, they do anything for you." Relatives said they thought that staff knew their family member well and commented that, "They greet her and ask her about things they know she likes," and "Everybody is like a family here, they look after mum," and "It's like another family to her."

People told us that they were supported with their emotional needs as well as physical needs. One person told us of the care and attention staff gave them when a loved one had passed away and commented, "If we are unhappy staff ask what we can do to help." We observed staff supporting people in a caring, patient manner and giving people encouragement where needed.

We spoke with staff about the people who lived at the home. One staff member told us the best part of their job was, "Giving residents the care they deserve and looking after them to the best of my ability." Staff were able to tell us people's likes and dislikes and knew some of the person's life history. Relatives told us that staff had a good knowledge of what people liked and used this in their conversations with people. One relative commented, "When we take her out they ask about it and know what she would have enjoyed and talk to her about it." At our last inspection the registered manager told us they were going to introduce life history books for people. At this inspection we saw that this had not yet been introduced for all the people living at the home due to some of the books being mislaid and the registered manager told us that they were in the process of rescheduling when these were going to be introduced.

Care plans we viewed had been developed with people and their families, where appropriate, to find out people's likes, dislikes and preferred routines. Staff were able to describe how they used this information to provide care to people in the way they wished. People were able to state the gender of carer they preferred and this was carried out in practice.

The service had ensured that clear communication occurred between the service and relatives as appropriate. Relatives told us that the service was quick to alert them to any changes or if people had suffered an accident or incident. One relative told us, "We are involved, and that's important."

People told us they were supported to keep in touch with relatives through phone calls or visits. People commented that their visitors were able to visit anytime and there were no rules of when or how often they visited. We saw that a number of visitors came into the home during the inspection and we saw that they were welcomed into the home.

People we spoke with told us they were treated with dignity and respect by the staff. People told us that the staff respected the privacy of their bedrooms and that their belongings were safe and were not moved by staff. We saw staff maintaining people's dignity whilst supporting people with care tasks. Although the majority of people said they were treated with dignity we were informed of instances where staff hadn't

spoken to people or explained to them what was happening before supporting them. When we brought this to the attention of the registered manager they informed us of immediate action they would take to observe staff practice and provide training to staff on positive communication with people. The importance of encouraging people to retain their independence was documented in people's care plans and we saw that wherever possible people were encouraged to remain independent in mobility and personal care tasks.

Is the service responsive?

Our findings

People told us that staff acted responsively to requests for support and one person said, "If you use the buzzer they come quickly," and another person said, "They are busy but they come when I ask."

We looked at the opportunity people had for activities of their preference. Many people told us that they were happy with the activity provision and that there was lots of activities on offer. People commented, "We have a film show on a Thursday with popcorn and ice-cream," and, "We play draughts, dominoes, snakes and ladders and an activity lady comes some afternoons." One person told us that they had been supported to follow their interest and told us, "I love to read. There's a book shelf and people bring me books as they know I like to read." Another person living at the home had requested for a daily newspaper to be delivered which we saw was being done.

Whilst people told us that activities had taken place we observed during the inspection that many people had no stimulation or interaction with staff or through activities during the course of a morning. The television was on but the layout of the furniture meant that some people couldn't see the screen. Some people were not engaged in watching the television. The registered manager advised that they had recently carried out a survey with people about what activities they would like to do. The information from the survey was being used to plan activities and ensure that all people, where requested, had the opportunity to have activities on a one to one basis.

People had been supported to continue with their religious needs and had attended their chosen place of worship. One relative commented, "She loves the church service. She's always enjoyed that."

People that we spoke with informed us they were involved in their care. People's comments included, "Yes, I would say I'm involved," and "Yes, they ask me how I feel about things." Relatives spoke of their involvement in their family members care and one relative told us, "She has a yearly review unless there are any changes in the mean-time." Reviews of people's care were carried out with the person and their family where appropriate which helped ensure that people's care reflected their individual wishes and preferences. We noted that although there was evidence that reviews of care had taken place some of them had not been documented. The registered manager explained that plans were in place to introduce a key worker system where staff would be responsible for carrying out reviews with people and their relatives.

The service had developed ways for staff to share important information about the people they were supporting. We saw that handovers took place between staff teams at key points during the day when essential confidential information was shared. These handovers enabled staff to be informed of the current care needs of people at the home which improved consistency of care for people.

We saw that a complaints procedure was available in communal areas of the home and people had received a copy when they first moved in. There had been no formal complaints in the last twelve months. Although formal complaints had not been raised, people and their relatives told us they felt able to raise any concerns they may have. When asked who they would raise concerns with one person told us, "I'd tell the

chief carer," and another person said, "I'd tell the manager." Where concerns had been raised the registered manager had taken action to resolve the concern for the person.

Is the service well-led?

Our findings

People were happy living at the home and told us, "I don't feel cut off they made me feel welcome," and "It's clean and I'm happy." Relatives were happy with how the service was managed and felt they could approach the registered manager if needed.

The registered manager followed requirements to inform the Care Quality Commission of specific events that had occurred at the service. Although the registered manager was aware of many of the requirements of regulations, such as duty of candour, they had not fully followed the requirement to display their inspection rating. Registered providers have a duty to display their ratings within the home and on their website to enable people to have information about how well the service is performing. We saw that the rating was on display in the home but not on the provider's website prior to the inspection or after the inspection. The registered manager was supported by a deputy manager and senior staff within the home. This ensured there was leadership available within the service in the absence of the registered manager.

Staff told us they felt supported in their role and informed us of supervisions and team meetings that took place to aid their sense of support. Staff told us they felt able to approach the registered manager if they had concerns or for additional support in their role. Staff comments included, "She [the registered manager] is a very fair manager," and "I can always come and speak with her. She has tried to make changes for the residents benefit." Staff told us of meetings they had where information about changes to practice could be shared to improve their knowledge.

People told us they were involved in the service and comments included, "They ask if we like things," and "Sometimes we have a meeting." We saw that residents meetings took place regularly and issues discussed included things such as meals, activities and reminding people how to raise concerns. These meetings were only attended by a small number of people who used the service. The registered manager advised that staff spoke privately with people who had chosen not to attend the meetings to seek their views, although their views had not been recorded.

We looked at ways the registered provider monitored the quality and safety of the service. The registered manager had issued quality questionnaires to people, their relatives and staff. The results from this questionnaire were generally very positive. We saw that the results from these questionnaires had been analysed and the registered manager had taken action when the results had highlighted any concerns. The registered manager completed monthly quality audits of key aspects within the service. However, these audits had not considered issues relating to staff communication with people. There were no robust systems in place to ensure staff received the training they needed to support people safely. Although there were systems in place to monitor the quality of the service they were not entirely effective and had failed to identify the areas of improvement we identified during the inspection.

Throughout the inspection the registered manager was open and honest about areas within the service that they had recognised needed to develop further. We saw that improvements had been made within the service following the last inspection and although the registered manager had ideas of how they wanted to

improve the service further there was no plan in place to ensure this would be achievable.