Mr & Mrs V Juggurnauth

The Boltons

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

This inspection took place on the 17 March 2016. The inspection was unannounced.

The Boltons is a care home which is registered to provide care (without nursing) for up to 27 people. The people living in the home needed residential care and support from staff at all times and have varying needs. These included people with enduring mental health illness and people who live with dementia. At the time of our visit 22 people were using the services. The home is a detached building in a residential estate close to the shops and amenities of Reading. People had their own bedrooms and use of communal areas that included an enclosed private garden.

The home has 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.

The registered manager is also one of the providers'. The providers Mr & Mrs V Juggurnauth works full-time within the home to support the people who live there and the staff team.

People's safety was promoted within the home. The recruitment and selection process helped to ensure people were supported by staff of good character. There was a sufficient number of qualified and trained staff to meet people's needs safely.

Staff knew how to recognise and report any concerns they had about the care and welfare of people to protect them from abuse. There were risk assessments that identified risks associated with personal and specific health related issues. They helped to promote people's independence whilst minimising any risks.

People's medicine was managed safely.

People were provided with effective care from a dedicated staff team who had received regular supervision with their line manager to identify their development needs. Training was provided by external sources and in-house refresher training was provided. This made sure staff were supported to receive the training and development they needed to meet people's individual needs.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people and their care.

Staff treated people with kindness and respect and had regular contact with people's families to make sure they were fully informed about the care and support their relative received.

Meals were nutritious and varied to promote individual needs and people were encouraged to live a fulfilled life with activities of their choosing. These were structured around their needs and individual to each person. However, they were being further developed to promote individual interests and to minimise the risk of social isolation. The provider had approved extra staff hours to take this forward.

People told us that they were very happy with the care and support they received. They benefitted from living at a service that had an open and friendly culture. There were opportunities for people to be involved in decisions about the home through formal methods such as residents meetings, surveys and reviews. The provider had an effective system to regularly assess and monitor the quality of service that people received.

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 were supported by staff of good character who knew how to protect people from abuse.

People received their medicine safely.

There were sufficient staff with relevant skills and experience to keep people safe.

The provider had robust emergency plans in place, which staff understood, to promote people's safety.

Is the service effective?

Good

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet. They were helped to see their GP and other health professionals to promote their health and well-being.

The environment had adaptations to promote people's independence and safety.

Is the service caring?

Good

The service was caring.

Staff treated people with respect and dignity at all times and promoted their privacy and independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

People's right to confidentiality was protected.

Is the service responsive?

Good

The service was responsive.

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Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

Activities within the home were provided for each individual. These were being further developed to promote individual choice and to minimise any risk of social isolation.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good

The service was well-led

People, their visitors and staff said they found the provider and registered manager open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The registered manager and provider had carried out formal audits to identify where improvements may be needed and acted on these.

The Boltons

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 inspection took place on the 17 March 2016 and was unannounced. It was carried out by one inspector.

Prior to the inspection we looked at all the information we had collected about the service. This included any notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law. Before the inspection, the provider also 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.

During our inspection we observed care and support in communal areas and used a method called 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 to us. We spoke with five people who lived in the home and a relative of a person who uses the service. We spoke with the provider, registered manager of the home and five staff. We also received feedback from a local authority commissioning officer, a social worker and four health care professionals.

We looked at five people's records and records that were used by staff to monitor their care. In addition we looked at three staff recruitment and staff training files. We also looked at accident and incident reports, duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included: "Yes I feel safe". "I think with my problems, I feel safe here, so I stay". "Oh yes I feel very safe, they are every good".

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They were able to provide a robust response in relation to their understanding of safeguarding. They had received safeguarding training and were fully aware of the provider's whistleblowing policy that was easily accessible for them to view. Staff told us that the training had made them more aware of what constitutes abuse and how to report concerns to protect people.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained.

There were sufficient staff to safely meet people's care needs. Staff said there were always enough staff on duty to keep people safe and for them to carry out their duties without feeling they had to rush people. Comments from staff included: "we have a really good team and so don't feel rushed". "If there was an accident, then yes (in reference to being rushed), but otherwise it's ok".

The registered manager and existing staff covered any shortfalls due to staff absence. This was confirmed by staff and identified on the staff rota. At the time of our visit there was only one staff vacancy for an activity coordinator. A visiting professional told us that they had visited the home a number of times and stated, "I was a bit concerned at first, but there are more staff around now". The staff rota identified that there were three care staff throughout the day and two at night to meet the assessed needs of 22 people. There were domestic staff employed that included a cook and two cleaners. Additionally, the provider and manager worked full-time hours within the home to support the staff team.

People were given their medicines safely by staff who had received training in the safe management of medicines. Competency assessments of staff giving people their medicine were completed visually, but were not formally recorded. Comments from staff included, "the manager supervised me giving people their medicine before I was able to do it on my own". People's prescribed medicines were reviewed annually by their GP. The service used a monitored dosage system (MDS) to support people with their medicines safely. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right times.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. For example, a falls audit was completed by external health care professionals in August 2015. This had followed a person sustaining an injury from a fall and had identified that people were at greater risk of falls when alone in their rooms. As part of their action plan to minimise

the risk of falls, staff received fall prevention training on the 6 October 2015 with further training scheduled April 2016.

There were risk assessments individual to each person that promoted peoples' safety and respected the choices they had made. Health and safety audits where regularly undertaken to promote the safety of people and others within the home. These included fire safety and checks of the environment. For example, monitoring of hot water outlets to ensure they stayed within a safe temperature to minimise people's risk from scalding.

Good

Is the service effective?

Our findings

People spoke positively about staff and told us they felt they were skilled to meet their needs. Comments included: "I don't call them, as they are always very efficient".

Healthcare professionals stated: "I am always attended to well when I visit by the manager on duty. The staff know the patients well and can always show me notes and give me details". "The Boltons offers a superb level of care, even to patients who make it exceptionally difficult for anyone to care for them".

Staff described the staff team as supportive and that they worked well as a team. Comments included: "I feel very comfortable working here and they (the staff team) are always willing to help". "We pass information with regards to people's health changes to (name of the provider and registered manager) and they act quickly".

Staff received support through supervision and appraisals to routinely discuss their learning and development objectives. Regular staff meetings were held and staff felt confident to raise issues for discussion. The registered manager told us that staff development was arranged around their personal and professional development.

There was a comprehensive induction programme designed for staff. Training had been developed for staff to meet health and safety, mandatory and statutory training requirements as well as receiving training to support specific individual's needs, such as dementia care and diabetes. The provider and registered manager who had an active role in meeting people's needs both held a registered managers award and supported staff to complete health and social care qualifications. The provider told us that in partnership working with external health and social care professionals they had received training in falls prevention that was delivered by the care home in-reach team. This is a team of health care professionals who provide services that includes working with staff to enhance their skills and improve their confidence by building on existing good practice.

People's rights to make their own decisions where possible, were protected. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People using the service were subject to authorisation under the Deprivation of Liberty Safeguards. The registered manager had a good understanding of the MCA and staff had received MCA training.

People's health needs were met. People were assisted to make appropriate appointments with their GP and other health care professionals. Examples included, referrals to the dietitian and the speech and language therapists (SALT). One person told us that they were supported to have contact with external health care professionals and added, "Dr (name) comes in and has a chat with me". Another person said, "I see my original doctor, she is very nice".

Care plans included people's health and medication needs and records of any appointments or healthcare visits. Visiting professionals' comments and the outcome of the visits were included in the records. Health care professionals said, "One of my patients is diabetic. They (the service) have provided a sugar free diet and encouraged x to eat well even though x has advanced dementia". "(Name of the provider) knows the patients very well, and is always available to discuss their care and acts as an advocate for them. She liaises with doctors appropriately".

People were given a choice of food and given time to make their decision. They were helped to eat in a pleasant and relaxed atmosphere. Staff sat next to people who required support and provided appropriate and sensitive encouragement for them to enjoy their meal in their own time.

People told us that there was always plenty to eat and we could see that food was freshly prepared. Comments included: "I have bread and butter for breakfast, which is what I like". "I don't eat much, but I like fish fingers. They always offer me other things". "I've put on weight, but I always have three meals a day plus snacks". "We are offered a choice; today its beef or omelette".

The Boltons was clean and well-furnished to create a homely and comfortable environment for the people who lived there. People had independent access to areas of the home and signage had been placed throughout the building to assist people to orientate themselves and recognise their bedroom. Adaptations such as handrails were fitted throughout the building and garden to promote people's independence and safety.

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect at all times. People said: "It is very nice here" and "it's a friendly homely place". "I know the night staff; I always chat with them before I go to bed". Healthcare professionals stated: "the staff are very friendly and caring, and residents' dignity, confidentiality and safety are given utmost importance". They (staff) appear to know the patients well, what they like and don't like, what they respond to and in my opinion show a caring concern for them".

People's bedrooms were personalised with items of their choice. Considerations had been taken to promote people's privacy when alone in their room or alone with their visitors, such as staff knocking on doors before entering. A person's relative said, "I think they (staff) are lovely, all of them are very kind and treat people like it say's on the doors, with dignity and respect". This comment was partially in reference to a notice that had been placed on each person's bedroom door. The notice had a picture of the person and reminded people about dignity and respect and requested that they knock before entering.

People were asked for their permission before staff undertook care or other activities. Staff provided a good account of people's needs and were respectful of people and their visitors. When we spoke with staff they were aware of people's needs, likes and dislikes. They addressed people appropriately in a warm and friendly manner and encouraged them to express themselves and make decisions, if they were able to. The service had equality and diversity policies and people's care plans centred on their individual needs, wishes and preferences. Training staff had received included dignity and respect.

There were resident's meetings that encouraged people to have a voice about decisions made in the home, such as being involved in decisions about the home's menu. People were appointed a keyworker (a named member of staff) to support them at reviews and meetings and ensure positive communications with people's families. This helped to ensure people and their families were fully informed and involved, where appropriate of decisions made about the persons care.

The provider told us that they were involved in the dignity charter with the local authority. This involved the provision of dignity charter self-assessments to the local commissioning authority each year. These included examples of good practice that were validated by the local authority and gave an insight into the services practice. This was followed up in September 2015 with a Dignity In Care visit and report from the local authority.

People's wishes for end of life care were obtained and were recorded in the appropriate section of their care plan. Do not attempt cardio-pulmonary resuscitation forms (DNACPR) were appropriately completed and signed by the GP. End of life awareness training had been provided to staff to ensure they could provide people with the support and compassion they required at that time of their lives.

People's records were securely stored to ensure the information the service held about them remained

confidential at all times. Information about each person was only shared with professionals on a need to know basis.

Good

Is the service responsive?

Our findings

There were 22 people who were using the services with either mental health needs and/or they lived with dementia. Whilst there were activities provided on the day of our visit, we had received anonymous feedback from a person that people were provided with minimal recreational activities. The person stated that activities were provided for people on the day of our inspection for the benefit of the inspection.

On the day of our visit people we spoke with were not over enthusiastic of the recreational activities provided in the home. One person stated, "I more or less like to do my own thing". Another person said, "oh yes they have entertainers, but I've seen it over and over so I know all the songs".

Care plans detailed people's cultural, social and spiritual values, social interests and hobbies. One person's care plan stated, "I do not socialise with other residents by choice". The person's care plan had not detailed activities that the person enjoyed, if any, on a one to one basis. The provider told us that they were in the process of advertising for a part-time activity coordinator to organise a wider variety of meaningful individual and group activities that would meet people's individual needs.

People's needs were assessed before they moved in to the service. Care plans were personalised and detailed daily routines specific to each person. Areas of care included personal care, mental health and cognition. There was evidence from documentation and from speaking to people that external health care professionals were consulted. Appropriate referrals and reviews were made when people's needs changed. Care plans included a section on recording the interventions of visiting health care practitioners where their recommendations were clearly recorded. A social care professional said, "I've placed a few people here. They have a good admission process. We normally hold a six week review of the person's needs following admission and then reviews are completed annually by another team".

People and/or their relatives where appropriate, were involved in developing their care and support plans. Speaking with staff identified that they were very aware of individual's needs, likes and dislikes. They were able to explain that part of their responsibilities as a keyworker was to inform the review process. A person's relative told us about how they and their family visited the home before the person's admission. They said, "We were impressed by the way she (the provider) showed us everything" and "we have agreed with (name's) care plan as I have lasting power of attorney". A lasting power of attorney allows a person to appoint someone to make certain decisions on their behalf when they are no longer able to make decisions for themselves.

The provider had a complaints policy that was accessible to people and their visitors. There were two registered complaints in the twelve months up to the date of our visit to the home that were managed within appropriate timescales of the provider's complaint procedure. One person told us that the floorboards above their room had "made a terrible noise". They said, "Enough was enough. I told (name of the provider) and they put carpet down straight away; they do listen".

Good

Is the service well-led?

Our findings

There was a registered manager at The Boltons who registered with the Care Quality Commission (CQC) on 1 October 2010. The registered manager was also one of the providers. The providers Mr & Mrs V Juggurnauth had a full time presence within the service. They were fully involved in ensuring the service was managed effectively and safely and were respected by people who use the service, staff and health and social care professionals. They were described as open, approachable and supportive. One person said they were, "very friendly and very helpful". A health care professional said, "I have no concerns about the Boltons at all, only praise".

People and those important to them had opportunities to feedback their views about the home and quality of the service they received. They felt confident that the registered manager and provider would act in their best interest should they have a concern or complaint. A person's relative told us that they visited the home frequently and said in their opinion, "people in the home appeared happy".

There was an open and positive culture amongst the staff team who reported that they had received the support and training they needed to further improve the services people received. Staff told us that the provider and registered manager had supported them to access development opportunities that ensured they were up to date with current best practice. Comments from staff included: "I feel supported and very comfortable working alongside (name of the providers'); they are always willing to help".

Questionnaires had been completed by people and their families at various times throughout the twelve months prior to our visit. Of the questionnaires we viewed, all detailed positive comments about the services provided. However, at the time of our visit they had not been fully evaluated by the provider to identify any trends/actions to take forward to improve.

The registered manager had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. These included systems to monitor processes that promoted the safety and well-being of the people who use the service. Health and safety audits such as fire safety and infection control were completed by the registered manager and/or provider with actions and outcomes recorded. These included audits of people's medicine by the provider and supplying pharmacist, infection control, fire safety and audits to monitor and review the care and treatment people received.