Bupa Care Homes Limited

The Borrins Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 1 August 2017 and was unannounced.

The Borrins Care Home has a total of 25 beds and is part of BUPA Care Homes Limited. It provides accommodation and personal care services for older people. The home had been and was still in the process of extensive redecoration and refurbishment. This was providing people who used the service with a clean, comfortable and homely environment. On the ground floor there were two lounges and a dining room and plans were underway to provide a 'coffee shop' and hairdressing salon. The bedrooms were on ground and first floor level and there was a passenger lift available for people to use. All of the bedrooms were single occupancy and 13 had en-suite facilities. There was a car park to the front of the building and large gardens which had benefitted from new, substantial garden furniture. On the day of inspection there were 23 people living at the home.

There was a registered manager in post. 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 found since the last inspection of the service in August 2016 improvements had been made regarding medicines and care records were being kept up to date.

We saw staff was kind and caring and there were enough of them to keep people safe and to meet their care needs. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff told us they felt supported by the registered manager and were receiving formal supervision where they could discuss their on-going development needs.

Care plans were up to date and detailed exactly what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. We saw appropriate referrals were being made to the safeguarding team when this had been necessary.

People's healthcare needs were being met and medicines were being stored and managed safely.

Staff knew about people's dietary needs and preferences. People told us there was a choice of meals and said the food was good. We also saw there were plenty of drinks and snacks available for people in between meals.

We found the service was working within the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards and that staff had a good understanding of how these principals applied to their role and the care they provided. People were supported to have maximum choice and control of their lives and staff

supported them in the least restrictive way possible.

Activities were on offer to keep people occupied both on a group and individual basis.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

The registered manager provided staff with leadership and direction and was described as being very approachable.

There was a quality assurance monitoring system in place that was designed to continually monitor and identify any shortfalls in service provision.

People who used the service and relatives were asked for their opinions about the way the service was managed through meetings and surveys.

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.

Staff were being recruited safely and there were enough staff to support people and to meet their needs.

Staff understood how to keep people safe and understood how to identify and manage risks to people's health and safety. The premises were clean and well maintained.

People's medicines were handled and managed safely.

Is the service effective?

Good

The service was effective.

Staff were inducted, trained and supported to ensure they had the skills and
knowledge to meet people's needs.

Meals at the home were very good, offering choice and variety. People were supported to access health care services to meet their individual needs.

The legal requirements relating to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good

The service was caring.

We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.

People's care records were easy to follow, up to date and being reviewed every month.

There were activities on offer to keep people occupied and trips out were also available.

A complaints procedure was in place and people told us they would be able to raise any concerns.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who provided leadership and direction to the staff team.

The provider had quality assurance systems in place to check the quality and safety of the service.

People who used the service were consulted about the way the service was managed through residents meetings.

The Borrins Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 1 August 2017 and was carried two adult social care inspectors 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.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams. On this occasion we did not ask the provider to complete 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 looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, three staff recruitment records and records relating to the management of the service.

We spoke with 13 people who used the service, four relatives, two night care workers, five day care workers, the cook, kitchen assistant, one housekeeper, community physiotherapist and the registered manager.

Good

Is the service safe?

Our findings

Safe recruitment procedures were in place. We saw prospective staff completed an application form which detailed their employment history and qualifications. Checks on staff character to ensure they were suitable to work in a caring role were completed. These included obtaining a Disclosure and Barring Service (DBS) check, references from previous employers and ensuring an interview was held. Where any concerns were identified, these were discussed and a written record taken of the meeting. We saw records of interview notes which included scenario based questions. We spoke with a staff member who had been employed since our last inspection who confirmed these checks had taken place before they started working at the service. This meant correct processes were being followed to make sure staff were suitable to work with the people who lived at the home. We saw one staff file contained no photo identification. However, from our discussions with the registered manager we concluded this was an isolated omission.

The service used a dependency tool based on people's needs to determine safe staffing levels. We reviewed staffing levels and saw there were enough staff deployed for safe care and support of people at the service. The registered manager told us the usual staff levels were for one senior care staff member and three care staff during the morning, one senior staff member and two care staff from 2pm onwards and two care staff and one senior at night time. When the home was at full occupancy, another member of staff was deployed on a 2pm to 7pm shift. We looked at a number of staff rotas and saw these staffing levels were maintained. Staff we spoke with confirmed an extra member of staff deployed in the afternoon had helped maintain safe levels at busy periods. A staff member commented, "At the moment there are enough staff," another said, "There are enough staff and we don't have to rush."

People who used the service told us they felt safe at the home. One person said, "Yes I do feel safe here, there are lots of people around and buzzers to call for help if you need it." A second person said, "I feel safe because there is always someone here." A third person said, "I feel absolutely safe here, all our problems we had at home have gone now."

We saw there were safeguarding policies and procedures in place and information was also on display. We spoke with four members of staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. All of them told us they would not hesitate to report any concerns to the manager or the Adult Protection Unit. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood how to keep people safe.

The home had been and was still in the process of extensive redecoration and refurbishment. This was providing people who used the service with a clean, comfortable and homely environment. On the ground floor there were two lounges and a dining room and plans underway to provide a 'Coffee shop' and hairdressing salon. The bedrooms were on ground and first floor level and there was a passenger lift available for people to use. All of the bedrooms were single occupancy and 13 had en-suite facilities. There was a car park to the front of the building and large gardens which had benefitted from new, substantial garden furniture.

We asked people if they liked their accommodation. One person told us, "I have a nice room with my own furniture, there is a sink and a toilet and it is always clean." A second person said, "My room is large and I love it, it is very clean, there is a lot of refurbishment going on in here you know." A third person commented, "I like my room, and it is clean and tidy."
We looked around the building and found it clean, tidy and odour free. We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. People who used the service and relatives told us standards of hygiene in the home were good. One relative said, "It is always clean and tidy here."

We saw at the last food standards agency inspection of the kitchen they had awarded the home five stars for hygiene. This is the highest award that can be made. This showed us effective systems were in place to ensure food was being prepared and stored safely.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

Staff were able to tell us the action they would take if the fire alarms sounded and we saw people had Personal Emergency Evacuation Plans (PEEPs) in place which were up to date. This meant in an emergency staff knew what to do to keep people safe.

We saw risk assessments were up to date, detailed and person specific. These had been completed when it had been identified people's safety might be compromised. We saw appropriate actions had been taken to mitigate risks. For example, we saw crash mats had been placed in people's rooms where they had been assessed at high risk of falls from their beds. Where people had identified allergies these were clearly recorded in care records to ensure all staff were aware. We concluded following assessment appropriate measures were being put in place to mitigate risks to individuals who used the service.

We asked people who used the service how their medicines were managed. One person told us, "I only have one tablet a day in the morning with my breakfast." A second person said, "As far as I know I take my medicines on time." A third person commented, "Yes my medication always comes on time."

All care workers who administered medicines had received training and competency checks had been made to make sure they followed the correct procedures.

We saw the care worker who was responsible for administering medicines checked the medicines to be given against the medication administration record (MAR). This ensured the correct medicines were being given at the right time. Once the persons' medicines had been prepared they were taken to the individual, together with a drink. The care worker then stayed with the person until the medicines had been taken. We saw people being supported to do this in a kind and patient way. The care worker then signed the MAR to confirm the medicines had been given.

We saw there was a system in place to keep a check on how much medication was being held at any given time. We checked the stocks of six medicines and found them all to be correct.

Some people had medicines which were prescribed with particular instructions about when they should be taken. For example, some medicines needed to be taken half an hour before food. We found these instructions were followed. When medicines were prescribed to be taken 'as required' there were instructions for staff to help ensure these medicines were used effectively and consistently.

Topical medicines such as creams and lotions were managed safely and MARs showed these had been applied as prescribed.

Some medicines are classified as controlled drugs because there are particular rules about how they are stored and administered. We found these medicines were stored and accounted for correctly. We concluded medicines were stored and managed safely.

Good

Is the service effective?

Our findings

We looked at staff training records and saw these were up to date or planned. A training analysis report was completed on a monthly basis. This highlighted training staff needed to complete and then they were booked onto appropriate courses. Training included the services specified mandatory training and service specific courses. Staff we spoke with told us they were happy with the training and development provided and said it equipped them with the required skills to offer effective care and support.

The provider offered a comprehensive five day induction which included training on a range of subjects such as moving and handling, fire safety, infection control, health and safety, nutrition and pressure ulcer prevention. New starters were subject to a three month probationary period to ensure they were suitable to work with vulnerable people. One person, who had worked in another care home, told us, "The induction training was good for new staff and good for me as a refresher."

A system of formal supervision and annual appraisal was in place which included discussions on goals, development needs and conversation about individual performance. Staff told us these were a good opportunity to discuss any concerns, extra training requirements or career aspirations. Staff told us they felt supported and said there was a good staff team.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service was working within the principles of the MCA and that staff had an understanding of how these principals applied to their role and the care they provided. The registered manager had sent three DoLS applications to the local authority and one of these had been authorised. We saw a specific condition had been attached to this DoLS authorisation. We saw this had been addressed by staff. This showed us staff understood the legislation and were acting within the law.

We looked in one care file and saw a relative had a Lasting Power of Attorney (LPA) order in place, however, it did not specify what the LPA was for. An LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and finance or health and care. The registered manager

explained they had asked relatives who had LPA's for documentary evidence of these orders. Some relatives had responded but this piece of work was on going. This showed us they understood their responsibilities to act within the legislation.

We asked people who used the service about the meals at the home. These were some of the comments people made; "The food is ok, I've not turned any away, the soup is delicious." "When I ask for drinks or food I always get it." "The food is alright, we get a choice." "The food is generally good and there is a choice, and the portions are ok too." "The food is pretty good really, I have what I like."

Drinks were offered to people at regular intervals throughout the day and snacks were readily available.

Where people were nutritionally at risk, we saw their weight was monitored and a nutritional screening tool had been completed. We saw these were correctly completed and appropriate actions taken, such as referral to the GP or dietician and supplements put in place.

People were given a choice of meals which were freshly prepared and menus rotated on a seasonal basis. If people did not want what was on the menu they could request something else which the chef would prepare for them.

We saw there was a choice of chicken or lamb offered at the lunchtime meal. One person told us, "It was nice. I had chicken." However, we saw most people who had chosen the lamb dish had left much of the meat. One person told us, "I left loads on the plate. It was very tough." A staff member commented, "Think the lamb was tough and grisly. A lot left it." We tasted a sample of the food and found it tasty and nutritious. However, we also noted the lamb was not easy to cut or chew. We mentioned this to the registered manager and regional director who said they would discuss with their supplier as this was not acceptable.

We asked people who used the service about their healthcare. One person told us, "They are very good when I'm not well; they get the GP or hospital." Another person said, "I can see my GP any time I want to."

We saw people had access to a wide range of health care professionals including GPs, district nurses, physiotherapists and dieticians. We saw evidence in people's care files of involvement from the multidisciplinary team. A visiting health care professional told us they had no concerns about the service, staff followed their advice and communication was good. We concluded people's health care needs were being met

Good

Is the service caring?

Our findings

We asked people using the service if they liked the staff. One person told us, "The staff here are lovely, they treat me very well." Another person said, "Very nice indeed; the girls are very nice." A third person commented, "I'm happy living here. I don't think they can do any better than they do." People appeared very relaxed and comfortable around staff. We saw people were well groomed and well dressed.

From our observations and discussions with staff, we concluded staff knew people's care and support needs well. Staff spoke fondly about people living at the home and their knowledge corresponded with what we saw in people's care records. Comments included, "They get brilliant care. I love it here. Think people get well looked after", "It's a nice, quiet home; friendly. People are lovely; all individuals. We try our best to meet everyone's individual needs", "I like the home, the staff I work with, the residents; we all get along," and, "It's more of a cosier home. It's the best thing I ever did; I love it. It's so rewarding; seeing someone you help."

The registered manager gave us an example of how a staff member had shown a caring attitude with a person who was coming to the end of their life. The person had made it known about their goal to reach a birthday milestone. When it was clear this was unlikely to happen, the staff member organised for staff to sing, 'Happy Birthday' to the person and celebrate as if it was their special day. The person was visibly happy with their achievement. They then passed away the following day.

We saw many caring interactions. For example, we saw a staff member walking arm in arm with a person to assist them mobilising to the lounge area, chatting in a relaxed manner as they walked along and asking them where they would like to sit. We saw people were given choices, such as what they ate, when they got up, where they sat and if they wished to take part in activities.

We asked people if staff treated them with dignity and respect. One person told us, "My privacy and dignity is always respected." Staff were able to give examples of how they respected people's privacy and dignity, such as ensuring curtains and doors were closed when providing personal care. We saw staff knocked on bedroom doors before entering. One person told us this did not always happen and sometimes staff, "Popped their head around the door to ask something." However, this was not our experience on the day of the inspection.

We saw people's bedrooms had been personalised with photographs and ornaments. People's clothing had been put away tidily in wardrobes and drawers showing staff respected people's belongings.

We saw people's visitors were welcomed to the service at all times. Some visitors told us they regularly came to enjoy lunch with their relative or friend and others told us they were offered tea and biscuits during their visit.

Good

Is the service responsive?

Our findings

Anyone thinking of moving into the home could go and visit to see for themselves if it was suitable for them. Prior to any admissions the registered manager made an assessment of people's needs to make sure the home was suitable.

We asked people who used the service if staff were responsive to their needs. One person told us, "If I am unwell, I use the buzzer and someone comes." We noted during our visit call bells were responded to quickly.

We found care records were relevant and provided information about people's current care needs. Where people had assessed support needs, care plans were in place that provided clear direction on how people's care and support should be provided. For example, two people's care records we looked at contained a high level of detail about their tissue viability needs. This included body maps which had been reviewed regularly and clear information about how often they were to be repositioned. We saw these instructions were followed and charts were completed accordingly. Another person's records contained detailed plans to assist their mobility which included the size of sling to be used and type of hoist.

Where people's care needs had changed we saw records had been amended appropriately to reflect this. Records contained sufficient details to enable staff to support people appropriately.

Care records were reviewed monthly or if people's needs changed. We saw people or their relatives were involved in planning and reviewing care needs. We concluded people were receiving person centred care.

We saw the homes complaints procedure was on display in reception, together with survey forms which people could use to make comments about the service.

A system was in place to log, investigate and respond to complaints. The registered manager was also logging any low level concerns to make sure they were responded to.

We asked people who used the service and relatives what they would do if they had any concerns and they could all identify someone they would go to. One person told us, "[Name] is the manager; I can speak to her if I am unhappy." "If I am not happy I speak to the boss [Name of registered manager]." A relative told us, "Yes we know the manager it is [Name] and we would feel ok sharing concerns if we had any." Another relative said, "The manager is [Name] and she is very approachable, we feel we can raise any concerns we might have with her. We concluded concerns and complaints were being recognised and responded to appropriately.

We asked people who used the service what activities were on offer to keep them occupied. One person told us, "Sometimes it is right enjoyable, we have a game of Bingo, and I like to watch TV in my room in the evenings." Another person said, "Everyone seems happy here, people come in to do activities and exercises." A third person commented, "If the weather is nice we sit out or I go out for a walk with my husband,

sometimes someone comes in and we do singing." A fourth person told us, "We exercise and have entertainers come in and sing and dance." A fifth person told us, "They don't have a minibus here you know, but they did hire a bus and went to St Anne's."

The service employed one activities co-ordinator on Mondays and Thursdays and two activities co-ordinators on Wednesdays and Fridays. We saw a member of the care staff came on duty to offer activities on the day of our visit. We saw people enjoying chair exercises in the morning and a sing-along in the afternoon. A varied activities programme was on offer including dominoes, chair exercises, reading sessions, sing-alongs, trips out and quizzes. Church services took place regularly and people had recently enjoyed a strawberries and cream tea afternoon. Upcoming activities were displayed on a noticeboard in the foyer. However, this had not been updated for the week we were inspecting. When we pointed this out, the registered manager immediately took steps to remedy this.

Good

Is the service well-led?

Our findings

The registered manager was a visible presence in the home and was committed to making positive improvements to the service. Since the last inspection improvements had been made in relation to medicines management and keeping care records up to date.

Staff praised the registered manager and all told us they would not hesitate to approach them with any concerns. Comments included, "Management are good," "I feel supported; good manager. If you go to her with a problem she'll do her best to help you.", "(Registered manager) is approachable. No concerns about approaching her." "I would approach the manager with any work or client problems." "Any problems, go straight to (registered manager) and she'll sort it out for you."

The atmosphere at the home was open and inclusive and staff morale was good. Staff mostly told us all staff worked together well as a team and supported each other. One staff member told us, "Staff are lovely. We work well together as a team. Everyone understands their roles."

All the staff we spoke with told us they would recommend The Borrins as a place to work or as a place to live.

Systems were in place to carry out regular checks on the quality of care and the fabric of the building. For example, checks were carried out on infection control and health and safety issues.

We saw a number of audits were being completed, which were effective in identifying issues and ensuring they were resolved. For example, medicine audits were completed twice a week where an issue had been identified we saw action had been taken. We identified no issues with the management of medicines which showed us these audits were effective.

We saw an analysis of falls took place every month which looked at the time and location of any falls together with any action taken, for example, installation of a falls mat. This helped monitor for any themes and trends and ensure appropriate action was always taken following incidents.

We saw the local authority contracts team had visited the service in April 2017 and had made some recommendations in their subsequent report. These had been dealt with by the registered manager and dates recorded of when they had been completed. This demonstrated a service committed to continuous improvement based on the feedback of other agencies.

As well as regular checks of care plans the service had introduced a 'resident of the day' process which meant that the complete care record for an identified person was reviewed on a monthly basis to ensure it was up to date and appropriate to their needs.

The registered manager also completed monthly unannounced 'night visits' to check on staff and the safety of people who used the service. For example, making sure crash mats were in place by people's beds.

We concluded effective arrangements were in place for checking the quality of the service.

We found there were systems in place to consult people who used the service and relatives about the way the service was managed. Surveys about the service were readily available in the reception area so people could provide feedback about the service if they so wished. We saw two which had been returned recently showed people were satisfied with the service. Comments included, "Staff are always respectful, patient and have empathy." "Staff are a credit to the home and [Name] is very happy."

Resident and relatives' meetings had been held and people we spoke with were aware of these. We saw at the meeting held in May 2017 issues such as meals, activities and the refurbishment plan had been discussed. When people had raised an issue they were informed what the service was doing in response on the 'You said we did' notice board in reception.