

Medincharm Limited

# Bourne House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Bourne House is a residential care home in the Ashton-under-Lyne area of Tameside, providing personal care without nursing to 23 people aged 65 and over at the time of the inspection. The service can support up to 33 people. All rooms provide single accommodation, some are en-suite. There are communal areas including lounge and dining rooms, bathrooms and a secure garden area.

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

The provider had not always had systems for oversight that were effective. New processes and paperwork for checking the quality of service and driving improvement had been introduced but needed to be embedded. The manager was working closely to involve the people living at Bourne House, relatives, staff and external services in driving improvement within the service.

Some staff training was out of date, although staff were caring and understood how to meet people's needs. There were plans to improve the mealtime experience and a new menu had recently been introduced. People's needs were assessed and people were supported in line with their choices and preferences. 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 service supported this practice.

Safe recruitment processes were in place, although we noted these could be more robust. People's medicine was safely stored, and they were supported to take their medicines by staff who were competent to do this. The service was clean and tidy, staff had access to personal protective equipment and any shortfalls were addressed by the manager. People looked well cared for and paperwork had been implemented to assess people's needs and mitigate risks where possible.

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 requires improvement (published 21 October 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvement had not been sustained and the provider was still in breach of regulations. Please see the well led sections of this full report. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We received concerns in relation to staffing and how people were supported with safe care and treatment. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe, Effective and Well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bourne House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified a breach of Regulation 17 in relation to good governance as the provider did not have sufficient oversight to ensure the consistent good quality of service in the absence of the registered manager at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

# Bourne House

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by one inspector.

#### Service and service type

Bourne House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. However, they had been absent from the service since October 2019. The provider told us they had made arrangements for a manager who would cover the day to day running of the service. The current manager had been post for approximately four months. The registered manager 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

This inspection was unannounced on the first day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with seven members of staff including the provider, manager, quality lead, team leader, care workers and domiciliary staff. We observed how people were being supported and cared for to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. Various records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the manager and provider to validate evidence found. We looked at training data and quality assurance records. We made telephone calls to two family members and four members of staff.

# 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 felt safe and looked well cared for. People told us they were happy living at Bourne House, and one relative told us, "Absolutely I feel [family member] is safe. It's like they are staying with family rather than in a care home."
- Staff understood people's care needs and knew their responsibilities to safeguard people. Staff training in this area had been identified as a priority by the manager and staff were currently completing the required mandatory training to address any shortfalls.

Assessing risk, safety monitoring and management

- New paperwork, including care plans, risk assessments and daily records had been recently introduced and work was ongoing to implement these for all the people living at Bourne House. These care records contained information about people's support needs and provided guidance for staff to support people in line with their needs and preference and reduce risk as much as possible.
- Appropriate checks and maintenance of equipment and the environment were in place. Action was taken to address any areas of concern.

Staffing and recruitment

- Staffing levels were suitable to ensure people's needs were being met. Staff told us there was enough staff and said, "There are plenty of staff here." A family member told us, "We feel there are enough staff. Whenever we visit there are staff everywhere and there always seem to be plenty in pictures we see."
- Recruitment processes were subject to relevant checks. Staff had checks made with the disclosure and barring service before they began working at Bourne House. However, reference checks were not always suitably robust and in line with the services policies. The manager took steps to ensure that independent and relevant reference checks were in place where needed.

Using medicines safely

- Medicines were being safely stored. The service had designated a clinical room where all medication was securely stored. Medicines were stored appropriately with suitable systems for temperature checks. The manager advised that the controlled medicines cabinet would be re-situated to ensure it met current guidelines for secure storage of these types of medicine.
- Staff who administered people's medicines were competent to do so. There were competency assessments of staff who provided this type of support and checks of medicines to ensure any shortfalls were identified in a timely way.

Preventing and controlling infection

- The service was following the current guidance in relation to people visiting. At the time of the inspection a national lockdown was in place and only essential visits were occurring. All visitors were supported to wear the required personal protective equipment (PPE). Families were able to arrange window visits and the service had plans for a cabin to support visit once guidance allowed this.
- We found some shortfalls in how staff followed guidance in relation to social distancing and using PPE. The manager was aware of this and was completing supportive conversation with relevant staff to ensure the risk of Covid-19 was minimised. There were appropriate policies and guidance in this area and information in relation to good practice was displayed within the service.
- The service was clean and tidy. Domestic staff were on duty throughout the day and followed a regular schedule of cleaning. A relative told us, "The home is immaculate. Although it's not a new building, it's very clean."

#### Learning lessons when things go wrong

- The manager was committed to driving improvement within the service and learning lessons when things go wrong. There was a variety of paperwork to ensure oversight, such as falls prevention monitoring forms and the manager completed regular checks around the service.
- The manager was working with the local authority commissioning team to ensure good practice was developed and embedded within the service. The provider and manager worked together to develop an action plan to make the identified improvements.



# 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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Not all staff had completed all the relevant mandatory training. The manager had identified this issue and implemented a plan to enable staff to complete regular training and get mandatory training up to date. Work in this area was ongoing to address the shortfalls in mandatory training and ensure staff had the knowledge and skills to safely meet people's care needs.
- The manager had implemented a structured induction programme for new staff. This programme would ensure that staff were supported when they began working in the service. Staff told us they were well supported by the manager and felt that things were improving.

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

- New assessment and care planning paperwork had been introduced and was being rolled out for all people living at Bourne House. The new paperwork included assessments of individual support needs and risk and provide staff with guidance on how best to support people. Work in this area was ongoing.
- People and families were involved in care plans when possible. One relative told us, "Whenever they review and update [my family member] care plan. The staff phone to discuss this and check I am happy with it too."

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

- The manager was working to improve the mealtime experience. On the first day of inspection the service was trialling a new plan of seating and dining within the communal area which meant that some people were sat facing the wall at mealtimes. By the second day of inspection, following feedback from people and staff, changes and improvements made, and people were no longer sat facing the wall when they ate. The manager had additional plans to improve the mealtime experience and ensure those who had additional support needs could be supported in a discreet and respectful manner.
- New menus were being developed in collaboration with people living at Bourne House. The food looked appetising and people were enjoying their meals. People and families told us the food was good and choice was provided. One family member told us, "We always get jealous when we visit as the food smells amazing. Whenever I speak to [family member] they always tell us what a nice meal they have had. If people don't want the meals on offer, they will try and make them something they want."

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

- Staff supported people to access health care services as needed. This included contacting the doctor and

district nurse team for advice and medical input. The district nurse team supported people who had specific needs and both the seasonal flu and Covid-19 vaccine had been offered to people living at Bourne House. One relative told us, "The staff know [my family member] so well, they know the little signs if they aren't feeling well and will arrange an appointment with the GP."

- Referrals to specialist services were made by staff when people were identified as having additional needs. Where staff had identified that a person was having swallowing difficulties, a referral to the speech and language therapy service was made and the assessment and advice was incorporated in to the care records.

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

- The service was tidy and clear of hazards. Consideration had been given to making the service dementia friendly. The provider told us they had plans for refurbishment which included specialist equipment in bathrooms to help maintain people's independence.
- People's bedrooms were clean and had been personalised. Bedrooms were decorated with possessions people had brought with them and the manager would resource items that reflected people interests, such as books and films.

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.

- The manager had oversight of who was subject to restrictions. Where conditions on DoLS had been given, these had been incorporated into the relevant area for care planning.
- People's capacity to make decisions had been assessed and staff encouraged and supported people to make decisions. Staff offered people choice in their daily lives and respected people's decisions.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure sufficiently robust systems for oversight. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that shortfalls had continued since our last visit, but that processes and paperwork had been recently introduced and work in this area was ongoing. Not enough improvement had been made as we could not be assured of the effectiveness of this oversight at this inspection and the provider was still in breach of regulation 17.

- The provider had not always had oversight to ensure the quality of service was managed. Suitable arrangements had not always been in place during the absences of a manager to ensure people consistently received good quality care and support. Paperwork and systems had been recently introduced but were new and needed to be embedded within the service.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A manager and quality lead had recently been employed within the service. Staff told us that things had improved and said, "Communication works well in the home. The new paperwork makes it easy to know where things are up to." and "[The manager] is approachable and will help the staff. They have brought in change for the better."

- New systems for oversight and driving improvement had been introduced in the service. This included the resident of the day scheme and the introduction of the keyworker role and staff champions for different areas, such as dignity champion. This helped ensure clear roles and responsibilities, and supported people and staff to be involved in improvements within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- Staff felt able to raise concerns and were confident that the manager would address any issues. Staff we

spoke with told us they felt listened to and gave us examples when they had raised issues recently and how these had been addressed.

- The manager was committed to improving the service and continuous learning. The manager had a clear view for the service and worked closely with the provider to drive these improvements. People and families knew who the manager was, and one relative told us, "The manager introduced themselves when they started, and we know we can speak to them if there is a problem. They seem to have got up to speed very quickly."

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

- Relatives told us staff were open and honest. They told us, "Everyone is very upfront and open and talk to us like we are part of the family we can talk about anything." and, "Even through the pandemic we have felt involved by seeing all the activities going on. They send pictures of my [family member]."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were supported and encouraged to engage in feedback regarding changes at Bourne House. The manager told us they spoke with people one to one or in small groups to discuss ideas and plans. Various changes in the service had been piloted, with input from people and staff. This included changes in the environment, menus and activities.

- The service had good relationships with the local community. Due to the pandemic regular contact with children from the nearby nursery had been stopped but people had still been able to enjoy hearing the children sing carols outside the service.

- A newsletter had recently been reintroduced to communicate with families. This provided updates and plans regarding the service. Staff attended regular meetings and told us they felt able to share their views and ideas.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have sufficient oversight to ensure the consistent good quality of the service.