

Boscombe Care Homes Limited

Boscombe Lodge Nursing Home

Inspection report

65 Boscombe Road
Southend On Sea
Essex
SS2 5JD

Tel: 01702603444

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27 September 2016

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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

The Inspection took place on the 26 and 27 September 2016.

Boscombe Lodge Nursing Home provides accommodation and personal care and nursing for up to 31 persons some of whom may be living with dementia. At the time of our inspection 28 people were living at the service.

The service had 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager was up-to-date with the law regarding DoLS and made referrals appropriately.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals, including a doctor, district nurse, tissue viability nurse and palliative care nurse.

Staff were well trained and attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to.

The service had a number of ways of gathering people's views including talking with people, staff, and relatives. The registered manager held regular meetings with people and their relatives and used questionnaires to gain feedback. The registered manager carried out quality monitoring to help ensure the service was running effectively and to make improvements.

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 felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

Medication was stored appropriately and dispensed when people required it.

Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended various training courses to support them to deliver care and fulfil their role.

People's rights were protected under the Mental capacity Act 2005 and deprivation of Liberty Safeguards.

People's food choices were responded to and there was adequate diet and nutrition available.

People had access to healthcare professionals when they needed to see them.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Care plans were individualised to meet people's needs. There were varied activities to support people's social and well-being needs.

Complaints and concerns were responded to and thoroughly investigated in a timely manner.

Is the service well-led?

Good ●

The service was well led.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service continuously improved its standards.

Boscombe Lodge Nursing 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 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 26 and 27 September 2016 and was unannounced. The inspection team consisted of one inspector on the 26 and two inspectors on the 27 September.

Before the inspection, the provider 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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection 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.

During our inspection we spoke with eight people, four relatives, the registered manager, general manager, five care staff and the chef. We reviewed five care files, three staff recruitment files and their support records, audits and policies held at the service.

Is the service safe?

Our findings

People told us they felt safe living at the service, one person said, "I feel safe here, there are always people around." Another person said, "Its wonderful in here, they are very kind to me."

Staff knew how to keep people safe. Staff were able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "It is our job to protect vulnerable people, if I saw anything I would report it. If no action was taken I would go further to the CQC." Another member of staff said, "It is our job to protect people from harm if we saw something wrong it is our job to report it to keep people safe." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social services. We saw from minutes of staff meetings that the manager discussed this with staff to ensure they knew how to raise concerns. In addition the manager clearly displayed information on a service called 'Ask Sal talk to us' which is an independent helpline for staff, people or relatives to call if they had any safeguarding concerns. The manager knew how to report safeguarding concerns to the local authority and worked with them to investigate fully and resolve any issues.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered preventing falls, moving and handling, nutrition and weight assessments, use of bedrails and prevention of pressure sores. Staff knew it was important to follow these assessments to keep people safe. For example one member of staff told us, "When using a hoist we need to ensure that we are using the correct sling size for the person and that there are always two members of staff." This demonstrated that staff followed safe moving and handling practices. Staff also ensured that equipment that was used to keep people safe was functioning correctly. One member of staff told us, "We check pressure relieving mattresses every shift to ensure they are working correctly, on the right setting and that the pump is working." We also saw paperwork demonstrating these checks were completed.

Staff were trained in first aid and should there be a medical emergency, they knew to call a doctor or paramedic if required. One member of staff told us, "If the condition was life threatening I would call an ambulance, if not I would assess them and get advice from 111 or the out of hours doctors service if needed."

People were cared for in a safe environment. The registered manager employed a general maintenance person for the day to day up keep of the service, for any specialist work required they employed additional contractors to complete this. The registered manager arranged for the on-going redecoration and they had a plan in place for continual maintenance of the environment. In the event of a major emergency that affected the running of the service the registered manager had an emergency contingency plan in place. This plan specified an alternative location people could reside at should there need to be an evacuation. The registered manager had a fire plan in place and completed regular fire evacuation checks.

There were sufficient staff to meet people's needs. A member of staff told us, "Staffing is good, I can't remember when we last used an agency staff." Another member of staff said, "We have enough staff we can

spend plenty of time with people." People told us that there were enough staff at the service, one person said, "There is always staff around." Another person said, "If I use my buzzer the staff come quickly." From observations we saw that people's needs were attended to in a timely manner and staff were not rushed or hurried during any interactions with people.

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). A member of staff told us, "I saw the job at the job centre so sent in my C.V and completed an application form then had an interview."

People received their medications as prescribed. One person told us, "The nurses give me my medication." Another person said, "I don't need any medication now, but they give me some cream when I need it." Qualified nurses who had received training in medication administration and management dispensed the medication to people. We observed part of a medication round and saw that the nurse checked the correct medication was being dispensed to the correct person by first checking the medication administration record and by talking to the person. The nurse checked with the person if they required any additional medication such as for pain relief and where necessary supported the person to take their medication with their choice of drink. We reviewed medication records and saw that these were clear and in good order. When people needed additional medication this was clearly care planned and recorded on the medication charts.

The service had procedures in place for receiving and returning medication safely when no longer required. They also had procedures in place for the safe disposal of medication.

Is the service effective?

Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide good care. Staff told us that they had been supported to achieve nationally recognised qualifications in care. One staff member told us, "I have just completed my NVQ (national vocational qualification) level 3." People we spoke with all said they felt the staff were well trained and good at their jobs. One person said, "They are all very good, they know what they are doing."

The registered manager was very keen that staff were kept up to date and received regular training. Training was delivered on site where possible by trainers, but staff also attended training provided by the local council and other providers off site. One member of staff said, "I recently completed training on working with people with swallowing issues, now I know one of the signs is people holding food in their cheeks." Another member of staff told us how they had just completed a course on working with people with dementia. They told us, "I learned it is important to step into their reality rather than disagreeing with them as it can make them anxious." The registered manager told us how they had supported care staff to complete NVQs and recently seven care staff had successfully completed a level 3 NVQ. In addition they were supporting qualified staff to revalidate their training, which is a requirement of their professional body every three years.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. A new staff member said, "When I first started I had training and worked with other staff 'shadowing' for a few shifts." The registered manager told us that staff had a robust induction at the service and that new staff were closely monitored and supported throughout their induction. Where appropriate new staff were enrolled into completing the Care Certificate, this is an industry recognised training to equip staff new to care with the knowledge and skills they need to perform their role. In addition staff told us they had regular supervision, staff meetings and a yearly appraisal.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards (DoLS). 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. Staff understood how to help people make choices on a day to day basis and how to support them in making decisions. For example staff knew when people liked to get up in the mornings and where they liked to spend their time during the day. We saw that staff were very proactive in supporting people with making their own choices. People at the service mostly had the capacity to make their own decisions. Care plans in place for staff to follow focussed on giving people choice and in supporting them to make their own decisions. Where assessments indicated a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests. This told us people's rights were being protected.

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). The registered manager understood their responsibilities and where appropriate had made applications under the act and had followed these applications up with the local council to ensure they were being processed. This told us people's rights were being safeguarded.

People said they had enough food and choice about what they liked to eat. Everyone we spoke with was very complimentary about the food at the service. Comments included, "The food is lovely." And "The food is very good." We saw that the chef went around and spoke to people each day to see what they would like to eat for their breakfast or lunch. All the food was cooked fresh each day at the service. The chef was kept informed of any special dietary requirements people had by the staff and catered for these.

We observed that throughout the day people were provided with food and drink. We saw a tea trolley come around and staff offered people a choice of drinks and a selection of food, from fruit to cakes and biscuits. We also saw in people's rooms there were fresh drinks and jugs of juice positioned within reach of people, along with snacks.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight monthly for signs of loss or gains and made referrals where appropriate for dietitian or speech and language therapist reviews. The registered manager employed a trained nutritionist to lead on monitoring people's weight and dietary needs. Staff also where appropriate made sure food was fortified with nutritional shakes and powders to encourage weight gain.

People were supported to access healthcare as required. The service had good links with other healthcare professionals, such as district nurses, palliative care nurses, dementia nurse, tissue viability nurse, chiropodist and GPs. People told us that the staff were good at contacting the GP if they needed to see them, one person said, "I wasn't feeling well so they got the doctor out, they checked me over and everything was normal." The registered manager also has an arrangement with the GP to come to the service every two weeks to carry out reviews on people. This level of input from the GP is to try and pick up early signs of any issues and to offer treatment to prevent admission to hospital.

We spoke with one healthcare professionals who gave positive feedback about the service. They said, "They are a very good home, they give good care and are very attentive and supportive."

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Is the service caring?

Our findings

The staff provided a very caring environment; we received many positive comments from people and their relatives. One person said, "Its wonderful here, they staff are very kind to me." Another person said, "The staff are very kind they are not rough with you." A relative said, "The staff are very good, very attentive."

The service had a very calm and caring environment. We saw that staff were open and friendly with people, throughout our inspection. Staff were unrushed in their interaction with people and took time to make sure their needs were met. For example staff would not walk past people without engaging in conversation or checking if they needed anything. We observed that staff stopped and talked to people making eye contact and adjusting themselves to the person's eye level to see if they could give them any assistance. One relative described to us how they thought their relative would have died had it not been for the care the registered manager and staff had provided they said, "We thought we were going to lose (person name), but the care has been fantastic they have really pulled (person name) through. They are so much better now."

People's needs were attended to in a timely manner by staff. Throughout the inspection we did not hear call bells sounding excessively and noted they were always responded to promptly. We observed when one person was distressed because they could not find their parents the staff were very good at offering reassurance. They asked the person about their parents and what they needed to do, this opened up a conversation with the person and the staff were able to step into their reality to reassure them. We saw a little while later the staff were still sitting with them but they were now engaged in completing a jigsaw puzzle and their distress had passed.

Staff knew people well including their preferences for care and their personal histories. The service had documentation in people's notes which told the story of their life and described what is important to them and how they liked to be supported. People were supported to spend their time at the service as they wished. For example staff knew who preferred to spend their time in their rooms and who liked to socialise with others. Staff knew people's preferences for carrying out every day activities for example when they liked to go to bed and when they liked to get up. One person told us, "I prefer to stay in bed in the mornings watching TV, I get up in the afternoons." We saw that staff respected the person's wishes but that they also encouraged them to socialise with others at least once a day or at meal times so that they did not become isolated.

People and their relatives were actively involved in making decisions about their care. A relative told us, "The staff are very good at communicating about any care needs and always keeps us informed of any changes." One person told us, "I have a care plan, it is all up to date." Staff told us that they worked as key workers for people and ensured that their care plans were up to date. One member of staff said, "I work as a key worker for three people, so I make sure that they have everything that they need and that their room is how they like it." People told us that they felt well cared for one person said, "The staff will get you anything you want, if I press my buzzer they come straight away and plump my pillows."

Staff treated people with dignity and respect. People told us that staff always respected their privacy. Staff

knew the preferred way people liked to be addressed and we saw staff were respectful in their interactions with people. We spoke with one person who shared a room, they told us that they enjoyed sharing as it was company. We asked them about their privacy and they said, "The staff always pull the curtains around when I am dressing or washing." We saw that people took pride in their appearance and staff supported them with this. People also told us how they have regular access to a hairdresser one person said, "I see the hairdresser every two weeks and the staff help me wash my hair."

People's diverse needs were respected. People had access to individual religious support should they require this. Also people dietary requirements were respected depending on their cultural beliefs. The registered manager also arranged for people to have advocates should they require this service to speak on their behalf and look at their best interests.

The service was spacious with plenty of room for people to receive visitors. Relatives told us they visited at all different times of the day without any restrictions of visiting times. One relative said, "We are always made to feel welcome here."

Is the service responsive?

Our findings

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals, including looking after their social interests and well-being.

Before people came to live at the service their needs were assessed to see if they could be met by the service and care plans developed. The registered manager told us that when people were referred, if it was from a hospital they would review as much information on the person's care needs as possible then they would go and meet them. During the meeting they would talk to people involved in their care, as well as with the person and their relatives to see if the service could meet their needs. The registered manager invited people and their relatives to view the service where appropriate to help them decide if they wanted to come and live there. One relative told us, "We came and had a look around and were happy with everything, and it was very local to us as well." Once it was agreed a person would be moving to the service a care plan was formulated to support their needs and a key worker identified to allow for a smooth transition to the service. The care plans were individual to people's needs and described how to best support them to maintain their safety and independence. The care plans were regularly reviewed, at least monthly. Staff also updated the care plans with relevant information if people's care needs changed. This told us that the care provided by staff was up to date and relevant to people's needs.

The service was responsive to people's needs. The registered manager was very prompt at getting support from allied health professionals when people required it. For example by referring people to the falls team, tissue viability nurse and occupational therapist. In addition as people's needs have changed the registered manager has worked at helping people to maintain their independence. For example where one person had become unsafe when sitting in a chair they had arranged for an occupational therapist assessment to be completed so that the correct chair to support them could be provided. The registered manager told us how the provider had been responsive to the changing needs of people using the service by purchasing equipment that would support their needs. They told us that they had bought profiling beds, over bed tables and pressure relieving equipment such as lateral turning air pressure mattresses. Staff confirmed that whenever they had asked for equipment this had been provided.

People enjoyed varied pastimes and the management and staff engaged with people to ensure their lives were enjoyable and meaningful. The service employed two activities staff to support people with social activities and hobbies. Relatives told us that there was a good atmosphere at the service and how they enjoyed joining in with the activities. During our inspection we saw people joining in with many different activities with staff as well as with the activity staff. We saw people with dementia holding on to dolls and soft toys; we also saw people holding musical instruments and were joining in with a singer. Some people liked reading magazines and newspapers, whilst others enjoyed watching the television. We saw staff new what people liked to do and where one person liked to watch the television staff respected this and held a group in a different part of the service so as not to disturb them. Where people were bedbound we saw that staff took time to go into their rooms and engage with them in activities they liked to do. We saw staff sitting and reading with people, doing gentle chair based exercises and talking with people.

The manager had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. People and relatives we spoke with said if they had any complaints they would raise them with the manager. One person said, "If I had a complaint I would tell the supervisor."

The service also received a number of compliments, which the registered manager displayed, one read, 'Thank you for all you have done, I will never forget your kindness.' Another read, 'Thank you for all the care and compassion you have shown, I could not think of a better team.'

Is the service well-led?

Our findings

The service had a registered manager who was very visible within the service. The registered manager had a very good knowledge of all the people living there and their relatives. People, their relatives and staff were very complimentary of the manager. One person said, "She [registered manager] is a lovely lady." Another person said, "[manager name] is a very good nurse, the care is brilliant." A relative told us, "The manager is very good, we have good communication, they always stay in touch."

Staff shared the registered manager's vision and values at the service, one member of staff told us, "We want people to have a better quality of life, to make them laugh and feel secure." Another member of staff said, "We help people feel comfortable, that they have support and can improve."

People benefited from a staff team that worked together and understood their roles and responsibilities. One member of staff said, "We all work well together as a team everyone is involved from top to bottom." Staff felt the registered manager was very supportive to their roles. One member of staff said, "The manager is always around and is very supportive, if you do anything wrong they will tell you the right way to do things." Another member of staff told us how the management team and provider were very supportive they said, "The management are always around, even at weekends, if you have any issues you can talk to them." Staff told us that they had regular staff meetings and supervision. Staff said that they felt they could discuss anything in these and that their ideas would be listened to. Staff also told us that they had a handover meeting every shift, one member of staff said, "We have a daily handover, and discuss everyone's needs and what our allocations are for the day so we all know what we are doing. The manager also goes over any training we may need." This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service on a daily basis through their interactions with people. The manager also gathered feedback on the service through the use of questionnaires for people, relatives, visitors and staff. In addition to this the registered manager held meetings with people and their relatives every three months. We saw from minutes of the meetings that people's feedback was sought on the menus, decoration, cleaning and the general running of the service. These meetings were also used to discuss general issues such as how to make a complaint and covered the inspection process and what the CQC monitored for. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The registered manager was thorough in sending notifications as required to the CQC and in making referrals to the local safeguarding authority. Staff understood the need to maintain confidentiality and information was stored within locked offices.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, health and safety, and environment.

They used this information as appropriate to improve the care people received.