Four Seasons (Bamford) Limited

Botham Hall Care Home

Inspection report

Botham Hall Road
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West Yorkshire
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Tel: 01484646327

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We inspected Botham Hall Care Home (known to people using the service, their relatives and staff as Botham Hall) on 29 and 30 January 2018. The first day of the inspection was unannounced which meant the home did not know we were coming.

Botham Hall is registered to provide personal care and accommodation for up to 40 older people, some of whom live with dementia. There were 36 people living at the home at the time of the inspection. The home has two floors. Eight bedrooms on each floor were ensuite; each floor also had communal bathrooms, a lounge and dining area. The first floor of the home was designed especially for people living with dementia.

Botham Hall 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 home 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.

We identified some concerns relating to the administration and storage of medicines at Botham Hall. These were immediately addressed by the registered manager. All other aspects of medicines management were safe.

Contingency arrangements for the lift, which was broken at the time of this inspection, required improvement.

People told us they felt safe. Risks to people's health and wellbeing had been assessed and managed. The registered manager analysed incidents in order to learn lessons and make improvements.

The home was clean and odour-free.

Sufficient staff were deployed to meet people's needs. Recruitment procedures in place were robust.

Records showed, and staff told us, they received the training and supervision they needed to provide people with effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they liked the food and drinks served at the home was positive. The registered manager had

taken action to address concerns about the quality of service provided by the catering company which ran the home's kitchen.

Staff at Botham Hall worked well together as a team. People were supported to meet their wider health needs.

People and their relatives liked the décor of the home. We saw adaptations had been made to better suit the environment for people living with dementia.

People and relatives told us staff at Botham Hall were kind and caring. All interactions between staff and people we observed during the inspection were respectful and supportive.

Staff could describe people well as individuals. Information about people's personal histories and preferences had been recorded.

We saw staff supported people to make their own decisions by offering them choices. People had been involved in developing their care plans and had access to advocates if they needed support with decision-making.

The registered manager promoted an open and inclusive culture which ensured people's diverse needs were met.

People's care plans contained the information staff needed to meet people's care and treatment needs. Staff had received training on end of life care and the home had achieved accreditation in end of life care.

People's care plans contained information about their communication needs in line with the Accessible Information Standard. The registered manager planned to review the guidance and implement any further requirements.

Feedback about activities at Botham Hall was positive. At the time of this inspection activities were provided by coordinators three days. The registered manager was trying to recruit an activities coordinator for the other four days and had asked care workers to provide more activities in the meantime.

One formal complaint had been received since the last inspection and this had been managed by the registered provider. A complaints policy was displayed; both people and relatives said they would speak to the registered manager if they had any problems.

People and their relatives told us Botham Hall was well-managed. Feedback about the registered manager was positive.

A system of audits to monitor the quality and safety of the service was in place which was overseen by both the registered manager and registered provider.

The service worked in partnership with stakeholders and individuals. People, their relatives and staff were asked for feedback about the service and how to improve it.

The registered manager promoted the vision and values of the registered provider and ensured staff worked in accordance with them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Concerns we raised about some aspects of medicines management and contingency arrangements for the broken lift were addressed quickly by the registered manager.

People felt safe and staff knew how to recognise abuse. Staffing levels were appropriate and recruitment procedures robust.

Risks to people had been addressed and managed. The registered manager analysed incidents to learn lessons.

Is the service effective?

Good

The service was effective.

Staff were supported in their roles by appropriate training and supervision.

The service was compliant with the Mental Capacity Act (2005).

Feedback about meals and drinks at the home was positive. The registered manager had addressed concerns about the quality of catering with the company contracted to run the kitchen.

Is the service caring?

Good

The service was caring.

People and their relatives said staff were caring. We observed staff respected people's privacy and promoted their dignity.

Staff could describe people's likes and dislikes; people's personal histories, diverse needs and preferences had been recorded.

People had been involved in developing their care plans and had access to advocacy services if they needed them.

Is the service responsive?

Good

The service was responsive.

People's care plans were detailed and person-centred. The home had an accreditation for end of life care.

People had access to activities and stimulation. Activities were provided by coordinators three days a week and the registered manager was trying to recruit a coordinator for the other four days.

People and their relatives said they would tell the registered manager if they had any concerns or complaints.

Is the service well-led?

Good

The service was well-led.

Audits were in place to monitor safety and quality at the service.

People, their relatives and staff gave us positive feedback about the registered manager and said the home was run well.

The service sought feedback from people, relatives and staff, and worked in partnership with stakeholders and individuals.

Botham Hall 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 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 29 and 30 January 2018; the first day was unannounced. The inspection team consisted of three adult social care inspectors and one 'expert by experience' on the first day of inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day the team comprised of two adult social care inspectors.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

To prepare for the inspection we reviewed the information we held about the service and requested feedback from other stakeholders. These included Healthwatch Kirklees, the local authority safeguarding team, the local authority infection prevention and control team, and the Clinical Commissioning Group. We spoke with one visiting healthcare professional during the inspection and one other by telephone after the inspection.

During this inspection we spoke with eight people who lived at the home and seven of their relatives to obtain their views of the support provided. We spoke with eight members of staff which included three care workers, the registered manager, the regional manager for the registered provider, the deputy manager, an administrative assistant, and the temporary cook.

We spent time observing care in the communal lounge and dining room areas on both floors in order to help us understand the experience of people using the service who could not express their views to us.

We reviewed a range of records which included eight people's care files. We also inspected three staff members' recruitment and supervision documents, staff training records, four people's medicines

administration records, accident and incident records, and various other documentation related to the running of the service.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us people were safe at Botham Hall. One person said, "Yes, it's a safe environment here", a second person told us, "Yes (it's safe). They're very good to me", and a relative commented, "Very (safe). With [my relative] having dementia, it's secure." During the inspection we observed the registered manager reassuring a person who had become distressed; the person told the registered manager, "I'm all right while I'm with you."

As part of this inspection we observed two members of staff administering medicines. We saw each care worker checked people's medicine administration record (MAR) before administering medicines and signed them after the person had taken their medicines. One member of staff administered medicines from a medicines trolley which they locked when leaving it unattended. A second care worker was seen to take medicines in blister packs and put them behind the nurses' station on a main corridor. They then left the blister packs unattended as they took medicines to people in their rooms. The nurses' station had a gate with a simple bolt and so was not secure, and people were mobilising in the corridor. We asked the care worker if their practice was safe; they told us, "No it's not", and removed the medicines to a safe storage area. We fed back our concerns to the registered manager. When we arrived the next day to continue the inspection we were informed all care staff had received group supervision on the safe administration of medicines.

We found there was a safe system in place for the ordering, receipt and return of medicines at the home. Medicines were stored in a dedicated room which contained a fridge; both the room and fridge were monitored to ensure medicines were stored at the correct temperature. We checked the stock of medicines, including those of controlled drugs, and found they reconciled with recorded amounts. Controlled drugs are those covered by misuse of medicines legislation, and include medicines such as strong painkillers.

People's MARs evidenced most people received their medicines as prescribed; this included prescribed creams. We did identify one issue whereby a daily medicated patch which should not be applied to the same area more than once every 14 days, was being rotated between two areas of a person's body. The requirement to rotate the patch application area was documented on body maps supplied by the pharmacy, but staff had not noticed. Moving the patch was important to prevent skin rashes; however, staff told us the person's skin had not been affected and so no harm was caused. On the second day of inspection we noted the patch had been applied to a new area and all staff had been informed to rotate the application site as required.

On the first day of inspection we noted a medicines trolley was stored in an upstairs room with only a simple bolt on the door. We were told the lift had been out of order for over a week, and at the time of breakdown the trolley had been upstairs, whereas the main secure medicines storage room was downstairs. By the second day of this inspection the registered had ensured the trolley was secured by a lock and chain to the wall when not in use. This meant most aspects of medicines management were safe, and those concerns we raised were dealt with quickly.

As stated above, at the time of this inspection the lift to the first floor had been out of action for over a week. Engineers were in the process of fixing the lift and a contingency plan was in place. The home's kitchen was on the first floor and at mealtimes we saw staff carrying crockery and food up and down stairs for the people on the ground floor; an exception was one occasion where we observed two care workers carrying a trolley of drinks, cups and other crockery up the main stairs. This was not safe practice. We informed the registered manager who said she would speak to all staff and reiterate the lift contingency plan to ensure safe measures were in place. She also said the registered provider had confirmed a stair lift would be fitted to the home's main staircase so people assessed as safe to use it would be able to utilise both floors of the home if there were problems with the lift in future.

Staff we spoke with had received safeguarding training. We found they could describe the forms of abuse people at Botham Hall may be vulnerable to and said they would report any concerns appropriately. Records showed incidents of suspected or actual abuse between people had been reported. This meant systems were in place to protect people from abuse.

People and their relatives told us the home was clean. One person said, "It's clean here", and a relative told us, "Yes I do (think it's clean)." A visiting healthcare professional commented, "Oh yes, it's spotless."

During the inspection we checked communal toilets and bathrooms, lounges, dining rooms, the main kitchen, and people's bedrooms. At all times we found the home to be clean and odour-free and adequate stocks of personal protective equipment were available for staff.

Staff told us, and we saw, documentation which showed individual risk assessments had been completed for people living at the home. These included the risk of falls, malnutrition, choking and pressure ulcers. The home used the Waterlow scoring tool for tissue viability and the MUST screening tool for malnutrition, which are both nationally validated examples of best practice. However, the service had increased the Waterlow score for people living with dementia which meant some people scored highly but did not have a skin integrity care plan in place because their actual risk was judged to be low.

One healthcare professional told us, "They're good with pressure care." We noted none of the people at Botham Hall at the time of this inspection had a pressure ulcer and very few people needed creams usually prescribed to help protect skin integrity. This showed effective systems were in place to reduce people's risk of pressure damage.

When a person chose to smoke, this had been assessed and a plan was in place to support their choice while ensuring the safety of the person and other people living in the home. Personal evacuation plans or PEEPs, were in place to inform staff how individual people would need to be supported in the event of a fire if the home needed to be evacuated. Regular fire drills had taken place and staff we spoke with could describe what action they would take in the event of a fire.

Throughout the inspection we observed good moving and handling practice when staff supported people using hoists and stand aids. People were provided with reassurance and clear instruction to maintain their safety during manoeuvres. One care worker told us they had been hoisted as part of their moving and handling training to give them a better understanding why people might find the procedure frightening. People's care plans contained information on how to support them safely to move. This meant a range of risks to people had been assessed and managed.

We checked records for the maintenance and upkeep of the home's building, utilities and facilities, for example, the gas supply, moving and handling equipment, and water temperatures. All checks and testing

had been done as required. This meant the registered manager ensured risks to people posed by the building were minimised.

People and their relatives told us sufficient staff were deployed to meet people's needs. One person said, "Yes, there's enough staff to have a chat", and a second person replied, "I think so. On occasion I have used the night call, they come quickly." Comments from relatives included, "There's been enough staff on when I visit", "Every time I visit there have been (enough staff), yes", and, "By and large yes. We come two or three times a week."

Staff we spoke to also told us they thought sufficient staff were deployed. One care worker said, "I think there are enough staff", and a second told us, "Staffing levels are good."

At the time of this inspection there were 19 people living on the first floor of Botham Hall which focused on supporting people living with dementia, and 18 on the ground floor where most people had residential needs. The registered manager told us, and we saw, that during the day three care staff were deployed on the first floor and two care staff were on the ground floor. At night there were three care staff to cover both floors. Rotas showed a skill mix was used, including care workers, senior care workers and a deputy manager. We also observed other staff members supporting people's needs, for example, the housekeeper made drinks for people and monitored people in the lounge whilst cleaning when care staff were supporting people to get up. The registered manager was also involved in supporting people at busy times, for example, by assisting people to eat and drink at mealtimes.

In the weeks prior to this inspection the home had relied on agency staff for two nights a week while a new staff member was recruited. At the time of this inspection, this post had just been filled. The registered manager told us she was proud of the continuity provided at the home in terms of the staff team, such that this was the first time agency staff had been used in over 10 years. This meant sufficient staff were deployed to meet people's needs and the staff team of care workers was stable.

As part of this inspection we reviewed the recruitment records for three staff employed by the home to check whether the necessary pre-employment checks had been made. Records showed all aspects had been checked in accordance with the regulations, including taking up prospective employees' references and requesting a DBS check. The DBS, or Disclosure and Barring Service, helps employers make safer recruitment decisions. This meant recruitment procedures at the home were robust.

Records showed people suffering falls were observed closely for 24 hours afterwards. As part of her oversight of the home, the registered manager analysed information on any accidents or incidents on a regular basis in order to identify any patterns or trends so that prevention measures could be put in place or lessons learned. In 2017 she had identified a trend whereby falls seemed more prevalent at a particular time in the evening. Records showed the registered manager had discussed this with night staff and changes had been made to the timing of tasks allocated to night care workers when they were not providing direct support to people. This had resulted in a decrease in falls. This meant the registered manager collected and used information to improve people's safety at the home.

Good

Is the service effective?

Our findings

People and their relatives told us care workers at Botham Hall provided effective care. One person said, "These people (staff) are trained to look after people like me who need care", and a relative told us, "I've watched them with residents and they're very good. They get to know each one personally." A second relative commented, "Some of them (staff) are only kids but they do a remarkable job."

Records showed staff had attended training on a range of subjects the registered provider deemed to be mandatory, such as fire safety, first aid, infection control, safeguarding, and food safety. The registered manager reviewed the training matrix for the home and sent out reminders to staff when they required training updates. Staff told us their access to training was good and they could request further training if they wished. One care worker said, "We can ask for training and they'll plan it."

Newly employed care workers received an induction that involved shadowing more experienced staff members. Records evidenced new staff also completed a range of training courses and were assessed for their competence to support various aspects of people's care and treatment. One new care worker told us their induction was going well and they felt supported.

Staff recruited who had never previously worked in health and social care were enrolled on the Care Certificate. The Care Certificate is an introduction to the caring profession and sets out a standard set of skills, knowledge and behaviours that care workers follow in order to provide high quality, compassionate care. The registered manager told us named care workers had previously received training to help support and guide staff with completing the Care Certificate, but issues had arisen. Shortly before this inspection she had nominated a senior care worker and the deputy manager to receive further training to take on this role so staff could complete Care Certificate documentation which was outstanding.

Care workers told us they received regular supervision and an annual appraisal. Records we saw evidenced this. One care worker said of supervision, "I think it's useful", and a second told us, "I've never been so supported." Records showed supervision involved a two way conversation and encouraged staff to reflect on their own strengths and areas for development. The registered manager used a supervision and appraisal matrix to keep track of when meetings were due. This meant staff were supported in their roles by effective training and supervision.

We noted information on recognising sepsis, the principle aspects of the Mental Capacity Act 2005, and about living with dementia was on display in corridor areas and at the care staff desk station. Posters were displayed which encouraged relatives and friends to postpone visits if they felt unwell, in order to reduce the risk of flu and vomiting bugs entering the home. Meeting minutes showed care staff had been issued with information on recognising when people living with dementia were in pain. This showed the service shared evidence-based practice with staff and visitors in order to promote people's wellbeing.

Feedback from people about the food and drinks at Botham Hall was positive. One person told us, "We get some nice meals. Not all this put on a plate and prettied up. Solid dinners, like we got at home", a second

person said, "The food, it's not bad at all. It's good!", and a third person commented, "The food's good here. You get more than enough."

People's records contained information about their food preferences. We saw people were offered a choice of meals, and those requiring support to eat and drink received this in a person-centred way. Records showed people had been consulted about menus at the home and changes had been made to suit their preferences. Jugs of juice were available in lounge areas for people and relatives to help themselves. A healthcare professional told us the service was good at supporting people at risk of weight-loss; they said, "They offer milky and nourishing drinks."

The registered manager told us, and records showed, concerns had been raised about the quality of service provided by the catering company contracted to run the kitchen and provide meals at Botham Hall. At the time of this inspection the regular cook was on long-term leave so we spoke with an agency cook. We found they had an adequate knowledge of people's needs, but was not well-informed about cleaning schedules. The registered manager told us that she and the deputy manager inspected the kitchen daily to ensure meals were provided which people would like and the kitchen was clean. Meeting minutes showed the registered manager had met with the catering company to raise concerns and things had improved, although issues with staffing remained. This meant the registered manager had taken action to address concerns regarding catering arrangements at the home.

Various systems were in place to promote team-working across the staff team at Botham Hall. A handover meeting was held at the start of each shift for the staff member in charge of the shift ending to share information about people's wellbeing with staff coming on duty. We saw the registered manager attended morning handover meetings and used them as a way of sharing relevant information about people or the home with staff. After handover had been given, the deputy manager reiterated any appointments or other information of note and allocated roles to staff. A diary was in place on each floor to record people's healthcare appointments or planned visits from healthcare professionals. The diary was also used to store observation sheets for people who had experienced falls and needed to be followed up for 24 hours afterwards. This meant good communication across the staff team promoted effective care and treatment.

People told us they had access to a range of healthcare professionals. One person said, "I go to see the optician and I go to hospital for hearing checks", and a second person told us, "The doctor comes here", and, "The optician came a week ago. There's a man comes and does the feet, once a month I think."

People's care records showed they had been supported to see a range of healthcare professionals. These included GPs, community nurses, speech and language therapists, dieticians and chiropodists. People's records also showed whether their relatives had been informed about upcoming healthcare appointments or changes in their health. One healthcare professional told us, "They do communicate if there's patients they're concerned about", and a second told us, "I've not had any concerns (about the home)."

Local GPs who supported people at the home conducted regular rounds to review people's medicines and monitor their health. The registered manager told us GPs would still attend on other days if people needed to be seen, but felt people's health needs were met more effectively by regular rounds and therefore she promoted and encouraged this relationship. This meant people were supported to meet their wider health needs.

We checked to see if the service was compliant with the Mental Capacity Act 2005 (MCA). The 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 or 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.

People's records contained capacity assessments and best interest decisions for aspects of their care and treatment, such as living at Botham Hall and their ability to consent (or otherwise) to having a do not attempt cardiopulmonary resuscitation form (or DNACPR) in place. A DNACPR provides guidance to healthcare professionals on the best action to take (or not take) if a person's heart stops. We saw one person had a capacity assessment and best interest decision for staff to administer their medicines, and the registered manager told us they were in the process of putting these in place for all people that needed them. This meant the home was compliant with the MCA.

People and their relatives gave us positive feedback about the internal environment of the home and its external aspect. Comments included, "Lovely views here", "When the sun's out it does look proper", and, "We looked all over (at other homes), this place is absolutely first class."

We found the home to be in good decorative order. Adaptations had been made to improve the environment for people living with dementia. These included picture signage, memorabilia to promote reminiscence, coloured crockery and cups so people could see food more clearly, and benches in corridors where people could gather and chat. We noted people who chose to walk along corridors during the day often stopped at the benches where other people were seated to speak with them and enjoy social contact. This meant the home had been modified to better meet the needs of people living with dementia.

Good

Is the service caring?

Our findings

People told us staff were caring and their relatives agreed. One person said, "They're very nice indeed. Couldn't be nicer looked after", and a second person told us, "They're very good. They're very kind to me." Comments from relatives included, "They are very helpful and have a nice approach", "Staff are accessible and friendly", "They're all brilliant. [My relative] is really happy here", and, "The staff are always very polite, and they look after us too." One relative related a comment made by another member of their family about the staff at the home; the relative had said, "Isn't it lovely they love [our relative] like we do."

A visiting healthcare professional said of the staff at Botham Hall, "You've no worries here, it's good care."

People told us they liked the atmosphere at the home. One person said, "They're very, very nice here. Just at the moment I'm in need of a bit of friendship, love and understanding, and I get all that here." A second person told us, "You can send a relation here and know everything is all right", and a relative commented, "It makes the family settled when you know [our relative's] properly cared for."

Throughout this inspection we observed kind and caring interactions between staff and people. For example, a care worker supporting a person to walk to the dining room for lunch reassured the person who walked slowly by saying, "You take your time. We don't need to rush." When one care worker finished their shift we saw they came into the lounge and wished the people there a cheery goodbye; we heard a chorus of 'goodbye' and 'cheerio' in response.

Whilst she was making checks, we saw the registered manager spoke with one person who had become distressed. By using knowledge of the person's history and their favourite foods, the registered manager distracted the person from their distress by making them breakfast and supporting them to a quiet area to eat it.

One person shared a common heritage with a member of staff and during the inspection we heard them chatting and laughing together in their first language as the staff member carried out their duties. The registered manager told us the staff member cooked traditional foods at home and brought them in to share with the person, which they liked. This showed staff were kind and thoughtful.

Staff supported people to maintain their dignity and respected their privacy. One person said, "They do (respect privacy and dignity). Like if we're having a shower, they lock the door and treat you with respect when you're naked." People's hygiene and sexuality care plans described how they liked to look, what they liked to wear and how often they liked their hair cut and/or styled. At mealtimes people were offered aprons to protect their clothing. During the inspection we saw people were dressed in clean clothes and had their hair brushed. Appropriate support with continence was provided discreetly and in a timely way if people needed it and all the people we spoke with said they could have a bath or shower whenever they wished.

During the inspection we saw one member of staff noted a person only had their top set of teeth in. They quietly said to the person, "Come on, let's go to your room" in order to help the person find the other set

prior to eating a meal.

We saw people were supported to maintain their independence by staff who gave choices and options. This included what to eat, what activities to take part in and where to sit. People's care plans recorded decisions they had made. For example, one person had refused to have a new bed or to have their room decorated because they liked it the way it was. Other people had decided whether they wanted their bedroom doors open or closed when they were in bed and when they were out of their rooms. One person had an expressed preference for sitting in the same seat in the lounge, as they could see what was going on. During the inspection we saw them sitting in their preferred seat. This meant people made decisions and were supported to be independent.

Care workers we spoke with knew people well as individuals. They could describe people's likes, dislikes and preferences. We saw this information formed part of each person's 'My Choices' document in their care files. This also included people's personal histories, such as important family members, past occupations, favourite holiday destinations, past pets and favourite foods. A brief history of each person was also available for staff in each person's room, so staff could chat to people about things that interested them. The registered manager told us the My Choices document was about to be superseded by a 'Me and My Care' document, whose aim was to map the person's journey from their admission, and include their personal histories and preferences.

Records showed staff received mandatory training and updates on equality and diversity. People's care plans described their expressed religious or cultural needs and also noted if they had no religious beliefs. Posters and residents' meeting minutes evidenced a vicar attended the home on a regular basis to lead a church service for those people who chose to attend.

The registered manager told us two rooms at the home were large enough for couples, and any couples moving to the home in the past had been be asked if they wanted to share a bed or have separate beds. She told us, "If somebody wanted a double bed, why not? It's what they'd have at home." This showed registered manager promoted an open and inclusive culture at Botham Hall in order to meet people's diverse needs.

People's care plans evidenced they had been involved in developing them, although not all the people we spoke with could recall doing so. The registered manager told us, "We try and get the resident with their family when we write their care plans." One person said of their care plan, "One's floating about somewhere. I haven't seen it lately. They have kept me involved so far." Care plans included descriptions of how people liked to receive specific aspects of their care and support. We saw some people had signed consent forms to evidence their involvement. This meant people had contributed to their care plans which contained person-centred detail as a result.

People had access to advocacy services if they needed help to make decisions. We saw details of an advocacy service were prominently displayed in communal areas. The registered manager could describe the referral process to obtain an advocate and gave appropriate examples of when advocacy support had been sought for people. This meant people had access to independent support with decision-making if they needed it.

Good

Is the service responsive?

Our findings

People told us there was enough to do at Botham Hall and their relatives agreed, although it was noted there was a vacancy for an activities coordinator for Mondays to Thursdays and the service had yet to recruit a replacement. One person said, "Mostly we chat", a second told us, "You can just do what you want. I join in a lot", and a third person commented, "I watch a bit of TV. Nothing else I want to do, really."

Comments from relatives included, "There could be more activities. Don't think they have an activities coordinator at the minute but they are recruiting. I've seen people (staff) do arts and crafts with residents", "There's enough choice. [My relative] likes singing and dancing and watching telly, which [they] do here", and, "As long as [my relative's] comfortable, [they're] happy. We've just had a game of snakes and ladders. Activities are usually on an afternoon, playing bowls; you see them with knitting needles."

The registered manager told us they were trying to recruit a replacement activities coordinator for the weekday vacancy, but still had coordinators who came in on Fridays, Saturdays and Sundays. Minutes of the last staff meeting showed the registered manager had asked staff if they wanted to do additional shifts as an activities coordinator while to role was vacant. During the inspection we observed care workers encouraging people to play games and engage in conversation. People's activities records showed there had been a decrease in activities Monday to Thursday since Christmas 2017, but the registered manager told us she was committed to providing activities opportunities seven days a week, and this would improve when a replacement weekday activities coordinator was appointed. We will check at the next inspection.

We reviewed a sample of people's care files as part of this inspection. We found care plans contained sufficient information and person-centred detail for staff to provide people with effective care and support. People's care plans covered aspects such as their mobility, continence, nutritional needs, medicines, skin integrity and cognition. Records showed care plans had been regularly reviewed and updated.

Care staff completed a range of other records to evidence people were supported in accordance with their care plans on a day-to-day basis. These included daily records, food and fluid charts, and repositioning charts for people who needed help to move in bed. Daily records we reviewed showed people received the support they needed and our observations supported this.

The registered manager had been informed about the Accessible Information Standard shortly before this inspection, but had not yet implemented it fully at the home. The Accessible Information Standard came into force in 2016 with the aim of ensuring people with disabilities, impairments or sensory loss get information they can understand, plus any communication support they need when receiving healthcare services. However, we saw care plans were in place for people who had difficulty communicating due to a sensory impairment or who had problems with verbal communication. These showed staff how to communicate with the person and recorded whether people preferred not to wear their spectacles or hearing aids.

During a handover meeting we attended staff were updated about people who had received new spectacles

so they could prompt people to wear them. Staff we asked about specific people's communication needs could provide person-centred details. For example, one care worker said of a person, "[Name] can see bright colours and needs bright light. [They] know where [their] room is. Staff take [name] out for a cigarette; [name] says "[specific phrase]" when [they] want one."

The registered manager told us they would download the Accessible Information Standard, review the guidance and ensure any additional measures required were put in place. We will check this at the next inspection.

None of the people or relatives we spoke with said they had made a complaint about the service but all said they would speak with the registered manager if they had a problem. One person said, "I have talked to [the registered manager] but not to tell her something I needed to say, just for a chat. I've no complaints", and a relative told us, "[Name] the manageress is great. If anything is wrong we could mention it to [the registered manager]. I can just talk to her if I have any complaints."

One formal complaint had been made about the home since our last inspection. Due to its nature it had been managed by the registered provider. We saw this had involved an investigation and a formal response had been made to the complainant. The complaints policy was displayed in the home and various methods of feedback about the service were available and promoted. This meant people and relatives felt able to raise complaints if they needed to and a complaints policy was in place at the service.

None of the people at Botham Hall was receiving end of life care at the time of this inspection. We saw one person had anticipatory medicines in place because their medical diagnosis had prompted their GP to consider end of life plans. Anticipatory medicines are those prescribed and supplied in advance for people who may be approaching the end of their life, and often include sedatives and painkillers.

We saw the person was still encouraged to lead as full a life as possible at the time of this inspection. Staff told us the person's condition, abilities and need for care and support varied day by day and they responded to the person by providing whatever care and support they needed. The person's care end of life care plan was detailed and person-centred, and stated their preferred place of care at the end of their life was Botham Hall.

Botham Hall had achieved a Gold Standards Framework (GSF) 'commend' accreditation. The GSF is a training and accreditation scheme which aims to promote excellence in end of life care. The registered provider considered end of life care training to be mandatory for all care staff, and staff we spoke with could describe what was important when supporting a person as they approached the end of their life. The registered manager told us the service worked closely with GPs, community nurses and the local hospice to ensure people received good end of life care; she said, "We all work well as a team." This meant the service was committed to planning for and providing good end of life care to people.

Good

Is the service well-led?

Our findings

People and their relatives told us they thought Botham Hall was well-managed. One person said, "Yes, everything runs smoothly", and a second person commented, "I think so. They are all nice people. They think about you and how they can help you." Relatives agreed, although one relative was unhappy with the length of time the lift had been out of order. Comments from relatives included, "Leadership is not a problem here", "I think it's well-managed here", and, "Yes, I think it's lovely here."

Feedback from staff about the registered manager was also positive. One care worker told us, "She's very good. We can go to her anytime", and a second care worker said they would be, "Happy to talk to [the registered manager] about anything."

A range of audits were in place at the home to monitor the safety and quality of the service. This included an audit of care plans by the registered manager which involved a more in-depth methodology for people living with dementia, medicines management, infection control, health and safety, and laundry. Records showed the registered manager made unannounced night checks at the home on a regular basis. Regular health and safety and clinical governance meetings were also held at the home to discuss any issues and share good practice.

The registered manager's audits were logged on an electronic system and overseen by the regional manager. The regional manager visited the home every two months, and records showed they completed their own audit and reviewed the registered manager's progress with their quality assurance processes. Both the registered manager and regional manager emphasised the 'find and fix' policy of the registered provider, whereby any issues highlighted by audit should be fixed immediately by the auditor or staff delegated by them. We saw this reflected in audits undertaken by the registered manager. The regional manager told us any actions resulting from their audits would flag up on the registered manager's computer and could not be closed without appropriate action being taken. Again, we saw examples whereby the registered manager had taken action to address issues raised by the regional manager's audits.

The managing director covering Botham Hall and other care home services in the region generated weekly reports which compared reported statistics for incidents such as falls and safeguarding concerns, rates for staff training and competency checks, and medicines recording. The registered manager said they strived to ensure the home was one of the highest performers on each weekly report and we saw this was the case.

As discussed earlier in this report, during this inspection we raised concerns about the contingency plan in place for the home's only lift (which was out of order during our visit) and some medicines administration practice. The registered manager took swift action to address these concerns and put measures in place to prevent issues happening again.

The registered manager told us she communicated the vision and values of the registered provider to care staff in staff meetings, handover meetings and during staff supervision and appraisals. Meeting minutes showed the registered manager had taken action to resolve issues between staff and to emphasise different

workers' roles and responsibilities to ensure and promote wider team-working. The registered manager told us they encouraged prospective employees attending for interview to tour the home and interact with people, to make sure new staff had the right values and would treat people with respect. We saw she supported a diverse staff team that respected each other and worked well together to meet people's needs.

The service recognised an 'employee of the month.' One staff member was selected by the registered manager each month in order to recognise their going the extra mile for people or their colleagues. We saw staff members had also been nominated for an award certificate scheme run by the registered provider to recognise their good work and practice. This meant staff were rewarded for their hard work and achievements at Botham Hall.

We noted various members of the staff team, some in senior positions, were related to one another. We raised this as a concern to the regional manager and sought reassurance that consideration had been given to whistleblowing arrangements should staff need to raise issues. The regional manager told us they had also noted this. In response they had spoken to staff to ask they raise any concerns with them, the regional manager, if staff felt unable to go to more senior members of the home's staff due to their family relationship. We also spoke to staff about this issue; they told us they had no concerns about the home's particular circumstances and would raise any concerns to the appropriate person if they needed to.

People and their relatives were asked to feedback about the service. Records showed meetings were held for people and relatives on a regular basis and had included discussions about the food, activities provision, cleanliness at the home, and whether the care workers were supporting people well. People had also received questionnaires about the food, and we saw the registered manager had taken action to resolve concerns they had raised. We were told people on the ground floor had complained their buttered toast, which was provided on the breakfast trolley with their cereal, was always cold when they came to eat it. In response a toaster had been purchased for the downstairs dining room and people were eating more toast as a result. This showed the service sought people's views and used them to make improvements.

The registered provider was in the process of changing how feedback was sought from people and relatives in order to improve the service. A new electronic tablet system was in place in the home's foyer for people, their relatives and healthcare professionals to use to share their opinions about the home. The registered manager told us some healthcare professionals had already used it, any actions resulting from feedback received were sent to her to manage. Other electronic tablets were available for staff to use with people in order to get their feedback about the service. This meant the provider was committed to developing new ways to identify concerns and drive improvement at the service.

Records showed staff attended regular meetings at the home and were asked for their feedback about the service. One care worker said, "They are really useful", and, "They do ask if we want to make changes or make something better. They tell us our mistakes and how we need to improve."

Staff meeting minutes showed staff had discussed good practice, the provider's 'policy of the month', training, and accidents and incidents at the home. Staff had also been asked if they were happy in their roles. Meeting minutes evidenced staff had requested the registered manager allocate specific roles to staff members at weekends, to avoid confusion over who was in charge. The registered manager told us she now spoke with staff each Friday night to determine which weekend care staff were in charge each shift and noted this in the diaries on each floor. This meant staff meetings were used to share information and seek feedback from staff on how to improve the service.

The service worked in partnership with other organisations and individuals. As discussed earlier, various

healthcare professionals worked with staff at Botham Hall to provide care to those approaching the end of their lives. The home also had links with local schools; though these, children came to the home twice a year to visit people. Students also undertook work experience placements at the home; we saw a thank you card from such a student which expressed their thanks to staff at the home. One person's relatives tended the home's garden on a voluntary basis. The registered manager told us how grateful they were for this, and said of people's relatives, "You make good friendships." This showed the service worked in partnership with stakeholders to benefit people and the home.

Botham Hall specialised in providing care for people living with dementia. The registered provider had developed a 'dementia care framework' which through training and other measures aimed to promote high quality and consistent dementia care across the provider's homes. Botham Hall had achieved and maintained its accreditation for the dementia care framework. As part of the process various staff members had been trained to provide a dementia experience to new staff. This involved using aids and equipment to simulate how dementia can affect people's sight, hearing and cognition, in order to provide staff with a better understanding of people's needs. This meant the service promoted good practice in dementia care.