

Boughton Green Road Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Boughton Green Road Limited is a residential care home providing accommodation and personal care to up to 14 people. The service provides support to older and younger people with mental health or physical disability needs. At the time of our inspection there were 14 people using the service.

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

Systems and processes to ensure effective oversight were not embedded and sustained into practice. The concerns we found on inspection had not all been identified within audits and reviews. The provider had implemented new procedures just prior to the inspection.

Not all risks had been assessed or mitigating strategies recorded. Injuries did not always have a reason recorded to identify how the injury had occurred or an investigation to identify the cause and prevent reoccurrence.

Care plans did not always contain up to date, factual information. Staff did not always have the time to read care plans and risk assessments. However, staff knew people well and a team of different disciplines (such as speech and language therapists, Psychology and physiotherapy) supported each person.

People were supported safely with medicines and staff adhered to infection, prevention and control procedures.

People, staff, and relatives felt the registered manager kept them updated on any changes to the service. People, staff and relatives felt able to raise concerns and told us they would be listened to. Staff felt supported within their roles and felt Boughton Green Road Limited was a good place to work and they met people's needs.

People's communication needs were assessed, and strategies implemented to ensure information could be understood by all. Care plans included people's communication and sensory needs. People were involved in their care and had named staff to support them with specific needs. People celebrated their religion and culture with staff who received equality and diversity training.

The provider and registered manager were committed to learning and improving care. Lessons had been learnt and the registered manager worked with health and social professional to make improvements.

People were supported by staff who were described as kind and caring. Staff promoted people's independence and respected their dignity. Staff understood a person's right to privacy and to consent.

People were supported by staff who were safely recruited, had an induction and completed shadow shifts before lone working in the service. Staff received regular supervisions, handovers and meetings to share

information and ensure they understood people's needs.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 16 May 2022, and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published on 5 December 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Boughton Green Road Limited

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 Health and Social Care Act 2008.

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

The inspection was completed by 1 inspector.

Service and service type

Boughton Green Road Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Boughton Green Road Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and contacted 9 relatives about their experience of the care provided. We contacted 16 members of staff including the registered manager, head of care, clinical head, staff coordinator and care staff. We observed the interaction between people and staff.

We reviewed a range of records. This included 5 people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People were at risk of potential abuse. When a person had an unexplained injury, the registered manager had not completed any investigations to identify the potential cause and to put mitigating factors in to reduce the risk of reoccurrence. The registered manager implemented new systems and processes to ensure all injuries were appropriately recorded and investigated as necessary.
- The provider had policies and procedures in place regarding safeguarding people. Staff received safeguarding training and understood the signs of abuse and how to report any concerns. People and relatives told us they felt safe.

Assessing risk, safety monitoring and management

- Not all known risks had been assessed and mitigating factors recorded. For example, people with mental health needs did not always have the details recorded regarding how staff should mitigate the risk of people harming themselves or others. When people had specific health needs such as epilepsy, risk assessments were not always in place with details of the signs and symptoms to be aware of. This meant people were at risk as staff did not have the information or knowledge to understand the potential risks. The registered manager agreed to implement these immediately.
- Staff did not always have the information required to support people safely. Not all care plans and risk assessments held up to date, factual information. For example, we found one person had conflicting information regarding their food consistently to reduce the risk of choking. Another person had conflicting information regarding the level of support they required. The registered manager agreed to update these immediately. However, staff told us they did not always have time to read people's care plans.
- People were protected from risks associated with fire. People had personal emergency evacuation plans in place and the provider completed fire safety checks regularly. Equipment was in place and the environment was appropriately assessed to mitigate risks to people. For example, window restrictors and senior mats were in place and regularly checked and hot water checks were in place.

Learning lessons when things go wrong

- Incidents and accidents were analysed to identify trends and patterns for falls and people's anxiety or distress. The information was then communicated to staff so they understood what strategies could be implemented

Staffing and recruitment

- The provider used a dependency tool to assess the number of staff needed to meet people's needs. We found sufficient staff were deployed to maintain people's safety and meet individual needs. People, relatives

and staff confirmed they felt there were enough staff. One person said, "There are always enough staff to take me out when I want to."

- Staff were recruited safely. The provider completed pre-employment checks such as references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People's medicine administration records (MAR) evidenced medicines were administered as prescribed. Information was recorded regarding why a person had been given a 'as required' medicine and staff had the information required to understand when to give medicines and why medicines were prescribed.
- Staff received training in the administration of medicines and had their competencies checked yearly.
- Medicines were managed safely. This included the storage, administration, recording and disposal of medicines. Regular stock checks were completed

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The home was open for visitors with no restrictions in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Information within people's hospital passports was not always kept up to date. Health conditions were not always recorded within these documents. Hospital passports are used by health and social care professionals to identify the support people require. The registered manager agreed to update these immediately after the inspection.
- People received support from health care professionals as and when needed, such as GPs, speech and language therapists and occupational therapists.
- Staff knew what action to take in an event of an incident or emergency.
- Staff from different disciplines worked together as a team to benefit people. People could access support from a range of professional such as Psychology, psychiatry, and physiotherapy. These disciplines regularly reviewed people's care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to choose what they would like to eat and drink whilst maintaining a healthy and balanced diet. People were able to eat and drink in line with their cultural preferences and beliefs.
- People's care plans detailed their likes and dislikes. This included foods and fluids, hobbies and routines.
- Nationally recognised best practice guidance to identify and monitor people who were at risk of developing skin pressure damage or malnutrition was used.
- Assessment of people's needs, including those in relation to protected characteristics under the Equality Act were reflected in people's care plans.

Staff support: induction, training, skills and experience

- The provider ensured staff had the skills and knowledge to meet people's needs. Staff completed an induction, training and shadow shifts before completing any lone working. (Shadow shifts are when an unexperienced staff member follows and observes a trained and experienced staff member).
- Staff received ongoing training to help them to deliver good care and to maintain their skills and knowledge. Staff were positive about the training offered. However, staff had not received epilepsy or dementia training at the time of inspection. This training was being arranged.
- Staff were supported within their roles. Staff told us and records evidenced staff were offered regular supervisions to discuss their progress, aspirations and any training needs.

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

- People's rooms were personalised to their needs and wishes.
- The service provided equipment to support people's needs. Equipment included shower chairs, hoists and bespoke chairs to meet individual's needs.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments had been completed appropriately and if a person lacked the capacity to make a certain decision a best interest meeting was held.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans recorded if a person had a preferred gender of staff, and how staff should meet people's identified religious or cultural needs. Care plans also contained information about the person including their likes and dislikes. All staff received training in equality and diversity and were supported by a detailed policy.
- People told us staff were kind and caring. One person said, "Staff are all nice they have a laugh and joke with me." Another person said, "Staff are kind, they help me."
- Throughout our inspection we saw positive interactions between people and staff. Staff treated people as individuals and knew them well.
- People told us staff supported them with any festivities important to them, such as Christmas, Eid and new year.

Supporting people to express their views and be involved in making decisions about their care

- People had staff allocated to them as their keyworkers. (A keyworker is a named member of staff who acts as a focal point for the person and their relatives/visitors, and who will ensure that the person's needs, such as their social, spiritual, and emotional needs are met whilst promoting dignity, choice and independence.)
- Most people and relatives were involved in the development and review of care plans. People had regular 'care plan' meetings with their keyworker where the care plan is reviewed. A person told us, "I do my care plan with staff."
- People told us they were able to express their views and felt they would be listened to.
- People were offered the support of an advocate if required. An advocate is someone that helps people to speak up about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff told us, and people confirmed, staff respected people's dignity and supported independence. One person told us, "Staff always knock on my door before coming in." A relative told us, "Staff are always respectful to [person]." Staff confirmed they always ensured curtains and doors were closed when supporting a person, always knocked and requested permission before entering a person's room, and always made sure conversations about people were held in private.
- People were supported to maintain their independence and to learn new skills. The registered manager ensured risk assessments were in place and positive risk taking was considered. One person told us, "I like to help, when staff ask [me to do something] I am happy to do anything to help in the home."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed before they started using the service. Pre-assessment paperwork was completed to identify the person's needs and ensure staff had the skills to meet these needs.
- Staff understood the needs of the people living at Boughton Green Road Limited. Care plans included information such as, routines, preferences and people's individual likes/dislikes.
- People were supported with their religion/ ethnicity without feeling discriminated against. One staff member told us, "We (staff) always support people with their needs, if a person wanted Halal meat, then we provide this." Another staff member said, "Staff will do everything possible to enable people to pray or honour their religion."
- People had regular meeting to discuss their care and voice any opinions they may have.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated with people in their preferred way. People told us staff always ensured information was understood, and if needed would help people understand.
- The registered manager was able to explain the alternative formats available for written communication, such as large print, easy read or translating into another language. We observed pictures and symbols being used to support people's understanding.
- People's care plans had information regarding their communication needs including information regarding any visual or hearing aids required and if a person was able to communicate verbally.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had daily routines and activities recorded. People were supported by staff to choose how they would like to spend their day.
- People were supported to make and maintain relationships. One person told us, "When [relative] phones, staff come and tell me when [relative] is arriving, so I can get ready. Staff help me make phone calls when needed."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place and people, relatives and staff knew how to complain. One person said, "I would tell [registered manager] or [staff name], they would listen and sort it out."
- The registered manager had not received any complaints since registering with CQC

End of life care and support

- At the time of the inspection, the service was not supporting anyone who required end of life support.
- The registered manager told us that if anyone required end of life support they would ensure all staff had the appropriate training and support and they would liaise with the appropriate health care professionals.
- Care plans were in place for end-of-life care and the registered manager was in the process of gaining further information from people and their families regarding people's preferences and choice of care at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Systems and processes were not always effective in identifying when a person had an injury that required investigating. Unexplained injuries had not been investigated to identify a potential cause; therefore, trends and patterns could not be identified.
- Systems and processes had not always been effective in identifying when information was incorrect or missing in care plans and risk assessments. The provider had implemented new procedures to review and analysis care plans, risk assessments, medicines, environment, and safeguarding. However, these had not identified the concerns we found.
- The registered manager implemented changes, mitigated risks, and updated records immediately after the inspection. The provider implemented new systems to improve the oversight of the service after the inspection. However, these needed to be embedded and sustained into practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Information was shared with staff through meetings, supervisions and handovers. Staff told us they felt confident to raise any suggestions or feedback to the registered manager.
- Relatives confirmed they were kept up to date with their loved one's progress, outcomes and any incidents that may have occurred.
- People were kept up to date with any changes. The registered manager offered 'resident meetings' regularly
- Information was shared with people, relatives and staff in a format they could understand. We observed picture, symbols, and easy read being utilised.

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

- Staff told us they enjoyed working at Boughton Green Road Limited and would recommend the home to friends and family. One staff member told us, "[We give] person centred care and individual needs are met. For example, holidays, food, religion, activities, community access, contact with families and supporting with death. We always involve service users in all decisions about themselves."
- The registered manager completed spot checks to ensure staff were delivering good quality, safe care.
- People and relatives all knew who the registered manager was and told us they felt confident in raising any concerns with them.

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

- The registered manager understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

Continuous learning and improving care; Working in partnership with others

- The registered manager was open and transparent throughout the inspection.
- The registered manager worked in partnership with other health and social care professionals. The service was accredited as an approved provider with 'Headway' the brain injury association. [To be an approved provider with Headway, the service must demonstrate their "Provision of appropriate specialist care for those with complex, physical and/or cognitive impairment due to acquired brain injury."]
- The provider had taken information from an inspection at a sister home and improved some systems and processes at Boughton Green Road Limited.