

Warmest Welcome 2 Limited

The Borrins Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
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

The Borrins is a 30 bedded residential care home for older people and people with physical disabilities. At the time of our inspection there were 23 people using the service on both permanent and a respite basis.

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

Medications were not always managed safely. Charts and documents were not in place for creams, and there were no 'as and when' required (PRN) protocols in place.

Audits had been completed by the registered manager and the provider; however these audit systems were not effective at identifying the issues found on inspection in relation to medication management and care plan accuracy.

The registered manager and provider were responsive to the inspection findings. They acted during and after the inspection and shared plans to improve their systems and processes.

Risks related to people's health and care needs as well as environmental risks were well managed. All areas of the premises were clean and infection control procedures were followed by staff with Personal Protective Equipment (PPE) being worn correctly and social distancing maintained.

People received person-centred care and care records were written in a person-centred way, inclusive of people's likes, dislikes and preferences. Staff were kind, caring and compassionate and treated people well. People were treated with dignity and respect. There were activities taking place throughout the day.

Staff received an induction, training and support for their roles. However, areas of the staff training were low in completion. We therefore recommended that all staff's training is brought up to date and monitored consistently to ensure staff are not out of date with training.

Staffing levels were sufficient to meet people's needs on the day of inspection however, there had been a rapid increase in admissions to the home, and the dependency tool calculator identified that the service was running under staff capacity. We have made a recommendation about the increase of staff in response to the recent capacity increase.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests. The policies and systems in the service did not support this practice. We made a recommendation to the provider that they complete the Mental Capacity Assessment for the people that did not have them in place.

People were supported to keep in touch with family and friends through calls and indoor visits. People had access to healthcare services. People were provided with a good choice of food, drinks and snacks

throughout the day.

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

Why we inspected

The last rating for the service under the previous provider was requires improvement, published on 27 March 2019.

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.

We have found evidence that the provider needs to make improvements. Please see all the sections of this full report.

Enforcement

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

We have identified breaches in relation to using medications safely, and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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.

Requires Improvement 

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 

The Borrins Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

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

Inspection team

The inspection was carried out by two inspectors, a medicines inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

The Borrins is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We announced the inspection from the car park shortly before going on site. This was because we needed to check the arrangements in place for preventing and containing transmission of COVID-19 prior to entering the building. Inspection activity started on 23 November 2021 and ended on 9 December 2021. We visited the service on 23 November 2021. The other dates were spent reviewing information off site and making phone calls to people, relatives and staff.

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority commissioners, safeguarding team and Health-watch. Health-watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

During the inspection

We spoke with three people who used the service about their experience of the care provided and 11 relatives remotely via phone calls. We spoke with seven members of staff including the registered manager, deputy manager, wellness champion and care staff. We also spoke with one professional who was onsite during the inspection. While on site we spent time with people in the communal areas observing the care and support provided by staff.

We reviewed a range of records. This included four people's care records, inclusive of risk assessments, daily notes, and two people's medicine care plans. We also reviewed multiple medication records. We looked at two staff recruitment files. A variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Using medicines safely

- Medicines were not managed safely.
- Medicines for two people were not available and could not be administered. One of the medicines, Loperamide had been unavailable for a week, with no evidence of when this had been ordered. Loperamide is a drug used to treat inflammatory bowel disease.
- Guidance and records were not always in place to support the safe administration of topical medicines including creams and patches. We found that guidance was missing for where creams should be applied and there were gaps in the administration records. Patch application records were sometimes incomplete, therefore there was no assurance that the patches were rotated in line with manufacturers guidance.
- Protocols were not always available for 'as required' medicines. There was no clear guidance for staff about when the medicine could be given, how often, the maximum dose in 24 hours and the time gap between doses.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed actions were being taken to address the medicines issues raised.

- Medicines were stored safely in the medication room, and this was monitored with temperature checks.
- Stock checks were completed, robust and accurate for medications as well as Controlled Drugs (CD).

Assessing risk, safety monitoring and management, learning lessons when things go wrong.

- People with limited mobility were not always supported with meeting their pressure area care needs or personal care requirements. We observed one person who had not received pressure relief or support to use the toilet whilst we were in the home.
- We reviewed this person's daily records for the previous three days and found that no notes relating to the appropriate care and re-positioning were detailed. Therefore, we were not assured that this person's care needs were being met.
- Care records were written in a person centred way and were detailed.
- People's moving and handling plans were detailed and included an individualised approach. Other risks to people's health and safety were assessed. A range of risk assessments were in place including information

about eating and drinking, falls and pressure area care. However pressure area care was not always being followed.

- Routine safety and environmental checks were in place and up to date.
- Fire safety checks and systems were robust, and the provider had detailed records of all services, checks and compliance certificates.
- Accident and incidents were recorded and an analysis reports identified lessons to be learned and actions to be taken to prevent a recurrence. We found these actions had been implemented.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse and harm.
- Staff had completed safeguarding training and understood their responsibility to report concerns.
- Where safeguarding incidents had occurred, referrals had been made to the local authority safeguarding team and notified to CQC.

Staffing and recruitment

- On the day of inspection, we observed there were sufficient staff to meet people's needs and keep them safe, and a dependency tool was used to calculate staffing.
- There had been a rapid increase in capacity in the service in a short period of time, due to this staff felt the afternoon staffing numbers needed to be increased. One staff member said "If there was an extra carer on from 5pm-11pm that would help with bed time routine". One person also told us "They are stretched a bit but they manage". The dependency tool also confirmed there was a need to increase staffing numbers.

We recommended the provider reviews their staffing levels to reflect the new capacity as identified in their dependency tool.

- Recruitment checks including references and criminal record checks were completed before staff started working in the service. There were interview records in the staff files we reviewed. There was also a robust induction process and a staff member told us they felt, "Confident and comfortable on the first shift".

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff received appropriate support, training and development. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection the provider had made improvements to the staff training and they were no longer in breach of this regulation.

- Staff said they were kept up to date with online training. The training matrix showed 65% of staff had in date safeguarding training, 80% of staff had in date pressure relief training, 65% had in date control of substances hazardous to health training and 75% were in date with their infection prevention and control training.

We recommended that all staff's training is brought up to date and monitored consistently to ensure staff are not out of date with training. The registered manager was responsive and we saw evidence that some training for safeguarding had already been booked.

- Staff received robust inductions and the support they required prior to starting to fulfil their roles.
- Some staff said they had "Received extra training within a matter of days", for areas they felt they needed additional support in.

- Supervisions were being completed for staff and staff told us these were useful.

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

- People's needs were assessed before they moved into the service.
- The assessment was used to develop care plans and risk assessments

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

- There was inconsistency with the process for weighing people who had not been well, which led to inaccurate information shared. For example, we were told one person had not been weighed, but their care records showed they had recently been weighed. On comparison we found they had been a weight loss of 2.8kg. Staff were unaware of this as was the registered manager. There was potentially a missed opportunity for this person's diet to be reviewed.

- People said they enjoyed the food. People received a choice of meals, with drinks and snacks available between meals.

- We observed a lunch sitting and noted people appeared enjoy their meals and had a range of drinks to accompany the meal. One relative said, "The food is excellent, there are two choices. You can have

something else if you don't like it."

- Specialist diets were catered for and fortified meals were provided to those who were nutritionally at risk.

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

- Staff supported people to access the healthcare support they needed.
- People's care records confirmed the involvement of other professionals in providing care such as district nurses, GPs and the Speech and Language Therapy (SALT) team.
- People also had access and referrals to chiropodists, dentists and hairdressers.

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

- The service had been updated and re-decorated. There was a warm and welcoming atmosphere in the home.
- People's bedrooms were comfortably furnished and personalised.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked the capacity to make their own choices and decisions, capacity assessments and best interest decisions were not always completed. We found the provider did not follow the correct formal process for completing mental capacity assessments and best interest decisions for people using sensor mats and sensors.

We made a recommendation to the provider that they complete the Mental Capacity Assessment for the people that did not have them in place. We received confirmation that the provider had taken action to address this promptly.

- Systems were in place to monitor DoLS applications and authorisations and to make sure conditions were 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- Staff treated people with kindness and compassion. We observed warm, caring interactions between staff and people throughout the inspection. Staff and management knew people well and it was clear they had a good relationship with them and their families.
- People told us they liked the staff team and registered and deputy managers. One person said, "The staff are very helpful, excellent. Lovely and respectful." A relative said, "They are very caring. [staff] are particularly kind, she always checks on [person's name]. Make a fuss on birthdays. It's a nice place really."
- Staff knew about people's preferences and needs and received regular updates from management and handover sessions each day.

Respecting and promoting people's privacy, dignity and independence

- People looked well cared for, clean and dressed appropriately in suitable clothing and footwear. Care records showed documentation of baths and showers were completed regularly.
- One relative said, "[Relative] always looks clean and tidy. The Borrins is never smelly. When we last visited, they were about to take [person's name] off for a bath, [person's name] prefers that."
- The service ensured people's care records were stored securely. The language used in daily notes and care plans was respectful and recorded in a positive manner.
- There was good support for people at mealtimes. At lunchtime we saw most people went to the dining room for lunch and sat at the tables with others. Those that did not, had tables in front of them in the lounge and were encouraged with their meal.

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

- People were involved in decisions about their care. We observed staff encouraging people to express their views and make everyday decisions about their care. People and their relatives were invited to share their views when their care plan reviews took place. One relative told us, "We had an in-depth conversation with the manager about [relatives] care on admission to the home."
- There was evidence of surveys to relatives being sent. During the COVID-19 pandemic relatives were also kept up to date with activities in the home and how people were managing. One person's relative told us, "We have had online relative Zoom meetings, three during lockdown to keep us updated."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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

- The registered manager reviewed people's care plans regularly, however we found this was not always done with the person.

We asked the provider to review their care plan review process as well as their monitoring processes for weights to ensure accurate records and information was kept and shared. The provider responded immediately and have taken action to address this promptly.

- People's care and support was centred around their choices and preferences. One person said, "I can make my own choices where needed", and another person told us, "They always ask for my agreement on what I want to do."
- Care plans had been reviewed and updated since our last inspection and improvement was seen in the quality of the care plans. The care plans were up to date and person centred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

- People's communication needs were met.
- Care plans provided information about people's communication needs.
- There were lots of examples seen of where the service was providing accessible information complying with the legislation. For example, there was a large book with pictorial symbols including emotions, rooms and food to support communication. The menu was also displayed pictorially.

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

- The provider employed a dedicated wellness champion. People were supported to follow their interests and take part in a range of activities. These were tailored to people's needs, choices and preferences. One relative said, " [person's name] is very shy, they encourage them to get involved with the activities."
- During the inspection we observed warm and friendly interactions from care staff. There were a range of activities including skittles and floor bowls. Lots of laughter and interaction between people.
- Staff and the registered manager encouraged people to maintain relationships that were important to them. The home supported people and relatives to have visits as per COVID-19 safety guidelines.

- The provider had a specially made visitor pod within the home with safety glass separating visitor and person with a microphone. This had been utilised extensively and allowed people to see their relatives and maintain relationships and contact.

Improving care quality in response to complaints or concerns

- Effective systems were in place to manage complaints. We saw evidence that complaints received had been responded to and resolved efficiently, with clear documentation for actions taken and outcomes for all concerned.
- The registered manager confirmed no complaints had been received since July 2020.

End of life care and support

- Senior staff members had been specially trained in this area with one trained staff member on each shift.
- Care plans were in place and recorded whether people had discussed their individual wishes and preferences in respect of end of life care or had declined to do so.
- Arrangements were in place for relatives to visit safely so they could spend time with people who were receiving end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- Quality audits were not effective in identifying issues and securing improvements. There was a lack of effective monitoring of systems and processes which led to gaps and oversights.
- Some areas of the provider's medicine policy did not reflect the electronic medicine record systems in use. Audits on medicines had been completed, but did not identify all the issues found on inspection. We found the provider did not have adequate systems to assess monitor and improve the safe use of medicines.
- The registered manager's audits on daily notes were not robust enough to identify where one person had not received any pressure relief or continence relief through the day for three consecutive days. Pressure care management in the home was not effective.
- There was a lack of capacity assessments for people who were under restrictions, with sensor equipment in place. This had not been identified during the registered manager's care plan reviews or audits.
- There was a lack of oversight of weight management and some inaccuracies in the details documented in care plans around weights. These issues again had not been addressed through the registered manager's audits or reviews of care plans.
- The provider's own governance systems failed to identify these issues found on inspection and we found the provider did not have adequate systems for monitoring and improving the service.

We found systems to assess, monitor and improve the service were not sufficiently robust. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered and deputy manager were not clear about their roles and responsibilities. Their day to day management of the home left shortfalls in the quality of the service provided through ineffective auditing systems and processes. However people, their relatives and staff told us the registered and deputy managers were visible, approachable and supportive. One relative said "The home is absolutely well managed. [Manager] has been totally amazing and helpful, keeps me in the loop".
- Staff understood their individual responsibilities and contributions to service delivery. They had access to guides, policies and procedures. They also knew who to contact if they required support and assistance.

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

outcomes for people

- People received person centred care and support. Plans of care we saw were well written, person-centred documents, which provided the staff team with guidance about people's needs and how these were to be best met.
- Feedback from the staff members we spoke with was positive. All staff members we spoke with said they enjoyed working at the home. One said, " I love working here, I feel it is like walking into my nannas front room, it is very homely, it feels comforting."

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

- People and relatives expressed satisfaction with the care provided.
- There were many opportunities for people to be involved and express their views and opinions about the service. Residents meetings had been held during August 2021, as well as remote video calls for relatives to ensure everyone was involved in the service. Staff meetings were also held where staff could raise issue and concerns. These were well documented showing consistency with seeking feedback and maintaining lines of communication. Evidence was seen of the provider acting on the feedback of people.
- Satisfaction surveys were completed in 2021 by people and staff. Surveys sent to people saw an 81% return rate, and surveys sent to staff saw a 52% return rate. Positive feedback was provided from people and staff with one recurring area for improvement which was for increased staffing numbers. This had been addressed with the dependency tool that is in use.
- Feedback from relatives was also sought through questionnaires either posted or via email. Feedback from relatives was also very positive and complimentary of the services provided to their relatives.

Continuous learning and improving care

- The reporting and management of risks to people including accidents, incidents and falls was detailed and consistent. The accident and incident analysis for August, September and October 2021 had been completed. There was clear analysis of the accidents/ falls and outcomes and actions for all to limit future occurrence.

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 the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.

Working in partnership with others

- The service worked closely with other agencies. Care records had evidence to show other professionals were involved in people's care.
- The registered manager and staff understood the importance and benefits of working alongside other professionals.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Reg 12 (1) (2) (g) The provider failed to ensure safe and proper management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (1) (2) (a) (b) (c) The provider failed to assess monitor and improve the service due to inadequate auditing processes and systems.