Porthaven Care Homes No 2 Limited

Bourne Wood Manor Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Bourne Wood Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bourne Wood Care Home is registered to provide nursing and personal care for up to 64 people. There were 30 people living at the service at the time of our inspection.

This inspection site visit took place on 12 December 2018 and was unannounced. This was the first inspection since the service was registered in December 2017.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People told us that there were enough staff to support them safely at the service. There were sufficient levels of staff to provide support to people when needed. There were robust recruitment procedures in place to ensure that only suitable staff were employed. People told us that they felt safe living at the service and received medicines when needed. The management of medicines was being undertaken safely and they were disposed of securely.

Staff understood and managed known risks associated with people's care. Clinical risks were monitored by nursing staff. Accidents and incidents were recorded and actions were taken to reduce further occurrence. The registered manager reviewed all accidents and incidents to ensure that patterns were identified and actions taken. Staff understood how to protect people from the risk of infection. This was a purpose-built service which was clean and well maintained. Staff understood safeguarding procedures and what action to take if they suspected any type of abuse.

Staff were sufficiently trained and supervised to ensure that they were competent to complete their duties appropriately. Staff understood the principles of the Mental Capacity Act 2005 (2005). People's consent was sought before care was delivered. Appropriate applications were submitted to the Local Authority where people may have been deprived of their liberty. Where people were nutritionally at risk, staff monitored and took actions to address this. People told us the food was good and had access to drinks regularly. Detailed pre-admission assessments were undertaken before people moved into the service. People had access to health care professionals where needed. Staff worked well together within the service and followed guidance from health care professionals.

People were cared for by kind and attentive staff who had a positive relationship with them. Staff created a calm and relaxed atmosphere in the home and we saw that they spoke with people in a respectful yet warm and friendly manner. People's independence and dignity was valued and protected. Relatives were

welcomed into the home.

People had access to appropriate and regular activities which people told us they enjoyed. Care plans contained detailed guidance for staff on how to deliver care. Staff read and understood the care plans. Complaints would be recorded and responded to appropriately when received.

There was a comprehensive system of auditing to review the care being delivered. Actions were taken to ensure any shortfalls were addressed. People, relatives and staff felt that the service was managed well. Staff felt supported and valued and enjoyed working at the service. People and staff were asked for feedback on care and their views were taken on board. Staff worked with organisations outside of the service to support the care being provided.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including incidents and safeguarding concerns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to ensure that people's needs were attended to. Recruitment practices were safe and relevant checks were completed before staff started work.

Risks to people's care were assessed and managed well to help keep them safe.

Accidents and incidents were acted upon and measures were in place to reduce the risks.

Medicines were stored, administered and disposed of safely.

People lived in a clean environment and staff followed safe infection control practices.

People were protected against the risk of abuse and neglect. Staff understood their safeguarding responsibilities.

Is the service effective?

Good

The service was effective.

Staff were inducted, trained and supervised to ensure that appropriate care was delivered to people.

Staff understood and knew how to apply legislation that supported people to consent to treatment. Where restrictions were in place this was in line with appropriate guidelines.

The environment suited the needs of people that lived at the service.

People received sufficient food and drink to maintain good health.

Assessment of people's needs was undertaken before they moved in to the service. Staff worked well across the service to ensure good delivery of care.

People were supported to have access to healthcare services and healthcare professionals.

Is the service caring?

Good

The service was caring.

Staff were kind, caring and attentive to people's needs. People were treated with respect and dignity by staff.

People were encouraged to be involved in their care delivery. Staff supported people to maintain their independence where possible.

People and those close to them were involved in their care.

Is the service responsive?

Good

The service was responsive.

People had access to activities that met their needs. There were a range of activities available to people living at the service.

There was detailed information in care plans for staff to follow. Staff read and understood the care plans. People were at the end of the life received appropriate care.

There was a complaints policy in place that would be used should complaints be received.

Is the service well-led?

Good

The service was well- led.

There were systems in place to regularly assess and monitor the quality of the service provided.

The registered manager sought, encouraged and supported people's involvement in the improvement of the home.

Staff were encouraged to contribute to the improvement of the service and felt valued by the registered manager.

The management and leadership of the service were described as supportive.

Staff worked in partnership with external organisations.

Notifications were sent to the CQC appropriately.

Bourne Wood Manor 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 site visit took place on 12 December 2018 and was unannounced. The inspection team consisted of two inspectors 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 service.

Prior to the inspection we reviewed the information we had about the service. This included information sent to us by the provider, about the staff and the people who used the service. We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

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.

During the visit we spoke with 12 people, four relatives, five members of staff the registered manager and nominated individual. There were people that were unable to verbally communicate with us; instead we observed care from the staff at the service.

We looked at four care plans, three medicine administration records and training, supervision and three recruitment records for staff. We reviewed records that related to the management of the service that included minutes of staff meetings, surveys and quality assurance audits.

Good

Is the service safe?

Our findings

People told us there were enough staff to safely meet their needs. One person told us, "Oh yes, I feel very safe here. There's always someone around if you need anything," whilst another said, "I have my buzzer - if I push it someone always comes quickly." Relatives also told us there were enough staff to meet their family member's needs.

The registered manager determined staffing levels based on people's dependencies and support needs. As this was a newly registered service it was yet to achieve full occupancy. The registered manager told us she staffed over and above what was needed whilst more people were admitted to the service and this would be reviewed as occupancy levels increased. There was one registered nurse and eight care staff during the day as well as other ancillary staff such as activities coordinators, cleaning and laundry staff. From a review of the staffing rota for the previous four weeks it was clear these were the usual staffing levels at the service. During the day of the inspection call bells were answered promptly and when people required care and support they were not waiting long periods for staff to attend to them.

There was a robust recruitment process that ensured references were sought and new staff had been subject to criminal record checks. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safer recruitment decisions and prevent unsuitable staff being employed. References were sought before staff started work and checks with professional bodies such as the Nursing and Midwifery Council were carried out for nursing staff.

Risks to people were managed to help keep people safe. One person had been assessed as needing bed rails to prevent them falling from bed which we saw were in place. This had been identified through a detailed risk assessment which had been carried out. Another person was prone to fluid retention due to their medical condition which required their feet to be raised. Staff were aware of this and we saw that the person had their feet raised to minimise the risk of this happening. Care plans were stored electronically and contained assessments of risks to peoples' skin integrity, mobility, falls and the use of oxygen. Where people needed their food and fluid intake monitored there was guidance for staff on the correct portion size and fluids that would be suitable for them. People at risk of developing pressure sores had appropriate air mattresses which were on the correct settings to help minimise the likelihood of them developing one.

Incidents and accidents were recorded by staff and where appropriate action taken to reduce the risks of incidents reoccurring. Staff told us they would inform nursing staff or the registered manager if there had been an incident. The registered manager told us these were recorded electronically each month and reviewed where appropriate. One person had been identified as not calling for help when they wanted to move which led to an increased risk of falling. As a result, a seat sensor had been used to alert staff should they get up without staff support.

The management of medicines was safe and people told us they received them when they needed them. One person told us, "They make sure I get my medicines when I should. I don't need a lot of help but there's always someone around if you have a problem."

Medicines were ordered and administered by nursing staff using an electronic medicines system. This had a picture of each person with their prescribed medicines on it so that staff administered medicines to the right person. When medicines were given the system updated their record so staff could see at a glance who had received their medicine. The system also identified when action was needed in respect of any prescribed medicines. One person needed medicines to help with their bowel movements. This had been received from the pharmacy but the pharmacy had not completed all the relevant information. This identified the need for the nurse to address this with the pharmacy which they did.

The nurse was knowledgeable about the different types of medicines being administered. We observed a medicine round and saw people were given time to take their medicines and were not hurried. One person was receiving pain relief medicines, the nurse explained what they were for and why she was taking them. Where people needed patches to help manage pain the position these were put on people was recorded to reduce the risk of skin irritation or reduced absorption. Two people managed their own medicines and had lockable cupboards in their rooms, this had been appropriately risk assessed to ensure it was safe for them to do so.
Medicine rooms were clean and temperature controlled, and there was no build-up of waste medicines.

People were protected against the risk of infection and cared for in a clean, modern environment. One person told us, "It's very clean here," another said, "It's first class and lovely and clean," whilst a relative said, "This is such a beautiful home." The service was new and purpose built and people were complimentary about the standards of cleanliness. At the time we inspected there was work being completed to address minor 'snagging' associated with the building. The environment was clean and tidy and staff followed safe infection control practice. One person told us, "they do wear gloves when helping me with washing." Staff wore protective aprons at lunch and disposed of them before leaving the dining room or after they have finished serving a person their food in their rooms. All the communal bathrooms had soap and paper towels and there were signs to remind people, visitors and staff to wash their hands.

Staff understood safeguarding adults' procedures and what to do if they suspected any type of abuse. One member of staff was able to tell us the different types of abuse and what they needed to do if they suspected it, "Physical, verbal, emotional. Tell the manager or higher up. Tell the police." There was a safeguarding adults' policy in place and staff had received training prior to the service opening on what constitutes abuse. The registered manager had discussed safeguarding concerns with the local authority.

Good

Is the service effective?

Our findings

People were cared for by staff who were trained and competent in their role. People and relatives told us they thought staff were trained well. One person told us, "Oh yes the girls are very well trained, lovely girls very helpful," whilst another said, "Yes I think the girls are well trained." Relatives confirmed this as well.

Staff received a thorough induction when they started work. One member of staff said, "We covered health and safety, lifting and fire safety which included all the slide mats." They also told us they were starting work on the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific of staff in health and social care. It details 15 minimum standards that should be covered when staff are new to care.

Staff had appropriate training and development for the role. Staff demonstrated a good knowledge of areas they received training in and told us they were supported to get further qualifications if they wanted to. The training records detailed that all staff had undertaken mandatory training covering a variety of areas including, but not limited to, safeguarding, dementia awareness, communication, manual handling and fire safety. Staff told us they were "Supported" by the registered manager and had regular supervisions where their training and development needs were discussed. The registered manager told us that people were involved in the staff recruitment process and helped interview staff for their role.

Mental Capacity Act 2005 (MCA) is a legal framework about how decisions should be taken where people may lack capacity to do so for themselves. It applies to decisions such as medical treatment as well as day to day matters. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm.

We saw MCA assessments had been completed where people were unable to make decisions for themselves and who was able to make decisions on their behalf, made in their best interests. These assessments were specific to particular decisions that needed to be made. For example,
one person received their medicines covertly. There was documentation in place to demonstrate that a mental capacity assessment had been carried out and an appropriate best interests process followed. The best interest's decision had involved staff from the home, the person's family and GP. Staff were seen to ask people for consent and respected any decisions they made.

We saw that DoLS applications had been submitted to the local authority where restrictions were put in place for people that were unable to consent for example in relation to sensor mats, bed rails and the locked front door.

People's individual needs were met by the adaptation, design and decoration of premises. The home was furnished and decorated to a good standard. People had been supported to personalise their bedrooms. One person had individualised their bedroom with a wide variety of photographs that meant something to

them. Suitable equipment was available to support people with their mobility and there were memory boxes to help with orientation.

People told us the food was good and that they were offered choices. One person said, "The meals are good, homely food, well presented. The staff really care about making it good for you." Another said, "I don't eat a great deal but what I have I enjoy and it's always good. If I don't want what's on the menu then I can always have an omelette. The chef is very accommodating." One relative told us, "(Person) loves the food. I haven't eaten here myself but I've seen it when I come to visit as I quite often sit with (person) while he has his lunch. It always looks very good," whilst another said, "Food is good, the roast lunch is amazing."

We observed lunch in the dining room. People chose where they sat and ate their meal. There were people that chose to eat in their room. There was a choice of drinks and meals including for those people that were on a restricted diet. One person was on a soft diet, there was information for kitchen staff to follow to ensure they received the correct food. People were offered appropriate staff support with their meal. One person had swallowing difficulties and staff spent time with them to ensure they had enough to eat. There was a pleasant atmosphere in the dining room. People in their rooms received their meal quickly. Refreshments were regularly provided and people made use of the communal area where they could have a drink and spend time socialising. Staff regularly asked people if they had enough to drink.

People's nutrition and hydration was managed well at the service. The chef had information about people's dietary needs including any allergies or food preferences. If people wanted to eat outside of the meal times this was arranged. People's nutritional needs were reviewed regularly and where people were at risk of malnutrition food and fluid charts were in place. Staff ensured people had enough to eat and drink. The registered manager told us they would be trialling a 'Smart jug' which aids hydration in older people and notifies when someone may need extra fluids to maintain good health.

Before they moved into the service people's needs were assessed to ensure they could be met. There were detailed pre-admission assessments in place that had been completed by the registered manager to ensure that people's needs could be met. There was evidence in care plans that a range of healthcare professionals were involved in people' care. One relative told us they had been present when the pre-admission assessment had been completed and had completed a "Profile of their persons likes, dislikes and preferences.". People had access to other healthcare professionals such as a GP, dentist, optician and tissue viability nurses where appropriate. Staff worked well together across the service. There were regular meetings and staff always shared concerns they observed about people's health and well-being.

Good

Is the service caring?

Our findings

People were supported by kind and caring staff. People and relatives told us staff were caring towards them. One person told us, "I wouldn't say anything bad about them. I like them they are kind," another said, "Staff are really lovely and the home is nice. I can't fault it they are nice to everyone who comes," whilst another said, "I would say they are receptive, caring and willing to find time for you." Other comments included, "Yes the girls are very caring, very gentle and patient," "I'm so happy with the care and support. It's a happy place, nothing is too much trouble for them. The care, attention and love they give, they are dedicated."

One Relative told us, "Staff are really caring, they have been very kind to me during my recent difficulties," whilst another said, "You can ask the staff anything and if they don't know the answer straightaway they'll go and find someone who can answer." One staff member told us, "I get to know them by introducing myself when I go to them in the morning. I make conversation with them and that makes it easier in the future as we know each other." Staff were heard to call people by their preferred name and there was a relaxed atmosphere between staff and people.

People were supported by staff who treated them with dignity and respect and promoted their independence. One person told us, "When helping you with washing and dressing they always ask me what I want to wear, they get things out of the wardrobe and let me choose," whilst a relative said, "I think they've got things just right, they let him (Person) do what he is able to do and encourage him to be independent but when he can't manage they step in."

Staff knocked on people's doors and closed them after they entered the room when they assisted people with personal care which helped preserve their dignity and protected their privacy. One person was struggling to get dressed and had their door open, staff were quick to notice this and went to help them to maintain their dignity. People were able to visit without restriction. One person told us, "Family and friends are able to visit without restriction and even stay for meals if they wanted to." Following the inspection we were made aware of an issue involving one person and those who wanted to visit them. The registered manager told us they had taken advice from the local authority on how best to manage this difficult situation and would be addressing this. Peoples' information was stored electronically and we saw staff logged out of computer system when leaving the care station.

People and those important to them were actively involved in their care. One relative said, "I always feel I'm involved with his care." Care plans were reviewed regularly and included information about people's personal backgrounds and things that were important to them. The service operated a key worker system which allocated a nominated member of staff to be involved in people's care. People had brought in their personal possessions to help their room feel more familiar and homely. One relative said "They (who) were very understanding that moving in here and leaving everything that's familiar can be very unsettling. A few things around that remind you of your life is helpful in the settling in process."

Good

Is the service responsive?

Our findings

People told us there were a range of activities that were organised for them. People told us they enjoyed the activities on offer and said that staff spent time with them when they needed. One relative told us the activities were "Absolutely fantastic" for their loved one. Following the inspection the registered manager provided positive feedback from relatives about the activities on offer to their loved ones. There were enough staff to provide social interactions with people however we saw instances where they missed opportunities to spend time with people and sit and chat with them.

The service employed two activity co-ordinators and had organised events recently that had been well-received by people. These included a fund-raising coffee morning, dance classes and a tea dance. Following feedback from people at a residents meeting there were plans to introduce a bridge club early in the new year. There were also visits from the local church where people could practice their faith if they wished to. On the day we saw people were able to spend time in the garden. They told us, and relatives confirmed, that they enjoyed being able to walk round the garden with staff. Activities were organised in advance and were displayed prominently in the service for people to see. There was also a cinema that people said they liked. The registered manager told us that activities staff received training relevant to their role and when activities outside the service were organised they provided additional staff were used to help with these.

People received personalised care that was responsive to their needs. Care plans were stored electronically and outlined people's care and support needs. These included all aspects of care and included their life history, their medical history and what was important to them. One person's history described their previous work history to help staff understand them and how they wished to be supported. Staff knew and understood people's care and support needs and were able to describe how people should be supported. Staff were kept up to date with any changes to people's needs as the registered manager held a '10 at 10' meeting. This was held everyday and gave staff the opportunity to understand these changes.

There was information in care plans about how people communicated their wishes and choices. There was detailed guidance for staff around person specific conditions. For example, for people that were diabetic, care plans contained guidance for staff about how often to monitor wounds and how to record their observations. One person had been admitted to the service with a pressure wound that had required treatment. Over a period of time the wound had responded well and had improved. The registered manager told us that they had introduced a resident of the day system which included checking the person's care plan was up to date and accurate. People's weights were checked and any changes to their care were discussed and amended where appropriate.

People received good care at the end of their life. One person had a book which was being used to record the care they wished to have at the end of their life. The registered manager told us this was an area that was being developed with people as time went on.

Complaints would be responded to and resolved appropriately. One person told us, "I've never had to complain about anything I suppose if anything was wrong I'd speak to one of the girls to try and get it sorted,

whilst a relative told us, "I've no complaints whatsoever, I've never needed to but I do know the manager and I'm sure if I had any worries she would take it on for me and resolve it."

There was a complaints policy in place that was accessible to people. The registered manager told us that there had been a number of concerns and complaints raised by people and relatives and these had been addressed and resolved to their satisfaction.

Good

Is the service well-led?

Our findings

People told us the management of the service was good and that they had confidence in the registered manager. One person told us, "It's very well led. Nothing they could do better. It more than meets my expectations of a care home," another said, "Yes, I think it is a good home and very well run. The manager is always around and she stops to speak if she sees you," whilst a third said, "I think it's well run."

Relatives confirmed this view, one commented, "I think it is an excellent home, I'd live here. If there were any problems I'd speak straight away to either the nurse or the manager they're all very helpful. The management team are very good." Another said, "We looked at several places and this was the best on offer, we are very pleased with it and would recommend it to anyone. The staff are very kind, very caring there's a nice atmosphere."

People told us they knew who the manager was and that she was frequently visible about the service. We saw on the day of the inspection the registered manager was available to speak to people and knew their needs well. The PIR detailed that the registered manager operated an 'open door' policy which ensured she was accessible to people. We saw on the day this was the case.

There was a comprehensive electronic auditing system that was used to monitor and improve the quality of care. The registered manager had a number of audits to complete that covered all aspects of the safety and quality of the service. These audits were allocated electronically and gave a date for completion as well as a priority. Once these audits were completed the provider was notified electronically so they could monitor that action had been taken. Should an action not be completed the provider would be made aware by the auditing system and they would follow this up with the registered manager to ensure this was completed. For example issues had been identified with the doors in the service due to it being a new build. On the day of the inspection this was being addressed.

The registered manager was supported by a senior manager who visited the service regularly, there was a clear management structure operated by the provider so that issues could be identified and dealt with quickly and appropriately. The PIR that had been submitted by the service in advance of the inspection reflected our findings with people receiving good care. We spoke to the registered manager and nominated individual about how they would ensure people received good care once the service was operating at full capacity. They assured us that they would only admit people whose needs they could meet. They said this would be done in a phased way so that staff would not be overwhelmed by a large number of admissions. We also spoke about the environment for people living with dementia. At present people were living with mild dementia however as their condition progresses it is important that the environment is further considered and adapted. The registered manager and nominated individual told us they were aware of the requirement with the work that had already been undertaken and told us how this would progress over time to ensure people's needs continued to be met.

The provider encouraged people to maintain appropriate links with other agencies and organisations. The provider worked closely with the various local authority services and departments involved with people's

care and support. This included the commissioning team, tissue viability nurses and local authority safeguarding team.

Staff were positive about the management of the service and told us they felt supported to do their jobs. They told us they felt they worked effectively as a team and had the opportunity to meet to discuss how the service was run. One member of staff said, "The manager is lovely and helps us do our jobs." There had been a number of staff that had joined the service who had already worked with, and were familiar, with the registered manager. Another member of staff said, "The manager is always there if you need her." The registered manager clearly valued the staff working at the service and had highlighted in the PIR that a staff award system was to be introduced to motivate and reward staff for delivering high quality care to people.

People and relatives had opportunities to feedback their views about the quality of the service they received. There had been a number of compliments from relatives received about the quality of care provided to their love ones by staff. A relative had sent a letter praising the caring nature of staff who had supported their loved one.

There were procedures in place for reporting any adverse events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams. Our records showed that notifications had been appropriately submitted to the CQC.