

Colten Care Limited

# Bourne View

## Inspection report

Langside Avenue  
Poole  
BH12 5BN

Date of inspection visit:  
11 March 2020  
12 March 2020

Date of publication:  
21 April 2020

### 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

### About the service

Bourne View Care Home is registered to provide accommodation and nursing or personal care for up to 68 older people. At the time of our inspection there were 21 people living at the home.

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

The service had been registered with the CQC in 2019 and had been specifically designed and built as a care and nursing home. The service had been a finalist in a global interior design competition in 2019 for wellness and health care design and had also won a separate independent care home design award in 2020. The design of the premises enriched and benefited the lives of people living at Bourne View.

Staff demonstrated a good understanding around the provider's safeguarding procedures and understood how to recognise potential signs of abuse. People and their relatives told us they felt safe living at Bourne View.

People had detailed assessments completed for them which gave staff guidance to ensure people were cared for and supported in ways they preferred. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs.

People's medicines were managed safely, stored securely and administered by trained staff. People received assistance to take their medicines as prescribed.

The provider had robust recruitment systems in place to ensure staff were safely recruited. There were enough staff employed on each shift to ensure people received individual, person centred care and support at all times.

Staff were themselves supported with a system of regular supervisions and annual appraisals that offered ongoing support and development opportunities for staff.

The clinical lead had won Care Home Worker of the Year at an independent newspaper's Proud To Care Awards.

The provider ran an effective training programme that staff felt was informative, useful and well delivered. Staff commented they enjoyed both the practical face to face group training sessions as well as the on-line learning that they found provided a flexible method of learning. Staff told us the training was, "Brilliant and really effective."

The service was working within the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control over 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.

People's dietary needs and preferences were assessed and where needed, people received support to eat and drink. This was provided by staff in a discreet and friendly way. Meal times were a social occasion with the dining rooms attractively laid out. People could choose where they sat, enabling them to enjoy their meal time experiences with friends and family. People told us they really enjoyed their meals, one person said, "The meals look nice, it's all very good, it's lovely."

People and relatives consistently told us how they were treated with kindness, warmth, compassion and respect by all staff. People received care and support from a consistent staff team that knew them well and provided their care in ways they preferred.

People's ongoing health care needs were continually assessed, and people were referred to health professionals when required. The service worked collaboratively with health care professionals and had established a bespoke system for end of life care, to ensure people experienced a comfortable, dignified and pain free death.

The service had a varied activities programme for people to enjoy and take part in if they wished. Activities included outings to places of interest, and towns as well as indoor activities and visiting independent entertainers. For people who wished to remain in their bedrooms, one to one support was offered to prevent social isolation.

People and relatives knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns. People and relatives were encouraged to share their views about the service which were welcomed and acted upon.

There were a variety of audits, policies, spot checks, systems and procedures in place to monitor the quality and safety of the service and ensure a culture of continuous improvement and learning took place.

People, relatives, health professionals and staff told us the service was well-led and expressed confidence in the registered manager and the management team. The registered manager demonstrated an open, supportive and professional management style with an ethos around support, continual development and improvement throughout the service.

Staff felt well supported and spoke highly of the registered manager and management team. Staff were passionate, committed and motivated to delivering quality person-centred care to people. Staff told us they loved working at Bourne View.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 12 March 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on the service's registration date.

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Bourne View

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

On the first day of the inspection, the inspection was carried out by one CQC 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. On the second day of the inspection, one CQC inspector and a specialist nurse advisor carried out the inspection.

#### Service and service type

Bourne View Care Home is a care home which provides accommodation for people who require nursing or personal care. People in care homes receive accommodation and 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 registered manager in post. A registered manager is a person who has 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

The inspection on day one was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we held about the service. This included information about incidents the provider had notified us of and contacting the local authority and health professionals for their views on the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us annually to give some key information about

the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service, three relatives and three visiting health professionals to ask about their experience of the care provided. We also spoke with 12 members of staff which included the operations manager, the registered manager, the care co-ordinator, nurses and care staff, two chefs, companion staff and housekeeping staff. During our inspection we observed care practices and the interaction between staff and people.

We observed how people were supported and to establish the quality of care people received we looked at records relating to their care and support. This included seven individual care and support plans, and a selection of Medicine Administration Records (MARS). We also looked at records relating to the management of the service including; staffing rotas, eight staff recruitment, annual appraisal, supervision and training records, premises maintenance records, training and staff meeting minutes and a range of the providers policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed a selection of the providers policies and received written feedback regarding the service from health professionals. Who had regular contact with the service.

# Is the service safe?

## Our findings

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

This was the first inspection since the service was registered with us, we found this key question was rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We asked people if they felt safe at Bourne View Care Home. They replied, "Yes, I do feel safe here, I like it very much... the staff are very helpful and are there for me when I need them" and "I am safe here, they look after me very well" and, "This home is a very safe place for me to live."
- Staff received safeguarding training and spoke knowledgably on how to spot the signs of potential abuse. They were aware of the correct action to take should people raise concerns with them.
- The provider had policies in place that covered safeguarding and whistleblowing, these gave staff clear guidance to follow if they needed to refer any concerns.

Assessing risk, safety monitoring and management

- Risks to people and the service were assessed and staff demonstrated detailed knowledge on how people preferred their care and support to be given.
- Risk assessments were detailed, personalised and clearly guided staff to support people safely. Risks were regularly reviewed and managed using the least restrictive practices to ensure people were cared for safely whilst still maintaining their independence.
- People had individualised evacuation plans in place. These were easily accessible for staff to ensure people received the support they needed in the event of a fire or other emergency incident.
- The provider had a process in place to assess the risk of fire and regular checks were completed on fire alarms, fire doors and emergency lighting. Staff received training in fire safety and were aware of the action to take in the event of a fire.
- Hazardous substances were kept secure when not in use. There were systems in place to ensure all equipment was regularly checked, serviced and well maintained to ensure the safety of the service and premises.
- Regular water systems checks were completed to reduce the risk of legionella. Risk assessments showed the home was free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- People, relatives, staff and visiting health professionals all told us there were enough appropriately trained staff available on each shift to ensure people were supported safely. One member of staff told us, "There are enough staff to make sure people are safe... there are always enough staff and we communicate with each other so we all know where we are at any time if we need help."
- One person told us, "I am never rushed here, the staff have time for me." Another person said, "The staff are readily available when I need them." A relative told us, "Mum is well looked after, the staff are here for her...Mum is never rushed, they have time for her."

- Recruitment records showed staff were recruited safely. Robust procedures were in place to ensure the required checks were carried out on staff before they commenced their employment at Bourne View Care Home. This ensured staff were suitable to work with people in a care setting.
- Staffing rotas reflected people were cared for by appropriate numbers of staff. Staff rotas were planned in advance and reflected the providers staffing ratio. During the inspection we observed staff responded promptly and discreetly to people's needs and did not appear rushed. The provider had a system in place to ensure any unplanned staff absences would be covered by staff who knew the service and people well. This ensured people were cared and supported by a consistent staff team which enabled continuity of care for people.

#### Using medicines safely

- Medicines were stored, managed and administered safely. Records showed stock levels of medicines were correct. People had their allergies recorded and there was a clear system to ensure 'PRN' (as required) medicines were administered to people safely.
- A relative told us, "The staff administered Mum's medicines to her without fail.
- We identified some minor shortfalls with some topical creams. Two topical creams had not had their opened date recorded on them, and one person had a topical cream that had not been prescribed on their MAR. We discussed our findings with the senior nurse and registered manager and corrective action was taken immediately.
- Some people used homely remedies. A homely remedy is a non-prescription medicine used for short term management of minor conditions. Homely remedies records did not show they had been approved for use by people's GPs. The providers homely remedy policy stated homely remedies were to be dispensed following consultation with a GP. We discussed our findings with the registered manager and senior nurse who ensured corrective action was taken immediately.
- Staff received medicine training and had their competency checked annually to ensure they were safe and competent to administer medicines to people.
- Nurses were trained to use specific supporting end of life pain relieving equipment when it was necessary to do so.
- Regular medicine management audits were completed to address any issues in medicine administration.
- The provider used an independent pharmacy to complete medicine audits. Any recommendations made by the pharmacist were taken up by the provider and action taken to address any shortfalls.

#### Preventing and controlling infection

- People commented on the clean and welcoming atmosphere at Bourne View Care Home. One person told us, "The home is very clean, they clean all day long... they clean my room very nicely for me" and "The home is spotless they are always cleaning."
- Measures were in place to prevent and control infection. Staff had received training and had access to personal protective equipment such as disposable gloves and aprons, these were worn appropriately.
- Infection control audits were completed and there were robust cleaning procedures and systems in place for all areas of the home. These procedures adhered to current infection control regulations.
- The laundry was well organised, clean and bright and had a clear dirty to clean work flow to reduce the risk of cross contamination. Staff spoke knowledgeably regarding processes that were in place to reduce the risk of infection for people.

#### Learning lessons when things go wrong

- There was a robust procedure in place for reporting, analysing and reviewing accidents and incidents. The process included details of any injuries, completion of body maps for people and detailed investigation records completed by staff and the investigating senior staff member. Monthly analysis was completed which included pictorial graphs which gave an effective method that highlighted any themes or trends. □

- Information regarding incidents and accidents was discussed with staff during daily handovers, staff meetings and staff supervisions. This ensured any potential learning from these events could be identified and shared with the staff team to ensure continual improvements in safety.

# 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 was the first inspection since the service was registered with us, we found this key question was rated as Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service had been specifically designed and built as a care and nursing home. It had been a finalist in a global interior design competition in 2019 for wellness and health care design and had also won a separate independent care home design award in 2020. The design of the premises provided enrichment and greatly benefited the lives of people living at Bourne View.
- People's health and wellbeing had been thoughtfully considered throughout the premises with communal areas being bright and airy with a good source of natural light and a high specification of furnishings throughout. The variety of outside areas, which included a rooftop garden, provided safe, easy access for all people. Comfortable seating areas were available throughout the home to enable people to spend time with friends and family or just have some quiet time by themselves.
- People spoke very positively regarding the premises, atmosphere and how it enriched their lives. Recent resident quality assurance questionnaires reflected these views. Comments included, "I was so relieved, I knew immediately it was the right place. The first thing you notice when you come in is the light, It's so beautifully light. I had a poor impression of care homes before, but here I am. Here it is light, airy and full of smiling faces" and "This is such a luxurious, comfortable environment. It's full of art works. I walked around and surveyed all the art and it took me a whole afternoon" and "Bourne View has exceeded my expectations. I have been looked after extremely well during my two week stay. The environment is such a high standard, luxurious, the atmosphere, the interiors just breath taking in quality and décor... that combined with the high standard of staff and their compassion, makes Bourne View in my honest opinion the most outstanding care home in the country."
- Communal bathrooms were spacious and equipped with fitted hoists to enable people to access the baths safely. One bathroom had been designed as a sensory bathroom. We were shown the bath could be used as a relaxing spa bath with bubbles, a choice of music and mood lighting displays.
- The home had a well-equipped hairdresser salon that included a separate body treatment room where people could have massages and health treatments if they wished.
- There was a range of different communal areas for people to use. These varied from quieter, cosy areas to larger television lounges or lounges for people to relax and enjoy each other's company. The home had a variety of eating areas including a café and a Bistro for people and relatives to use as they wished.
- People's bedrooms were highly personalised and included items and belongings that were of comfort to them. There were three styles of bedroom for people, from a standard room with en suite to a bedroom that incorporated either direct access to the garden or a small balcony and a suite that gave spacious accommodation for people.
- The premises had adaptations to ensure people with restricted mobility could be cared for safely. These included, lifts, hoists, bath lifts, stand aids, hand rails and grip rails. The provider employed a team of

maintenance staff who managed the day to day maintenance of the premises and grounds.

- There were separate areas on each corridor to store walking aids and hoists safely. This meant communal areas and walkways were kept free of clutter and enabled people to mobilise safely around the home.

Staff support: induction, training, skills and experience

- People and relatives told us they felt the staff were well trained and had the necessary skills to care and support them effectively. One person told us, "Staff are very skilful and look after me well." Another person said, "The staff are very well trained here. They can do the jobs very well."
- Staff spoke passionately about the induction they had completed when they started employment at Bourne View. The provider had opened Bourne View as a new home during 2019. Some staff had transferred to Bourne View from the providers neighbouring services and told us they found the induction, informative, energising and an excellent way of ensuring staff got to know each other well and work effectively as a new staff team together.
- The services clinical lead member of staff had won Care Home Worker of the Year at an independent newspaper's Proud To Care Awards.
- The provider demonstrated innovation in regard to their specialised training programme. The provider was supporting and sponsoring, selected staff to achieve a nursing associate role. One Bourne View member of staff had been selected for the programme. Once qualified, the nursing associates would be able to provide additional support for the nurses, management team and senior care leads. The role involved extensive study and had proved to be a challenging but extremely rewarding position. Staff showed genuine commitment and passion regarding the course and told us, "I love my job, this last year has been hard but very rewarding."
- Training was delivered through a variety of methods, which included electronic on-line training, face to face sessions and small group training for practical subjects such as how to mobilise people safely. The majority of core training courses was delivered on line, with staff being able to access their individual training programme at a time that suited them. Staff found this gave them the flexibility to complete their training when it suited them.
- One member of staff told us, "We do our core training through e learning (on line). I like that as I get the flexibility to do it when I can. It's brilliant, it's really effective and much easier for people to do constant, update training."
- There was a pro-active support and appraisal process for staff that recognised staff required continual development and support to achieve their best potential and ensure people received personalised, quality care and support.
- All staff told us they felt very well supported with their regular supervision sessions and annual appraisals. Supervisions and appraisals allowed staff to reflect on their roles and encouraged and supported them in their development and learning. One member of staff said, "We are normally told what training is available, if we are interested in a specific subject, they would always support you to develop. They are very good with my supervisions... I feel very supported, they are all very easy to chat to and very friendly. If I have a problem it makes such a difference to get listened to, they are always there for us."

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

- People told us they really enjoyed their meals which were home cooked and planned to ensure people received a choice of healthy, nutritionally balanced food. Every person we spoke with gave very positive views regarding their meals. Comments included, "I do enjoy the food here and they will make me something special if I want it...drinks and snacks are always available", and "I do like the food here, and they offer a good range of choices, staff are available at all meal times" and "Their meat is always nice and tender, it's lovely."
- We observed two main meal times during our inspection. Meal times were a social occasion, relaxed and friendly with people choosing where they wanted to eat their meals. Tables were attractively laid out with

tablecloths, flowers and place settings. People sat with family and friends or on their own table if they preferred. People's choices were respected if they wished to eat their meal in private and received their meals at the same time as people in the dining room.

- People had a choice of drinks which included a choice of alcohol or soft drinks and fruit juices. We spent time talking with the chef who knew people well. The chef met with each person and spoke knowledgeably about people's individual food likes and dislikes and how people needed supporting to eat their food safely.
- We observed people were gently encouraged and supported to eat and drink. Care plans reflected clear guidance about any specific support people may need. For example, coloured and lipped plates were used which helped people to continue to eat independently which was important for their sense of well-being.
- Throughout the home there were pastries, cakes, snacks and fruit available. People could help themselves or ask staff to support them. There was a variety of freshly made smoothies and milkshakes available which people told us they really enjoyed and provided a tasty way of fortifying people's calorie intake where appropriate.
- For people who liked to eat later in the evening there was a 'night owl' service that provided a selection of snacks and sandwiches for people.
- People were supported to receive appropriate nutrition. If required, referrals were made to appropriate health professionals for further advice and guidance. For people who were at risk of choking, external health professionals had been consulted and their advice and guidance closely followed. For example, some people required a soft food diet or had to have their drinks thickened to ensure they could eat and drink safely.
- People had their weight recorded regularly and records showed where people had been at risk of malnutrition, professional advice had been sought promptly. Where required people had been successfully supported to increase their weight to a healthy level. This had been done by careful management and monitoring of their meals, fortified diets and the addition of appetising home made smoothies, milkshakes and snacks.

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

- Comprehensive, person centred assessments were carried out before people moved into Bourne View. This ensured the service was suitable for people and their care and health needs could be met.
- Care and support plans were regularly reviewed and updated in consultation with people, family and health professionals when appropriate. People and their families were asked about their lives, what they enjoyed, what was important to them and how they wished to receive their care.
- Assessment and screening tools were used and reviewed to monitor people's changing health needs, to ensure they received effective care.
- People's care and support was planned and delivered in line with current legislation and good practice guidance. Assessments were unique to each person and contained personalised information and guidance which included their cultural, religious, spiritual and lifestyle choices that reflected people's preferences and wishes.

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

- There were systems in place to monitor people's on-going health needs. A variety of specialised professionals supported people at Bourne View Care Home and worked closely with staff. Effective working relationships had been built between staff and these professionals who were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure they received the right healthcare.
- People were referred to appropriate health care professionals such as, GP's, speech therapists, opticians, podiatrists, physiotherapists, dieticians and specialist health services when they experienced difficulties or had a decline in their health.

- Staff told us how they had overcome challenges with some GP's not coming out for requested visits and sending Nursing Practitioners in their place instead which could lead to a delay with prescriptions. The management team had worked hard to establish good working relationships with all GP's and had overcome this challenge.
- The provider employed an Admiral Nurse to work across their specialist dementia homes. Admiral Nurses are specialist dementia care nurses who give practical, clinical and emotional support to families who have relatives living with dementia. Bourne View was not a specialist dementia home, however the registered manager explained they were able to call on the support and experience of the Admiral Nurse if people in their care developed early stages of dementia and they needed their expertise.
- Staff spoke knowledgeably about people's health needs and recognised the importance of being proactive in seeking guidance and support from health professionals.
- People had emergency transfer information forms completed for them. These documents contained summarised relevant information regarding each person to ensure they were cared for safely should they need to go into hospital or move to another service.

#### 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 authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where there were restrictions on people's liberty, these had been authorised or applications were being processed by the local authority.
- One person told us, "The staff do seek my consent." A relative said, "The staff ask Mum before they do any treatments on her."
- The service worked within the principles of the MCA. People's care records continued to identify their capacity to make decisions. People had been involved with and had signed their care records to show they consented to their care and support.
- Staff had received training in The Mental Capacity Act 2005 and spoke knowledgeably regarding how it applied to the people they supported at Bourne View Care Home.

# 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 was the first inspection since the service was registered with us, we found this key question was rated as 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

- People and relatives spoke warmly of the staff team and described them as, "Very caring, lovely, supportive, kind and respectful." Comments from people included, "Very caring staff, they support me properly... I am treated with respect and they call me by my first name" and "The staff are very kind and caring towards me" and "The staff are lovely here, very supportive and kind."
- A health professional told us, "I am impressed by the level of service that is offered to residents at Bourne View. The carers in particular are very polite... they give me the impression that nothing is too much trouble when assisting residents."
- Staff spoke knowledgeably about people and how they preferred to receive their care and support. People were offered choice around how they wished to spend their day. Staff respected people's preferences and supported them to do what they wanted, how they wanted, when they wanted.
- Staff were motivated and passionate about their role and offered care and support that was caring and kind. Throughout the inspection we observed staff treated people with kindness, warmth and patience. Staff knew people well and were attentive to their individual needs.
- The provider ran, 'Cherishing You' which was the providers promise that underpins the values and culture which staff embraced within the service. These values are kind, friendly, honest, individual and reassuring. Staff were encouraged to respect and incorporate the values in their day to day support and care of people and each other.
- Care and support plans included a document 'All About Me', this ensured people's emotional, spiritual, religious beliefs and physical needs were highlighted to ensure care delivery reflected what was important to people and to maintain their independence and live as active a life as possible.
- Staff received training in equality and diversity and spoke knowledgeably about respecting people's life choices and respecting their views.

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

- People and relatives told us they were fully involved in decisions regarding ongoing care and support. One person told us, "I am encouraged to be independent, but I am unsteady on my feet." Another person said, "Staff are very respectful at all times and do encourage me to be independent to the best of my ability."
- One relative told us, "I was involved in Mum's care planning and they keep me informed of any changes."
- People's care and support records showed they and their relatives took an active part in their care planning. These were person centred and covered people's life histories and all areas of how they wished their care and support to be given. This ensured people's preferences were adhered to and allowed staff to share information that was important to people, so they could get to know people well and talk to them

about events that had been important and joyful for them, to increase their sense of well-being.

- People were supported to put forward their views through a number of different ways, these included, regular resident and relative meetings, resident and relative survey's which included a first impression survey, an independent adult social care website and the providers 'You said, we did' scheme. These showed people were listened to, queries or problems investigated and corrective action put in place.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respected their privacy. One person told us, "The staff are very good, and we have a laugh between us. I am always treated with respect and they do look after my dignity at all times." Another person said, "They are very respectful towards me and take a lot of trouble to protect my dignity."
- One relative told us, "Mum's dignity was protected at all times."
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to share and express their views. We observed people were treated with dignity and respect by a consistent staff team who knew them very well.
- Care and support plans reflected people's preferences and choices and encouraged people's independence. For example, one person's care plan stated, "[Person] may experience anxiousness, [person] knows to press their pendant if needed to call staff."
- People's privacy was respected. Staff knocked before entering people's bedrooms to maintain their privacy. Staff gave good examples of action they took when mobilising people to ensure they retained their privacy and dignity.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

# Is the service responsive?

## Our findings

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

This was the first inspection since the service was registered with us, we found this key question was rated as 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

- Staff had a good understanding of people's individual needs and provided personalised care and support. People and relatives were happy with the level of care and support provided by the staff at Bourne View. One person said, "They know how I like things done and take care to get it right." Another person said, "I use the visiting GP and I am happy with that."
- One health care professional told us, "There are enough staff around and they have a full knowledge of treatments people need, communication is good." Another visiting health care professional told us, "Staff have listened to us and have correctly and consistently followed our advice. They definitely know their residents and how to manage their needs...we are very happy with the service they provide."
- People's health needs were effectively managed by the staff at Bourne View Home. People's health concerns were correctly escalated to the most senior Nurse, if appropriate these concerns were then raised with the local GP surgery or specialist health professional. In the event of a fall or serious injury referrals to the relevant emergency service or hospital were made.
- The provider used assistive technology to ensure people received responsive care and support. These included sensor beams, alarm mats and mattress sensor's which alerted staff when people got up from their bed or left their bedroom. This meant staff could ensure they were within sight of people to support them to mobilise and prevent the risk of falls. People also made use of a pendant alarm they could wear which worked around the premises and grounds, once pressed the alarms alerted staff that people needed assistance.
- Care and support plans provided detailed, person centred information for staff to ensure people received care that met their needs. Care and support plans were reviewed and updated regularly with changes in people's health and well-being recorded and shared with staff.
- Daily interventions were recorded for each person. The entries reflected all the action and interventions the staff had supported each person with and gave a clear record of events or incidents and action taken as appropriate.

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 their carers.

- The service met the AIS. People's communication needs were identified, recorded and reviewed in their care and support plans.
- The service had a hearing loop installed on the reception desk. This helped people with impaired hearing.

The registered manager told us they could get large print books from their local library if people were sight impaired.

- If people needed to be admitted to hospital, their communication needs were shared with the relevant health professionals.

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 'Colten companions' who were staff employed to support people to take part in and enjoy, activities both within the home and outside in the community. One member of staff told us, "Our residents have mixed abilities, we try to accommodate all people and tailor our activities to what the residents like to do."
- There was a full and varied schedule of activities people could take part in if they wished. The provider had their own mini bus that was used to take people to places they enjoyed. Daily activities formed a large part of people's lives and included, visits to the theatre, cinema, pubs, trips to the forest and beach and garden centres. Staff had arranged for people who enjoyed tennis to watch the tennis games at a local tennis club.
- The service used a range of independent entertainers which included, singers, quizzes and visits by pet therapy companies. People could also take part in armchair games, Yoga and gentle keep fit, flower arranging, jewellery making, cookery, arts and crafts and board games and knitting. During our inspection a mobile skittle alley had been hired and people were looking forward to having a game of skittles. One person told us, "I like the activities, I like playing skittles."
- Comments from people included, " I do enjoy the activities they put on here" and "I do like the activities here very much, they also have a mini bus to take us out from time to time" and "I enjoy the activities, they do make sure I can take part in them."
- The service completed a resident of the day scheme this included staff supporting people to make a special wish come true for them. Staff told us about the wide variety of wishes that people had achieved, these ranged from musical and theatre trips to arranging for a horse to visit the service as one person really missed seeing and touching horses. One member of staff said of a recent theatre trip, "They all had a really good time, they love going out in the evening with their glass of wine and having a great evening out. We are hoping to arrange a visit to 'Strictly come dancing' they would love that."
- Friends and relatives were welcomed at the service at any time and people were supported to maintain relationships that were important to them to avoid any risk of social isolation.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints policy and people and relatives told us they knew how to make a complaint and were confident any concerns would be addressed. One person told us, "I would speak to the top person if I had any worries at all" another person told us, "Any problems I would speak to a nurse and then the manager until it was sorted."
- The provider had received one complaint since registering in 2019. The complaint had been investigated and resolved in accordance with the providers complaint policy.
- People and relatives were encouraged to have their say about the service they or their relative received, this ensured any improvements or concerns could be raised, lessons learned, and practical solutions implemented.

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our inspection. However, we were able to review records relating to end of life care at Bourne View.
- People were supported at the end of their life to have a comfortable, dignified and pain free death. Wherever possible people were able to remain at the home and not be admitted to hospital.
- Clear, advance care plans were in place and people's wishes had been recorded and respected.

- Nurses confirmed anticipatory medicines were ordered and kept in stock for when needed for people receiving end of life care. Nurses were trained and competent to use specialist end of life equipment to ensure people were kept free from pain.
- The provider ran their own three tiered End of Life Care training programme for staff, to build awareness and confidence for staff when supporting people and families at this difficult time. There was an end of life working group who met regularly where staff could share experiences and good practice. The programme also covered practical support for when people are at this stage of their lives for example, the implementation of End of life care comfort bags for people to use which included lip lubrication, and the use of forget me knot flower sign to provide a discreet and respectful way to identify a person has died.
- An after death analysis was completed which gave staff time for reflection, and enabled a review of a person's death and evaluate what went well and what could be improved on. Staff were supported well, during and after providing care and support for people at the end of their lives.
- There were bedrooms available that enabled relatives and families to stay the night when their relative was nearing the end of their life. This provided comfort and support for people at this difficult time.

# 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 was the first inspection since the service was registered with us, we found this key question was rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

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

- Every person, relative, staff member and health professional spoke positively regarding the registered manager and their team. One member of staff told us, "We are very professional, we know what we have to do and our boundaries. The management team are approachable, any issues we always chat. The manager is very friendly and always walks around and is visible. I feel very supported, they are great for me." Another member of staff said, "They have all been amazing, they really support us and would step in our place whenever needed. All friendly and chat through any issues, no worries or fear it's an open-door policy and it's always open, I'm very supported."
- We asked people if they felt the service was well managed, replies included, "This home is well managed, the manager is very kind to me" and "The home is well managed at all times" and "The home must be well managed, it runs very nicely." A relative told us, "Very well managed home. I would recommend it" and "All staff get on well together, there is a very happy atmosphere."
- Feedback from a health professional confirmed the management team provided good leadership with effective, supportive relationships between the staff team.
- The service had a motivated, committed staff team who spoke passionately about their roles. Staff told us they felt very well supported in all areas of their employment by a management team who were approachable, supportive, open and professional.
- The service had a positive, open, person-centred culture. People and relatives commented on the friendly, approachable style of the management team and their staff.
- The duty of candour was understood by staff and managers. The registered manager promoted a culture of learning and openness. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to treatment and care.

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

- There was a clear management structure in place. Staff spoke knowledgeably about their responsibilities within their role and told us they all worked very well together as a team. They were confident in the quality of care and support they were able to offer people. The registered manager told us, "I'm proud of the staff and our clinical lead winning Care Home Worker of the Year. I feel we have empowered our residents, they are very much involved in making decisions in the home."
- There were effective systems in place to ensure views from visiting health professionals, people, relatives

and staff were fully considered and acted upon.

- There was a robust schedule of audits in place to ensure the quality of service was maintained and any shortfalls identified and acted upon.
- Notifications to CQC as required by the regulations had been appropriately made.

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

- There was a system of annual quality assurance questionnaires in place for obtaining the views of the service from people, relatives and health professionals. Results from these questionnaires were analysed and any areas of weakness or concern identified and acted upon.
- The registered manager shared recent feedback from some completed quality assurance questionnaires. The responses were very positive and reflected people were happy and content living at the home. Comments included, "I was received with warmth, consideration and care in a way which quite surprised me, I'd say it was almost love, how people can be so kind. That's true from the cleaner to the manager and all the nurses, carers and kitchen staff."
- Staff demonstrated how they listened to the views of relatives and people's needs, highlighting the main concerns and encouraging them to share their views. This enabled people to feel empowered in the running of the home.
- The provider ran a 'You said, We did' programme which encouraged people to put forward their views and they would be addressed. Examples of these included, "You said Colten Companions should include more exercise-based activities. We provided armchair aerobics and yoga" and "You said some menus were limiting and confusing. We have modified the menus available for residents and will continue to review regularly and ask for suggestions for menu choices."
- People were respected as individuals. Personalised care and support plans included their equality characteristics such as, gender, age, religious beliefs and disability. Staff were treated equally and completed equality and diversity training.
- The provider published a quarterly newsletter publication, 'Colten Chronicle' which provided people and relatives with details of news and events from across the Colten Care services.
- The service used the public review website [www.carehome.co.uk](http://www.carehome.co.uk) which gave the service a rating of 10/10 with positive comments on the service and a score of 5 out of 5 from 25 positive reviews since the home opened.
- There were regular team meetings that encouraged all staff to put forward their ideas and views. Daily 'ten at ten' meetings between senior staff from each department promoted good communication. Staff told us communication was good and they felt comfortable to raise any ideas or concerns at the meetings. Staff said they felt supported and listened to. Meeting minutes were clear, detailed and made available for all staff. This ensured any staff that had been unable to attend had sight of the discussions that had taken place.

Continuous learning and improving care

- The registered manager and staff team had a strong commitment to learning and making improvements to the service people received. There were systems in place to ensure learning from incidents and accidents took place and appropriate changes implemented in a timely way.
- Information regarding incidents and accidents was discussed during staff meetings and handovers. This ensured information regarding lessons learned could be shared and proactive action put in place where possible.
- There were robust governance systems in place with a variety of spot checks, informal inspections and observations regularly completed. There were a number of different audits completed to ensure the provider and registered manager had clear oversight of the quality of care and support provided to people. The audits covered a range of high-risk areas and included amongst others, nutrition, the environment, call

bell response times, infection control and skin integrity. Audits also included speaking with people and staff to seek their views and look for any improvements that could be made. Any shortfalls identified during audits were investigated and action plans drawn up to enable ongoing review and ensure corrective action was implemented.

#### Working in partnership with others

- The service worked collaboratively with all relevant external stakeholders and agencies. Specialist, timely advice had been sought from a range of healthcare professionals which included dieticians, speech and language therapists, physiotherapists and tissue viability nurses.
- The home regularly received local nursery and pre-schools in for visits. Staff told us the people had loved having the children to visit and it really lifted people's moods and sense of well-being. They also provided meeting rooms for local independent schools to use if they were struggling with running events due to a lack of space in their own premises.
- Staff told us how they had supported one person to be reunited with their church which enabled them to re-establish links with friends they had lost touch with and improve their sense of health and wellbeing. The vicar was also now visiting them regularly.
- The registered manager told us they had identified people experiencing loneliness within the local community, so they developed, 'Teas in the Trees'. The third Thursday of each month, people and residents from the local community were invited to the rooftop terrace café for tea, coffee, cake and dancing. This meant people were able to make contact with people of their own age on a regular basis which benefited their health and well being and helped combat the feelings of loneliness.
- On the first day of our inspection the service was holding a breakfast meeting event for local businesses. This had been well attended with approximately 40 local companies attending. The registered manager told us this was the second event they had held and the feedback had been very positive.
- The registered manager kept up to date through attendance at their local and national provider run events and meetings. Attendance and interaction at these events allowed valuable sharing of good practice and an opportunity to discuss different ways of caring and supporting people for everybody's benefit and well-being.