

Boroughbridge Manor Limited

# Boroughbridge Manor and Lodge 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

Boroughbridge Manor and Lodge Care Home is a residential care home that was providing personal care to 73 people. The service can support up to 77 people in one adapted building and over three floors. Some parts of the service specialise in providing care to people living with dementia.

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

We could not be confident people always received their medicines as prescribed because records were not fully completed. The provider had not ensured there was a staff member available who had emergency first aid training to support people in the event of an emergency. People told us they did feel safe.

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

We have made a recommendation for the provider to ensure mental capacity assessments and best interest decisions are completed in line with the legislation.

People generally told us they enjoyed the food on offer. People had access to health and social care professionals. Although staff received supervisions and felt well supported, they had not always received specialist training or inductions when they started.

Staff were kind and caring in their interactions with people and upheld their dignity and respect.

At times staff worked in a task orientated way. People told us it was difficult to tell staff what they needed due to their understanding of English. Information about people's end of life wishes was not always in place. Care plans were in place which guided staff on how to meet people's needs. A variety of activities were available for people to access.

Checks were completed of the quality and safety of the service, but these had not effectively highlighted the issues we found during this inspection. There was no system in place to look at the overall picture of accidents and incidents within the service to drive improvements.

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 the last inspection

At the last inspection the service was rated Requires Improvement (report published in April 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified a breach in relation to the governance of the service at this inspection. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received 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 not always 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 not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Boroughbridge Manor and Lodge 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. This inspection was planned to check 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.

#### Inspection team

The first day of inspection was carried out by two inspectors, an assistant inspector and two Experts 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. The second day of inspection was undertaken by an inspector and an assistant inspector.

#### Service and service type

Boroughbridge Manor and Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 (CQC). 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 first day of this inspection was unannounced. We told the provider we would be visiting on day two.

#### What we did before the inspection

We reviewed information we had received about the service from the provider since the last inspection, such as notifications which the service is legally required to send us. We received feedback from the local

authority. We used the information the provider sent us in the provider information return. This is information we require providers to send us, when requested, to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 13 people who used the service and seven relatives or friends. We spoke with nine members of staff which included the registered manager, deputy manager, area manager, senior care assistants, care assistants and the activities co-ordinator. We reviewed a range of records for ten people. We reviewed multiple medicine administration records. We looked at a selection of records relating to the recruitment and support of the staff team and the management and running of the service.

#### After the inspection

We received a range of information relating to the running of the service and confirmation of the actions taken since our inspection.

# Is the service safe?

## Our findings

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

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

- We could not confirm people had received their medicines and creams as prescribed because records were not fully completed. For example, one person was prescribed creams for their legs. There was no record this had been applied for up to two weeks prior to the inspection.
- Where people refuse their medicines, due to confusion, it can be agreed by professionals to put them covertly in their food or drink. This is to ensure they receive critical medicines. Staff did not have clear directions about how and when to do this. Following our inspection, the registered manager provided evidence to show covert medicines were being given safely.
- Medicine checks had not picked up and addressed all the issues highlighted above.

We found no evidence that people had been harmed because of these shortfalls. However, the recording of medicines was a breach of regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- People were at risk of not receiving appropriate emergency support because some staff had not been trained in first aid. The provider had failed to ensure a staff member with this training was available on each shift. Following our inspection, the registered manager confirmed this training had been arranged.
- Staff were familiar with people's medical conditions and knew how to support them. However, records did not always contain detailed information about the person's condition and signs for staff to be aware.
- Risk assessments were completed to enable staff to understand how to keep people safe. These were reviewed to ensure they reflected people's current needs.
- People and their relatives told us they felt safe. A relative stated, "[Person] is safe and that is peace of mind."

### Learning lessons when things go wrong

- Accident and incidents were recorded for people and appropriate follow-up actions were taken including contacting medical professionals. However, the overall picture of accident and incidents for the service had not been reviewed. Please see the well-led domain for more information.

### Staffing and recruitment

- There was enough staff to safely meet people's needs, but people told us that staff sometimes seemed rushed.
- The provider operated safe recruitment processes.

#### Preventing and controlling infection

- The service was clean and smelt fresh throughout.
- Staff had undertaken infection control training. There was plentiful access to gloves and aprons which staff wore when supporting people to help prevent and control the spread of infections.

#### Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy and procedure in place and staff understood their responsibility to report any concerns.
- Safeguarding concerns had been shared with partner agencies where required.



# 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.

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

- Although professional support and advice helped guide staff, they had not received training in people's specific health conditions. The provider and registered manager agreed to review the specialist training available to staff. Staff had completed other training to enable them to fulfil their role including moving and handling and equality and diversity.
- New staff had not always completed probationary reviews of their performance. Inductions were completed, which included shadowing more experienced staff. One person's induction paperwork had not been completed, which we highlighted to the registered manager.
- Staff felt they received enough support through regular supervisions from their manager and an annual appraisal of their performance.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Whilst some capacity assessments had been undertaken, these were not in place for all the areas required, such as people's understanding about the support they required. Best interest records were completed but did not always show people important to the person had been included in the decision.
- Appropriate DoLS applications had been made.
- Staff asked people's consent before providing care.

We recommend the provider reviews people's documentation about their mental capacity to ensure they are acting in line with legislation.

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

- The majority of people told us they enjoyed their food. One person stated, "The food they give you here is lovely. I can't fault it." The management team had made changes to the catering and planned to continue developing this.
- People were provided with a variety of foods and refreshments throughout the day which were adapted to meet their preferences and dietary requirements.
- People's food and drinks were monitored if there were any concerns about their intake or weight.

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

- People's bedrooms were comfortable and personalised according to their taste and interests.
- Consideration had been given to the needs of people living with dementia. Signage and memory boxes were in place to help people find their way independently.
- People could move around each floor freely. There was access to a secure garden which relatives and staff supported people to access.

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

- People had 'Health Passports' which provided key information about them should they need to be cared for in a different environment, such as hospital. These were not always up to date. The registered manager agreed to ensure these were regularly updated.
- People saw health professionals including GP's, district nurses and the community mental health team. A relative told us, "The staff are sharp on noticing anything that is wrong."

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

- People's needs were assessed before they moved to the service, to ensure the environment was suitable for their needs.
- Staff sought the guidance from healthcare professionals to help with planning and delivering people's care.

# 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.

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

- Staff were kind to people. Staff lowered themselves to talk with people at eye level and placed a reassuring hand on top of a person's shoulder. People talked and laughed with staff and were comfortable with them.
- People and their relatives told us staff were caring in their approach towards them. A relative commented, "I think the staff are very caring. I watch them when I come in, like they will give her a peck on the cheek which she likes and hold her hand and the way they speak to her is nice and respectful but friendly too."
- People's relatives and friends were encouraged to visit and had access to refreshments. A relative told us, "The staff seem to go out of their way to be helpful, cheerful and friendly all the time."
- People were treated as individuals and information about people's gender, race and religion were recorded.

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

- Advocacy are independent organisations who support people to make decisions and express their views. People had access to the support of advocates and the registered manager understood in what situations they may be required.
- Information was available about how people communicated. This enabled staff to support people to make day to day decisions about their life.

Respecting and promoting people's privacy, dignity and independence

- People who used the service and their relatives told us staff treated them with dignity. Comments included, "I am treated with respect always by all the staff, I don't have any complaints they go out of their way to help you" and "I feel quite at home with them, they treat me like a friend and never say anything that belittles you."
- Staff supported people to be independent through prompts and guidance and encouraged people to continue doing what they were able to themselves.
- Staff interactions with people were respectful and staff were mindful to protect and promote people's dignity.
- Information was securely stored to maintain people's confidentiality.

## Is the service responsive?

### Our findings

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

People's needs were not always met.

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

- People told us they had difficulties communicating with some staff. This prevented them from being able to tell staff what they needed. For example, one person stated, "I find the carers communication difficult due to language problems. They are lovely but hard to communicate with. I think they too find communicating with me difficult. I have to try to use different words to explain what I'm trying to say." The management advised language ability was assessed during recruitment and induction but agreed to undertake further work in this area.
- Staff were not always well organised and some people felt they were focused on tasks rather than them as individuals. A person stated, "Staff think having a tidy bed is more important than sitting and talking to me.". The management team had identified this as an area for development and were actively supporting the staff team.
- Care plans were in place and detailed the type of support people required. They also guided staff on how to meet their needs and preferences. A relative told us, "When [person] came in here they assessed their needs and capabilities, and how best to help keep them occupied. They did a care plan for this and it will get reviewed again. I've every confidence they're getting the care they need."

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

- A variety of activities were available which included arts and crafts, dominos and performers. We listened to a singer with some of the people who used the service. People smiled and sang whilst others danced with staff. A person who used the service told us, "There is a good activity coordinator, she makes sure somethings going on all the time."
- A minibus had been purchased by the service and two trips a month were being arranged. Recent trips included visits to 'Eden Camp' and York Railway Museum.
- Church services were held for people who wished to join in with these.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication and sensory needs were assessed when they moved into the service. This included information about sight, hearing and level of understanding. We heard staff adapt the way they spoke to a person. For example, ensuring they were speaking clearly and straight on to a person with a

hearing impairment.

#### End of life care and support

- People's end of life wishes had not always been explored or documented to ensure they received support in the way they wanted. This was highlighted to the registered manager who agreed to address this.
- Staff knew to respect people's religious beliefs and preferences. They worked closely with professionals to provide dignified care to people approaching the end of their lives.

#### Improving care quality in response to complaints or concerns

- A complaints procedure was displayed within the service. One formal complaint had been received which had been responded to appropriately.
- People and their relatives told us they felt confident to raise any concerns.
- Thank-you cards were on display. One card said, 'Thank-you for all your kindness and the wonderful hard work and taking care of our mum whilst she stayed at Boroughbridge Manor. We are grateful to you all for the wonderful care you gave to her.'

# 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.

Service management and leadership was inconsistent. The leaders and checks in place 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; Continuous learning and improving care

- Audits and checks of the service had not always highlighted or addressed issues that could affect the quality and safety of the service. This included issues with some of the records relating to medicines, mental capacity assessments and people's end of life wishes. The systems had not identified that staff had not undertaken first aid training and that people were finding it difficult to communicate their needs to staff. This presented a risk that people's needs and preferences would not be met.
- A system to look at the overall accidents and incidents within the service was not in place. This information can help providers to look at trends and actions they can take to address these.
- Although actions had been taken to address some of the points raised during our inspection, this was reactive as opposed to proactive.

Systems in place did not effectively review safety and quality. People were at risk of harm or receiving poor quality care because of this. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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

- People and their relatives provided positive feedback about the service. Comments included, "My mum is in here and I couldn't have wished for a better place" and "Are you doing an inspection? I just want to tell you I think this is a wonderful place."
- The management team worked shifts on each floor to enable them to observe and support staff practice.
- The registered manager made efforts to ensure their knowledge was up to date.
- Staff spoke told us they felt well supported and could talk to their managers. A member of staff told us, "The management have supported me and given me time to learn."

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 shared information openly with other agencies and people and their relatives. Concerns were thoroughly investigated

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team held a series of staff meetings to share information about the needs of the people

they supported and learning from incidents.

- Good links had been established with the local community. This included visits from children who attended the local primary school visit, churches and the library.
- People could provide feedback, which was used to improve the service. One person told us they suggested digital clocks may be easier for people to read and these had been introduced.

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 17 HSCA RA Regulations 2014 Good governance  Systems did not effectively highlight areas of safety and quality which required improvement.