

HC-One Oval Limited

# The Borrins Care Home

## Inspection report

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Date of inspection visit:  
19 February 2019

Date of publication:  
27 March 2019

## 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

About the service: The Borrins Care Home is a 25 bedded residential care home for older people and people with physical disabilities. At the time of our inspection there were 19 people using the service.

People's experience of using this service:

At our last inspection in August 2017 the service was 'good' in all of the key questions and 'good' overall. Since then the service had been taken over by a new provider HC-One Oval Limited who were trying to sell the home.

At this inspection we found the service had deteriorated to 'requires improvement' in four of the key questions and 'requires improvement' overall.

There were not enough staff to keep to people safe and meet their care needs. Staff were not always available to provide the necessary supervision to people who were at risk, for example, of choking or falling. The lack of staff also impacted on the activities programme as the activities co-ordinator was frequently providing personal care.

Staff training was not up to date and staff did not feel supported and told us staff morale was poor. Staff supervisions and appraisals were not up to date.

Staff were recruited safely. People using the service and relatives spoke well of the care staff and told us there was a nice friendly atmosphere in the home.

Some improvements need to be made to ensure medicines were managed safely and available to people as prescribed.

People who used the service were very complimentary about the meals. The chef was very aware of people's individual preferences and catered for these.

Care plans for people using the service were in the process of being up dated. Some information did not reflect people's current needs and the support they required from staff. Risk assessments were in place but action had not always been taken to reduce or eliminate identified risks.

Appropriate referrals were being made to the safeguarding team when this had been necessary.

There was a complaints procedure available which enabled people to raise any concerns or complaints about the care or support they received.

Audits and checks were carried out, however, these were not always effective in identifying areas which needed to be improved.

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.

More information is in the full report.

Rating at last inspection:

Good (report published 25 August 2017).

Why we inspected:

This inspection was brought forward due to information of concern. We had received eleven notifications since the last inspection regarding people developing pressure ulcers. We had also received concerns there were not enough staff on duty to make sure people's needs were met.

Enforcement:

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around staff training and support and governance. Details of action we have asked the provider to take can be found at the end of this report.

Follow up:

As the service has been rated 'requires improvement', we will request an action plan from the registered provider about how they plan to improve the rating to Good. In addition, we will continue to monitor intelligence we receive about the service until we 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** ●

# The Borrins Care Home

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

The inspection was prompted in part by the number of notifications we had received in relation to people who used the service developing pressure ulcers and concerns there were not enough staff on duty.

#### Inspection team:

The inspection was carried out by one adult social care inspector, one assistant inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

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

#### Notice of inspection:

The inspection was unannounced.

#### What we did:

We reviewed information we had received about the service since the last inspection in August 2017. This included details about incidents the provider must notify us about and information from the local authority. We used this information to plan our inspection.

People using the service at The Borrins were not all able to fully share with us their experiences of using the service. Therefore, we spent time observing staff with people in communal areas. We spoke with seven people who were using the service, three relatives, five care workers, one chef, a member of the tissue viability team, the registered manager and the area quality manager.

We reviewed a range of records. These included four people's care records and medication records. We also looked at three staff files around staff recruitment and the training records of all staff. We reviewed records relating to the management of the home and a variety of audits implemented by the provider.

# Is the service safe?

## Our findings

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

Requires Improvement: 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.

Assessing risk, safety monitoring and management

- Not enough was being done to manage risks to people who used the service.
- One person who used the service was at risk of choking. At breakfast and lunch time staff were not always present in the dining room to provide support. This person was coughing whilst eating and drinking at both meals.
- Another person who used the service had fallen outside of the kitchen. They had cut their head and been taken to hospital. The action stated to prevent this happening again was, 'Continue to observe when resident is mobilising alone, remind to use zimmer.' However, as staff were not present in the communal areas all of the time, this was not happening. We concluded the necessary supervision was not being provided because there were not enough staff.

Staffing and recruitment

- There were not always enough staff to provide people with safe care and support. Staff told us there were not enough staff on duty during the mornings. This was confirmed by our observations. People who used the service and relatives made the following comments, "There's not enough staff. Staff are pushed to the limit." "There's not enough staff, people have to wait for lifts [hoists]."
- There was only one senior care worker and two care workers on duty during the mornings. There were 19 people using the service, eight of whom needed the assistance of two care staff to meet their needs.
- When two local authority contract and quality assurance officers visited in November 2018, they advised the registered manager should review dependency levels with staffing numbers as there were a number of people cared for in their rooms. No changes to the staffing levels were made.
- Since January 2018 we had received 11 notifications about people who had developed pressure ulcers. The registered manager had investigated the development of the most recent pressure sore. Their report identified the need for more staff to ensure service users care needs were met. The provider had not increased the staffing ratios in response.
- The registered manager told us they had asked for additional staff but the provider had advised them there were enough staff based on the clinical risk register.
- Following the inspection the registered manager contacted us to tell us the provider had agreed to increasing the care staffing levels in the mornings to four.
- Staff were recruited safely and all the appropriate checks were carried out to protect people from the employment of unsuitable staff.
- People were supported by a consistent team of staff.

Using medicines safely

- Medicines were not always managed safely. One person had been without their antihistamine medicine for four days and no one had reordered more tablets.
- One person had been prescribed tablets for pain relief, when needed. There were no details on the medication administration record (MARs) of how many tablets were in stock. When we checked we found the box in use had 16 tablets and had been dispensed in October 2018. There were two further boxes each containing 28 tablets in the 'stock' cupboard. These had been dispensed in November 2018 and January 2019.
- We would recommend the systems for ordering medicines are reviewed to ensure appropriate stocks of medicines are available.
- Another person liked to have their tablets crushed, but no checks had been made with the pharmacist to make sure it was safe to do this. Following the inspection the registered manager told us the antihistamine medicine had been obtained. They had also contacted the pharmacist who had advised the medicines in question should not be crushed. The registered manager was making arrangements with the GP to get the medicines in liquid form.
- One person who used the service told us, "If I ask for paracetamol I get them."
- Senior care workers who had responsibility for administering medicines had been trained and checks had been made to ensure they were competent.
- Staff were patient and encouraging when giving people their medicines.
- Staff had completed Medication administration records (MAR's) appropriately to show medicines had been given as prescribed.

#### Preventing and controlling infection

- The home was clean and tidy. However, there was an unpleasant odour when we entered the building and on the landing upstairs.
- Staff had gloves and aprons available and were using these appropriately. In two of the bathrooms we used the paper towels had been incorrectly inserted into the dispensers, so they could not be used. This meant people could not dry their hands after washing them.
- The food standards agency had awarded the kitchen five stars for hygiene in June 2018. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

#### Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may have helped to prevent a reoccurrence. However, the action identified was not always put into practice. For example, additional supervision from staff.

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

- People were protected from any form of abuse or poor treatment. People who used the service told us, "I feel very safe, it's the whole way that people look after you." "Yes I feel safe there is always someone popping in." A visitor said, "[Name] is safe here, I got my [relative] back, they are not frightened any more."
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted upon to make sure people were protected from harm. Staff we spoke with understood their role in protecting people from abuse and knew how to raise concerns both within their organisation and beyond, should the need arise, to ensure people's rights were protected.
- The premises and equipment were well maintained to help ensure people were kept safe. Regular checks were undertaken in relation to the environment and the maintenance and safety of equipment. However, staff reported the dishwasher in the kitchen was continually breaking down. This meant they were not always able to use it to wash the crockery and cutlery. The provider told us, after the inspection, the



dishwasher had been replaced with a new one.

- Staff held practice fire drills to check they knew what to do if they needed to evacuate the home in an emergency. Personalised plans were in place to guide staff and emergency services about the support people required in these circumstances.

# 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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff training was not up to date. The training matrix showed staff had not completed the 'healthy skin module.' Training for staff had not been organised after the first pressure sore had developed in January 2018. The tissue viability nurse had delivered training to all staff, just prior to our inspection. They had organised this training on a number of occasions but it had been cancelled each time. Staff told us this training had been very informative and had given them a better understanding. Their comments included, "It taught us a lot. The different layers of the skin and it was really informative. We do know what to do. If it does not blanch, there could be something more sinister underneath. We pay more attention. We used to pay attention but I think I have a better idea of what is actually going on."
- Staff were supporting people with their continence needs, but had received no training in relation to this.
- The registered manager was completing moving and handling assessments for people who used the service, but had not been trained to do this.
- Staff told us they did not feel supported. Supervisions were infrequent and no appraisals had taken place. This meant staff were not being given the opportunity to formally discuss their training, support and development needs.
- This demonstrates a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were offered a choice of meals.
- People who used the service were very complimentary about the meals and the chef. "[Name of chef] is very good they go out of their way." "The food is very good really tasty." "The food is excellent." Staff also told us the meals were excellent but did say some specific chocolate bars people liked were no longer available.
- The chef knew about people's different dietary requirements. For example, who needed a gluten free or fortified diet.
- Meals looked and smelt appetising and were nicely presented.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager was not using any of the recognised documentation to facilitate communication with other services. For example, In Bradford the 'Red Bag' initiative had been introduced to aid communication between care homes and hospitals about people's needs and preferences.
- The registered manager had monthly meetings with one of the district nursing team and the tissue viability team were also involved with the service.

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

- Peoples needs were assessed before they moved into The Borrins. One person who had moved into the home recently told us their family had been to look around on their behalf and they were happy with their choice.
- A basic initial care plan was then developed from the assessment information to inform staff what care and support the person required.
- One person had been assessed seven days before admission. They needed a special cushion to sit on to prevent pressure damage. This equipment had not been obtained prior to their admission.
- We recommended the registered manager takes better account of staffing levels before offering anyone new a place at the home.

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

- Apart from signs on the fire exits there was no other signage to help people find their way around the building. The registered manager told us, "Most people know their way round and know how to get to their room."

Supporting people to live healthier lives, access healthcare services and support

- Staff involved people and where appropriate their relatives to ensure people received effective health care support. One person told us, "They got the doctor for my legs." A relative said, "They [staff] get the local GP or Matron for urine infections."
- Records showed people had been seen by a range of healthcare professionals including GP's, district nurses and speech and language therapists.

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. One person had an authorised DoLS in place, which did not have any conditions attached to it.
- People who used the service were asked for their consent before staff provided any care or support.

# 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

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Staff in all roles offered care and support which was caring, compassionate and kind. Staff spoke about people with genuine fondness and concern.
- People who used the service spoke well of the staff, their comments included, "The staff are mostly good, they all treat me well." "They [staff] are very, very considerate, always checking you are all right. I am extremely happy." Relatives told us, "Staff are very kind, loving and genuine." "They are lovely caring people, there is nobody I could say I have an issue with, they even look after me." "The best thing is the caring, friendly atmosphere, the staff make it, they want the best for everyone."

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

- People who used the service told us they could follow their own routines.
- Staff told us one person wanted to go out to church and this was being arranged. They also said religious services were held in the home for those people who wished to attend.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect. Staff knew people well and were aware of their likes and preferences.
- People who used the service told us staff respected their privacy. Their comments included, "Visitors come when they want. They [staff] are very kind, there is no rushing or sharp words. They always knock."
- People who used the service were encouraged to maintain their independence, for example, with their mobility and eating meals.
- People looked well cared for, they were dressed in nicely laundered clothing, hair had been brushed or combed and men had been shaved. One relative told us, "All their clothes are tidy in the drawers. The domestics, chefs, no matter what they do, they know what people like. They [staff] go out of their way to get to know people."
- Visitors were made to feel welcome and commented on the very friendly atmosphere.

## Is the service responsive?

### Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were in the process of being re-written and it was not easy to find some information quickly.
- Some of the information in the care plans was not up to date and did not reflect people's current level of dependency.
- We would recommend all of the care plan documentation is reviewed as part of the care plan update.
- Staff knew how to communicate with people and ensured they used their knowledge about people when giving choices.
- An activities co-ordinator worked 20 hours a week usually over four week days. People who used the service told us there were some activities on offer. They made the following comments: "There's not a lot at the moment. We used to have a lot of entertainers, It's been reduced and there have been none recently." "Singers come. There are no activities in my room."
- There was no activities programme for week commencing 18 February 2019. The activities coordinator explained the registered manager and administrator produced the list.
- Activities were limited as the activities coordinator was supporting the care staff team by taking people to the toilet, answering the door and supporting with mealtimes.
- We saw some one to one hand care in the lounge. The activities co-ordinator also spent some one to one time with a person in their room doing hand care and washing their hair which they did because the care staff did not have the time.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place. People who used the service and relatives told us they would feel able to raise any concerns with staff or the registered manager. Their comments included, "I would complain to anybody and get my daughter to complain, I have no complaints." "I'd complain to the manager, or above, I have no complaints."
- The registered manager had received three complaints. These had been documented with details of the action taken and outcome.

End of life care and support

- People's end of life wishes were sought and end of life care plans put in place.
- Relatives' had sent 'Thank you' cards in relation to end of life care. The most recent stated, "Thank you so much for the care you have given [name] over the past 2.5 years and all the support to us as a family. It really has been appreciated. You all do a super job."

## 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

Requires Improvement: ☐ Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- At our last inspection in August 2017 the service was 'good' in all of the key questions and 'good' overall. Since then the service had been taken over by a new provider HC-One Oval Limited. The previous registered manager left the service and the current manager was registered with CQC in July 2018.
- There has been a deterioration in the service and the quality rating is now 'requires improvement,' with two breaches of regulations having been identified.
- The provider has since put the home up for sale and this information had been shared with people using the service, relatives and staff.

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

- Feedback about the management of the service from people who used the service, relatives, staff and health care professionals was mixed. Two people who used the service told us they did not know who the manager was. Another named one of the senior care workers as the manager. Their comments included, "I've only seen the manager twice, the assistant one is good." "The manager used to be one of the staff. I can talk to them if they comes to see me." "There's no leadership if you know what I mean. You're left to your own devices." "I think the registered manager is out of their depth."
- The registered manager and staff did not feel supported by the provider. Their comments included, "Since HC-One took over. Staff morale has gone down. We used to love coming in this place. Now some of us can bypass this place and go home. The staffing issues. It's just gone downhill. Everything is just rushed and we are all disheartened with the place. If anyone comes in from the hierarchy, you don't get spoken to properly."
- Audits were not always effective. The provider had not increased staffing levels when the registered manager had requested additional staff. It was very clear at the time of our visit there were not enough staff based on the needs of the people using the service and the design and layout of the building.
- Audits of medicines had not identified issues with tablets being crushed or issues with stock control.
- The provider's dependency tool was not effective in calculating safe staffing levels. Improvements need to be made so peoples individual needs and the group as a whole are considered. Together with the design and layout of the building.

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

- Staff completed a survey in September 2018 and 16 responses had been received. Some negative feedback had been received in relation to staff not feeling valued or being able to discuss their development needs. The registered manager had not analysed the results or taken any action to address the issues raised.
- Staff did not feel they were listened to by the provider. At the staff meeting in January 2019 they had asked for additional staff. This had not been addressed.
- The last residents and relatives meeting had been held in October 2018. The registered manager told us they had not held another one as the main topic people wanted to discuss was the sale of the service and what was happening. As the registered manager did not have any more information to share with people another meeting had not been held.
- This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- The registered manager had given residents and relatives surveys to complete. Action had been taken on the points raised, for example, soft blankets had been made available in the lounge.

#### Continuous learning and improving care

- The registered manager was in the process of completing a qualification relevant to their role. However, they were not using any 'best practice' guidance to improve the service.

#### Working in partnership with others

- The registered manager partnership working was limited. They attended meetings with other managers who worked for the provider. They did not attend meetings with the local authority or with managers from other services.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes were not operated effectively to monitor, assess and improve the quality and safety of the services provided and ensure compliance with regulations.</p> <p>Systems to assess, monitor and mitigate risks to service users were not always operated effectively.</p> <p>Feedback from relevant people was not always acted upon.</p> <p>Regulation 17 (1) (2) (a) (b) (e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff training was not up to date and staff were not being supported through supervision and appraisals.</p> <p>Regulation 18 (2) (a)</p>