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Bournedale House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The comprehensive inspection of this service took place on 4 June 2018. It was unannounced. This was the first time this service had been inspected since it became registered with CQC in September 2016. Previously to this, the home had been providing care for people for many years under a different registration. Bournedale House is a home without nursing and can accommodate up to 11 people. At the time of our inspection, 11 people were living at the home.

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

People were protected from potential abuse by staff as they were trained and understood how to safeguard them. People had risks to their safety assessed and there were plans in place to reduce the risks, which staff understood and followed. There were sufficient staff that had been recruited safely to support people when they needed it. People received support to have their medicines as prescribed.

People had their needs assessed and were supported to meet them by trained and knowledgeable staff. People had their nutrition and hydration needs met and had an enjoyable mealtime experiences with lots of choice. The building was being upgraded and improved in line with peoples wishes. People were supported to access health professionals to maintain their health and wellbeing. People were supported to have a good level of choice and control of their lives and staff supported them in the least restrictive way possible.

People had good relationships with staff and were supported in a kind, caring, and compassionate manner. People made choices about their care and support and were involved in decision making. People were supported in a way which maintained their dignity, and staff were respectful. People had their preferences met and staff understood people's needs. There were opportunities for people to follow their interests and take part in a range of activities. People's communication needs were considered and they had support to follow their religious beliefs and cultural practices.

People understood how to complain and complaints were responded to in line with the provider's policy. People had good care but limited opportunity to take part in discussions about their preferences for care and support at the end of their life.

A manager was in post and people, relatives and staff found they were easy to talk to and available to them. People and their relatives had an opportunity to have a say in how the home was run. The manager had informal but effective checks in place to assess the quality of the service people received. The manager had a vision for the service and plans in place to make continual improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
People were safeguarded from potential abuse and risks to their safety was managed well.
People received support from staff that were recruited safely.
People had their medicines as prescribed, and infection control measures were in place.

Is the service effective?

Good

The service was effective.
People had their needs assessed and plans were in place for effective support.
Staff were knowledgeable about care and received training and supervision.
People were supported to maintain a healthy diet and could choose their meals.
People had access to health professionals.
People were supported in line with legislation and guidance for giving consent to their care and support.

Is the service caring?

Good

The service was caring.
People were treated with respect and staff were compassionate and caring.
People could make choices and were involved in decisions about their care and support.
People were supported to maintain their independence and had their privacy and dignity maintained.

Is the service responsive?

Good

The service was responsive.
People's preferences were understood and they were involved in their assessments, care plans and reviews.
People were supported to take part in activities and follow their individual interests.
People could be confident their complaint would be listened to and acted on.
People and relatives had limited opportunities for discussions

about their wishes for end of life care.

Is the service well-led?

Good

The service was well led.
People felt able to express their views, and felt listened to.
The manager understood their role and responsibilities.
The quality of the care people received was monitored and the manager had checks in place to ensure people were supported effectively.
The coordination between staff and other agencies was effective and people received consistent care.

Bournedale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This inspection took place on 4 June 2018 and was unannounced.

The inspection team included 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 service. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of planning the inspection we checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We also looked at any information that had been sent to us by the commissioners of the service and Healthwatch. Healthwatch England is a national independent champion for consumers and users of health and social care in England. We also examined the information we hold in relation to the provider and the service. We used this information to plan what areas we were going to focus on during our inspection visit.

During the inspection we carried out observations of the care and support people received. We used the Short Observational Framework for Inspection (SOFI) to observe how care was provided for people who were unable to speak with us. We spoke with five people who lived at the home, two relatives, five staff, and the manager. We looked three records about people's care and support, medicine administration records, two staff files and the systems used to monitor the quality of care provided.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Bournedale. One person said, "We are safe from harm here." Another person said, "I feel safe here." and "[Staff name] is a lovely girl. I really trust her; she puts me at my ease." A relative said, "I've never witnessed anything that makes me concerned about the safety of the resident's here." One person told us, "I'm more than pleased with living here. I've found happiness here. We always have a good service."

Staff had received training in protecting people from harm and were able to tell us how they would identify signs of potential abuse. Staff knew how to escalate any concerns and told us they were confident the manager would take appropriate action if they reported anything. Through our discussions with the registered manger we found they had a good understanding of their responsibilities in protecting people from harm and were aware of local safeguarding procedures. They had also notified us of safeguarding incidents and events as required by law.

Risks to people's health, safety and well-being were managed by a staff team who were aware of the risks posed to individual people. Where potential risks had been identified there were clear care plans and risk assessments in place to offer guidance to staff about the action they should take to reduce the risk of harm. For example, some people did not understand how to use the electronic call bell system and their care plans stated that they should have access to a traditional hand bell instead. We saw that these had been supplied for people to use when they wanted assistance, and staff responded to them appropriately. Staff understood to respond to these hand bells as they would the electronic call bell. In another example the fire risk assessment had been completed and indicated that two rooms had been designated as 'safe rooms' in the event of a fire. Staff were aware of this risk assessment and how to keep people safe in the event of a fire.

People felt there were sufficient numbers of staff to respond to their or their family member's care and support needs. One person told us, "They come straight away." Another person said, "I think that there are enough staff." We observed staffing levels throughout the inspection visit and saw staff were available to respond to people when they needed assistance or support. Staff were present in the communal lounges and other communal areas of the home as well as in the areas close to people's bedrooms which meant people cared for in bed received regular well-being checks. Staff we spoke with told us they felt staffing levels were safe. The manager showed us how the staffing levels had recently been increased to meet the needs of people living at Bournedale.

We saw that sufficient checks were in place and that staff were recruited safely. We reviewed two staff files and found the provider had completed pre-employment checks to ensure staff were suitable to work with people. These recruitment checks included requesting references from previous employers, identity checks and Disclosure and Barring Service (DBS) checks. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with vulnerable people. This demonstrated the provider had systems in place to ensure people received support from staff who were safe to work with vulnerable people.

People received their medicines on time and as prescribed by their GP. People told us they were happy with the way they were supported with their medicines, one person said, "I have tablets. It's all done properly – they don't forget it." A relative said, "My dad's medication is done correctly." The process used for ordering people's monthly medicines to ensure that these were received on time and making sure people had their medicines when they needed them were clear and understood by all staff involved. We looked at a sample of Medicine Administration Records (MAR) of people and found these to be accurate and up to date. Care plans provided staff with guidance to ensure people took their medicines safely and as prescribed. Staff were trained to support people with their medicines and their competencies had been checked by the manager. Sufficient stock levels of medicines required within the home were held securely and where medicines needed to be disposed of, there were procedures in place to ensure this was done safely and appropriately. Controlled medicines are classified (by law) based on their benefit when used medically, and their harm if misused. We saw that controlled drugs were stored and managed appropriately. Staff who administered medication had access to information about 'As required' or PRN medicines. This information told staff when and how it should be given safely.

We found that people were protected from the spread of infections, and staff ensured that the home was clean and hygienic at all times. One person said, "This house is always clean. It always smells fresh in here. My room is spotless and my clothes are too. The toilet is always clean." We saw that the home was clean and smelt fresh. Staff told us that they had access to enough personal protective equipment such as gloves and aprons and described the correct processes to dispose of clinical waste that might otherwise cause an infection concern. One person told us, "I witness the staff washing their hands and wearing aprons." A relative said, "Dad's room is always clean and so is dad."

The manager was very aware of the needs and risks of all the people within the home and had put measures in place to reduce the likelihood of reoccurrence. For example one person had a fall that resulted in the home having a motion sensor fitted to the landing area and pressure mats put in place to alert staff to the person moving about. We noted that the manager had a system to record all accidents and incidents. However at the time of our inspection there had not been any accidents or incidents. The manager spoke confidently about what they would do and how they would manage such events if they happened in the future.

Good

Is the service effective?

Our findings

People told us they were confident staff had the skills and knowledge required to support them. One person said, "The best thing for me by living here can be summed up in one word 'contentment'. It's pleasant here; I'm quite satisfied." Another person said, "If you were asking me about a care home for yourself I would tell you to come here."

The service carried out a pre-admission assessments to ensure that they understood and were able to meet people's health, care and medical needs. We found that the assessments for people were person centred and holistic, looking at the person as a whole and considering all aspects of their lives. Assessments were completed with the person and in partnership with involved relatives, where appropriate and health care professionals.

The service made sure staff had the skills and knowledge they needed. All newly recruited care staff attended an induction programme, which included shadowing more experienced staff. Staff were then required to undertake training in core areas, such as safeguarding. Records confirmed that all staff received training in these areas, as well as additional topics such as dementia care, and first aid. The manager was aware of the Care Certificate and told us that it was ready to be used as needed, however staff that had been recruited had qualifications that exceeded the care certificate level. Care staff told us that the level of training enabled them to do their job well. We saw that staff were competent within their roles and those staff we spoke with demonstrated a good knowledge of people's care and support needs. For example when people became anxious or distressed we saw staff had the skills required to redirect or reassure them. During our observations we saw staff put their training into practice safely and effectively. For example, moving people safely using a hoist, promoting infection control by using protective gloves and aprons, and an awareness of dementia care in the way staff engaged and communicated with people. Staff told us and records confirmed that they received regular supervision and ongoing support. Bournedale utilised the skills of one volunteer at the time of our inspection. We saw that they had checks including a DBS or police check that made sure they were safe to volunteer at the home.

People had plenty to eat and drink. One person told us, "The food is very nice. I eat everything." Another person said, "They come with a list of what's available for lunch and tea and I say what I want. The manager will bring me crab meat. I love crab." There was a good variety of food for people to choose, for example there was a wide range of herbal teas for people to have if they wanted. People were able to choose their meal of preference from the menu that was available in a pictorial format displayed in the dining room. We saw that where people, did not want the meal that they had chosen, this was taken away and alternative options were offered. We saw that meals looked appetising and overall people seemed to enjoy the meal that they were offered. Pureed meals were presented in an appetising way, and staff were aware of the types of food that various people could or could not eat safely. Where people were at risk of poor nutrition or hydration we saw the staff team had taken action and contacted relevant professionals to ensure people received the right support for their needs. For example, one person received a soft food diet to reduce the risks associated with swallowing difficulties. Staff used soft food moulds to make the food look more appetising for people, which encouraged their nutritional intake. The cook was aware of who needed special

diets such as a soft, pureed or diabetic diet. The cook was regularly updated about anybody who had lost weight so they could fortify their meals with extra calories, such as adding butter and cream to the food. Throughout the home, and including people's own bedrooms, we saw snacks and drinks were available for people to access as they wished.

People were supported to remain as healthy as possible. One person said, "They will get the doctor if I need one." Another person told us, "The get a doctor for me if I'm ill. The optician also comes here for my glasses. I have all of the support and equipment that I need." We saw from people's records that referrals had been made to the dietician, GP and other healthcare professionals as appropriate. People were also supported to attend routine appointments to maintain their health. For example, visits from the optician and the chiropodist. Staff told us that they had established positive working relationships with visiting healthcare professionals and were able to promptly and accurately share information about people's current health needs, which ensured appropriate care was provided. We saw that each person had a 'hospital pack' which set out any risks to their health as well as information about their memory, understanding and nutritional needs. This was available if a person needed to be admitted to hospital as a prompt for healthcare professionals involved in the person's care.

Bournedale house is an older building that was starting to use appropriate decoration and signage to support people living with dementia in order to meet their needs and promote their independence. We saw that people had their own front doors to which they had keys if appropriate and safe. One person said, "I do have a lock on my door." Doors had been painted the colour of choice by each person, and people's photographs were being used so that they could recognise their own bedroom more easily. One member of staff said, "The house is very nice now, we have mostly new carpets and the decorating is well underway." The manager told us that all the bathrooms were being refurbished and we saw that a completed bathroom had been made more dementia friendly. People had access to a safe garden area.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We found that the service was meeting the requirements of the MCA 2005 and the Deprivation of Liberty Safeguards.

People and relatives confirmed that care staff always sought consent before undertaking any support task. Staff understood the need for obtaining consent from the person that they supported and throughout the inspection we observed care staff asking people's consent and offering them choices and options at all times.

When people who lived at the home were considered to lack capacity, we saw evidence that a mental capacity assessment had been completed and a Deprivation of Liberty Safeguard request had been made to the local authority. Where authorisations had been granted, this was documented within the care plan including details of any conditions that had been set. The manager held an overview of each person who had been granted an authorisation and the date it was due to expire so that re-authorisation could be

requested.

Care staff we spoke with were able to demonstrate a basic understanding of the MCA and DoLS and how these affected the care and support that they provided to people. For example one person who was subject to a DoLS wanted to leave the building and we saw staff kindly distracting them by discussing other matters. The manager told us that where a person lacked capacity to make a specific decision, a multi-disciplinary approach, including family and friends, had been taken in order to reach a decision, which was in the person's best interest.

Good

Is the service caring?

Our findings

People and their relatives told us they felt that staff cared for them well. One person said, "The staff are kind and caring. They talk to me." Another person told us, "The staff are nice people. They are caring and respectful." and "Oh my goodness yes, the carers are very good and very helpful." A relative commented, "The staff are caring. There are some lovely staff here. They are really nice." Another relative told us, "The staff are very good. They are always helpful, and they can't do enough for dad. Nothing's too much trouble, they really look after him. They've turned his life around; he's been so happy since he came here."

Staff knew people's personal histories and were able to use this knowledge to engage with people and reassure them. One person told us, "It's just like being at home with my family." Staff were able to tell us about people's likes and dislikes and their individual preferences. One person said, "I do get the chance to say what I like and what I don't like." Staff were aware of people's individual diverse needs and supported people in accordance with these. Where people belonged to a particular faith group, or had specific cultural or religious needs these were recognised and appropriate support offered. For example, some people were regularly visited by members of a local church and others received holy communion in accordance with their faith. Also some people only wanted to eat certain foods on certain days in accordance with their faith, this choice was respected by Bournedale. We saw people's care records reflected their cultural needs.

People were supported to make their own choices as express their views as much as possible. One person said, "The staff know me and they know what I want." Another person told us, "They are respectful." We observed staff asking people to make choices such as where to sit and what they wanted to do. It was clear from our observations that the staff and manager knew people very well. One person told us, "I've not been here long but I feel that they know me well." People felt they were listened to when they expressed their choices. For example some people told us they liked to go to bed late or early and get up when they wanted to. They told us these decisions were respected. Staff had time to get to know people and make them feel important, we saw that staff spent time chatting to people. One person told us, "The staff talk to me a lot. I enjoy talking to them."

We found examples of where people had been supported to maintain their independence. For example, one person liked to wash up and make tea and toast and they were supported to do this safely. A relative told us, "When my sister first came here she couldn't go to the toilet without help. Now she can manage that. It's quite amazing really." Other people helped to fold laundry and feed the birds. When staff spoke we found that they had a clear understanding of how important it was for people to remain as independent as possible, and we saw this reflected in their approach with people. One person said, "I have kept my independence since coming here."

We saw examples of staff maintaining people's dignity and treating them with respect. For example adjusting people's clothing to maintain their appearance, or gently supporting people with their mobility when they saw they were struggling. One person told us, "I like it here. They treat me with respect. They explain things to me." Another person said, "They do explain to me what they are doing. They are good. They are kind and gentle." We saw that staff and management protected peoples confidentiality and privacy as

required.

Visitors and people's family members were present throughout the day and were welcomed by staff who knew them by name. Relatives told us that there were no restrictions on visiting and that they felt welcomed. By encouraging visitors to take an active part in the home and welcoming them this ensured people were supported to maintain relationships with those people who were important to them.

Good

Is the service responsive?

Our findings

People and their relatives told us they felt involved in their care. One person told us, "The manager has spoken to me about my care." Another person said, "The staff all talk to me especially the assistant manager, she comes in every morning and speaks to everyone before she does anything else." A third person told us, "They do ask me about the care home. I wanted some shelves in my room the manager got me some."

We found that peoples care records were accurate and up to date and had been amended to reflect any changes in peoples' needs. This indicated that staff had access to care records and risk assessments that contained information and guidance about how to respond appropriately to people's needs. We also saw that each person had a poster in their rooms that gave personalised, but not private information about each person's likes and dislikes and what was important to them. Staff we spoke with understood how to deliver the support and care people needed and were able to tell us about the person's individual likes, dislikes and preferences as well as their health and support needs.

The service was beginning to meet the requirements of The Accessible Information Standard. The Accessible Information Standard is a law that aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. For example, we saw that menus were displayed as photographs and words were in large print and in plain English. Signage within the home was appropriate and the manager discussed with us their plans to make some documents and policies more accessible, such as the complaints procedure.

People told us they were happy with the activities available at Bournedale, and that people could choose what they wanted to do. One person said, "I am free to make my own choices. I go to bed whenever I feel like it." The home did not have a formal activities programme but as there were sufficient staff to be with people, we found that people were meaningfully engaged as much as they wished to be. For example, there was a weekly music and exercise class, singer/entertainer and regular group events people could join in with if they wished such as the recent royal wedding. One person told us, "I can follow what I'm interested in living here. I'm interested in music and singing and dancing." There were outings that people could go on with staff and they told us about trips to the safari park, classical music concerts and bowling. Everyone had a special birthday tea with cake and balloons that others enjoyed too. Staff told us how they often came and supported people to go out to venues of their choice on their day off, such as day trips to Wales and music events. The manager had a clear vision of making sure that people had access to things they enjoyed without it being a prescribed timetable of activities.

People and their relatives knew who to contact if they were unhappy about the care they received. One person told us, "I would certainly make a complaint if I had one." Another person said, "I have no complaints – there's nothing to complain about. I would know who to go to complain." All of the relatives we spoke with knew who to contact if they had any concerns. A copy of the complaints procedure was displayed in the entrance hall of the home. We discussed complaints with the manager and reviewed records relating to complaints. We found that no formal complaints had been received by the home and that informal concerns

and issues were dealt with swiftly and to peoples satisfaction.

The manager and staff team had experience of supporting people to make basic plans for how they wished to be supported in their final days. We found that no one at Bournedale was currently approaching the end of their life. End of life care plans were available in peoples' care records and had been completed to show peoples wishes in relation to some basic areas, such as which funeral directors to use. However, areas relating to peoples detailed wishes were not recorded. The manager told us that the team were due to receive specialist training in this area and planned to detail people's requests and preferences as soon as possible.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a manager in place. A registered manager was not required at Bournedale House due to the nature of how the home is owned, known as a 'sole trader.' The manager has legal had notified us about incidents and events as required by law. People and their relatives spoke highly of the manager.

All of the people and relatives we spoke with expressed positive views about the management of Bournedale. One person told us, "I have no suggestions for improvements. I would recommend this home to anyone." One relative commented, "I know the manager. I think that she's brilliant. And the assistant manager she's amazing. All of the staff are brilliant." All of the staff we spoke with were happy to work at the home. Comments included, "This home is very well managed. It's like a home from home." and "If we have any problems we just go to the manager." and "All of the staff help each other here; it's such a nice place to work." Another staff member told us they felt significant improvements had taken place at the home since the manager had started in their role. They said, Ever since the manager has taken over it has been so much better, she has really made this place, there have been loads of positive changes. She is making sure we are the best staff….people's lives have improved vastly."

People and relatives told us they had been asked to give their feedback about their experiences of the home. Due to the small size of the service this was done in an informal manner with any issues or concerns being addressed at the time. For example one person told us, "We said that we would like a curry like once a week. We get curry now." Another person told us, "They really look after you and make sure that you have everything that you need." The manager and relatives confirmed that they were sent emails and letters of events, and were asked their opinions on an individual basis. The manager described the feedback and the homes responses to it as 'individualised' and we found that people were satisfied with that approach.

The manager conducted audits and checks to ensure effective governance of the service. This included monitoring of DoLS authorisations, medication audits, water and fire safety and care plan reviews and health and safety audits. The manager discussed at length their plans to improve the auditing system and make it more efficient, and to begin to look for trends and patterns of any incidents. We found that although the audits and checks were basic that they had been effective.

The manager was keen to develop and improve people's experiences of living at the home and had been working to improve standards at the home since their appointment. They told us about the improvements to the fabric of the building such as a full bathroom refit, decorating the home and garden improvements as well as the increase in staff hours to improve the quality of peoples' experience at Bournedale.

The manager worked in partnership with other agencies to better meet the needs of people living at the home. For example, they worked with other services that provided similar care to gain knowledge and skills and used the resources of an external consultant. The manager also used resources and kept up to date from national sector specific organisations. For example, information provided by the Social Care Institute for Excellence (SCIE).

Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively.