

Absolute Care Homes (Central) Limited

Boldmere Court 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Boldmere Court is a care home providing nursing and personal care to older people. The care home is registered to provide support to 68 people. At the time of the inspection 67 people were living at the home. The accommodation is provided over three floors each of which has its own communal areas.

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

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Staff supported some people that displayed behaviours that may challenge others. We found where restraint was used as a way of managing this behaviour, the records were not clear and transparent if the restraint used was the least restrictive technique for the shortest possible time in line with best practice guidance.

Risk assessments were in place and staff we spoke with were able to tell us about the risks they needed to be aware of when supporting people. However, care plans could be improved to give more guidance to staff on how to respond to some behaviours to ensure a consistent response by staff.

Appropriate Personal Protective Equipment (PPE) was made available to all staff, however we observed some care staff wearing PPE that had not been supplied by the provider, therefore we could not be assured it met the standards required by the Governments COVID-19 guidance.

The provider had quality monitoring systems in place, however, this inspection found they did not always identify issues and therefore were not fully effective. A lack of oversight meant potential risks to people's safety had not been responded to appropriately.

The management team acknowledged where improvements were required, they were open to the inspection and demonstrated a willingness to address any concerns and make the improvements required.

Staff worked in partnership with other professionals in the support of people's health and wellbeing.

Relatives we spoke with felt engaged with the home and said there had been good communication during the COVID-19 pandemic.

People received their medicines when needed and staff were trained to administer people's medicines safely.

People were supported by staff who were deployed in sufficient numbers to meet their needs.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Good (Published on 25 August 2018).

Why we inspected

The inspection was prompted in part due to concerns received by whistleblowing's on safeguarding and the use of restraint. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Boldmere Court Care Home on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 13 (Safeguarding service users from abuse and improper treatment) at this inspection.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety.

We will 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 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 well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Boldmere Court 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. We checked 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 inspection was carried out by two inspectors and a specialist advisor who was a nurse, who visited the home on the 28 April 2021. The two inspectors then continued to make calls to relatives and staff from 02 May 2021 to 03 May 2021.

Service and service type

Boldmere Court is a 'care home'. People in care homes receive accommodation and nursing or 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 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and clinical commissioning group (CCG). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with the nominated individual, the registered manager, the deputy manager and the finance manager/trainer. We also spoke with one nurse, three senior carers, five care staff, one night carer, the head chef and a member of the housekeeping staff. We spoke with three relatives of people living at the home and spoke with a further four relatives by telephone.

We reviewed a range of records. This included eight people's care records and four people's medication records. We looked at two staff files in relation to recruitment. We also looked at records that related to the management and quality assurance of the service.

After the inspection

The provider supplied us with additional information as requested including training information and incident records.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

This inspection found that people's care plans did not consistently reflect their current risks and provide consistent guidance to staff to keep people safe.

Assessing risk, safety monitoring and management;

- Records showed and staff told us some people had a behaviour that may challenge others. Staff we spoke with gave different information on how they responded to these needs. We checked care plans and risk assessments, and found this did not provide comprehensive guidance for staff to keep people safe.
- We found the personal emergency evacuation plan (PEEP) for one person required more information to ensure comprehensive guidance was available to support staff in providing safe care in the case of emergency.
- Staff we spoke with had a good knowledge of the people they supported, for example, those people requiring specialist diets.
- At the time of the inspection the provider was in the process of completing new behaviour plans for people. This was a more detailed document which had only been completed for one person on the day of the inspection. Following the inspection the registered manager confirmed this had now been completed for all people living at the home.

Learning lessons when things go wrong

- The provider's processes did not consistently show that lessons had been learnt when things went wrong. We found behavioural charts required more information to help staff to support people consistently when they displayed behaviour that challenges. This meant staff did not always assist in a consistent way to safely support their needs.
- A summary of all falls was recorded and used to identify trends and make appropriate referrals to healthcare professionals.

Using medicines safely

- Medicines were managed safely. We saw medicines had been stored safely and records indicated people had received their medicine as required.
- When people required medicines to be administered on an 'as and when required' basis there was guidance in place for staff to follow so they would know when to give the medicine.
- The provider had a medication audit in place to check medication was managed safely.

Systems and processes to safeguard people from the risk of abuse

- All relatives we spoke with told us they felt the home was a safe place to be. One relative said, "I feel

[person's name] is safe and well cared for and I see it's the same for others too."

- Staff we spoke with had received training in how to recognise possible abuse and knew how to report concerns. Staff said they had not had reason to raise concerns but were assured action would be taken by the management team.

Staffing and recruitment

- Staff and relatives told us there were enough staff to keep people safe. During the inspection we saw staff responded to people's requests for support in a timely way.
- The registered manager said a dependency tool had been used to calculate the number of care hours required and this was monitored and amended as people's needs changed.
- We looked at two recruitment files and saw the provider had completed employment checks on staff before they started work in the home to make sure they were suitable to work with people.

Infection control.

- At this inspection relatives told us, and we saw that care staff wore personal protective equipment (PPE) when providing care. We observed some care staff wearing PPE that had not been supplied by the provider, therefore we could not be assured it met the standards required by the Government's COVID19 guidance. This was immediately addressed by the registered manager following the inspection.
- The provider had taken action to put safe visiting areas in place and relatives said they felt well supported in visiting.
- We saw the environment was clean and there were no unpleasant odours.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We have also signposted the provider to resources to develop their approach and ensuring all guidelines are consistently followed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

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 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).

- Some people were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.
- Staff supported some people that displayed behaviours that may challenge others. We found a number of occasions where restraint had been used as a way of managing this behaviour. The records of these incidents were not clear and transparent to show if the restraint used was the least restrictive technique for the shortest possible time in line with best practice guidance.
- A thorough review and debrief to discuss the cause of the incident, actions during the incident and how the incident could have been prevented should be completed. Staff we spoke with gave differing feedback about the review of these incidents. One member of staff said, "Every time there's an incident we discuss [it] at the nurses' desk." When we asked another member of staff if there were reviews or debriefings they said, "No I don't think there was." There was no clarity on or written records of any reviews or debriefings, therefore learning and development had been not been fully considered .
- One healthcare professional we contacted raised concerns about the potential use of restraint, the staff's understanding and the care records held in relation to this.
- The provider acknowledged these concerns and took immediate action to put a recording and a debriefing system in place following the inspection.

This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was aware of their responsibilities regarding the Deprivation of Liberty Safeguards (DoLS) and applications had been submitted where they had assessed that people were potentially receiving care that restricted their liberty.
- The provider had a process in place to record the expiry date of any authorisations, so an assessment could be made to review the person's care and make a new application if needed.

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

- We looked at how people's individual needs were met by the design and decoration of the home. The majority of people living at Boldmere Court were living with dementia and we saw there were some dementia friendly decoration, however, we found further improvement was required.
- For example, in one corridor there was a wall freeze of books to give the appearance of a bookcase, however there were no books available to people in this area. In one lounge we saw two clocks were in place, both of which were difficult to read, and which were showing different times. We discussed dementia friendly decoration with the provider who took immediate action to make books available and order new orientation boards which included clocks and also gave clear information on the date and weather.
- We saw the majority of people had personalised rooms which reflected their interests. However, we found one person's room lacked any pictures or personalisation. We discussed this with the provider who took immediate action to address this.

Staff support: induction, training, skills and experience

- Staff told us, and records confirmed, they were supported through training to provide care for people. However, we could not be assured on the effectiveness of the training support to people that displayed behaviours that may challenge others, which should have included how to document and record distressed behaviours.
- Staff praised the teamwork of staff across the home and said they were well supported in their roles through supervisions and team meetings. They said they were able to discuss any concerns, progress or changing needs of people with the nurse, or management team.

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

- People were supported to receive meals which met their dietary requirements, this included the texture they needed to reduce the risk of choking. We saw meals for people on modified diets were well presented.
- Relatives told us people were supported to enjoy a choice of meals.
- Care records included notes of people's likes and dislikes which all staff we spoke with were aware of.

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

- Records showed healthcare professionals had been contacted in support of people's health. For example, we saw when staff communicated with tissue viability nurses in support of people's skin care and there was regular contact with the local GP practice.
- Three healthcare professionals gave overall positive feedback about the support to people. They commented that staff were responsive, knew people well and followed any guidance they provided.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred

Continuous learning and improving care

- The provider's systems to monitor and improve the quality of the services were not always effective in identifying areas requiring improvement and ensuring action was taken in a timely way. Audits had not identified issues identified during the inspection for example, ensuring the safe implementation of restraint.
- Systems had not identified that behavioural charts required more information to help staff to support people consistently when they displayed behaviour that challenges.
- IPC checks had not identified that several staff were wearing PPE that had not been supplied by the provider, therefore the provider could not be assured it was of the required standard.
- Systems had not identified that some environmental improvements were required to support people who were living with dementia.
- We saw where checks had identified areas for improvement, action had been taken in response. For example, the registered manager had introduced a system where all equipment was tagged to show when it was last cleaned, this ensured regular cleaning of all equipment. We also saw feedback from the registered manager to staff following observation of a mealtime. The feedback acknowledged good practice but also gave information on improvements for the dining experience.
- The provider and registered manager held regular meetings to review the running of the home. The registered manager told us he felt supported by the provider.

We recommend the service ensure their records adhere to the Mental Capacity Act 2005 in relation to use of restraint. The provider should also ensure they adhere to the Restraint Reduction Network guidelines, which looks at reducing the use of restraint.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives we spoke with were positive about the management team and staff. One relative told us, "[Person's name] has settled at Boldmere Court, it has been excellent, the staff are good and the management are on the ball. If there are any issues the management will get them resolved. [Person's name] is happy.
- Two relatives also complimented the new system put in place that gave relatives access to online information for their relative. They commented, "[The manager] gave my family access. It's brilliant, I don't worry or need to phone them up. Can get information on it."

- Staff spoken with told us they felt involved in the service and supported by the management team.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff were supported to understand their roles through regular supervision meetings and team meetings. Staff were clear on who they would report concerns and comments to and said the management team were responsive to any information shared.
- The latest CQC inspection report rating was on display at the office and on their website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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; Working in partnership with others

- Records showed that the service worked in partnership with other professionals and agencies, such as the local GP practice to support people's health and wellbeing.
- The management team were open and transparent during the inspection and demonstrated a willingness to listen and address any concerns.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment
Treatment of disease, disorder or injury	People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The provider did not ensure restraint was implemented safely