Boucherne Ltd

Boucherne Limited

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 inspection took place on 23 February 2017 and it was unannounced.

Boucherne Limited provides accommodation and personal care for up to 24 older people. On the day of our inspection there were 21 people living in the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements were needed to the services provided by Boucherne. We found that the administration and management of medicines were not safe. Medicines were not stored or administered appropriately or securely.

We recommend that the service look at current best practice in relation to helping to protect people's best interests when assessing their capacity to make decisions.

A quality assurance system was in place. Audits were undertaken to ensure the service was safe and well managed but some record keeping needed attention. We recommend that the service look at current best practice in relation to the recording of information about the service.

People told us they felt safe and staff told us they carried out regular checks on people to make sure they remained safe. Care staff knew how to protect people against the risk of abuse and had completed training in safeguarding people so they knew how to recognise abuse and poor practice.

Our observations during the inspection confirmed that staffing levels in the home were appropriate to meet people's needs. Staff members did not start to work at the home until satisfactory employment checks had been completed.

People we spoke with told us they enjoyed living at Boucherne and were very complimentary about the staff who supported them. They told us they enjoyed the food and received good support with their health needs.

People had the freedom to make their own choices and decide how they wanted to live their life. People were relaxed in the company of staff. Staff interactions were friendly, respectful and caring.

There was clear leadership within the service. Effective communication existed between the management and staff and this showed in the atmosphere and the environment. People were confident to raise anything that concerned them and were satisfied that they would be listened to.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The system for the management of medicines was not safe.

Staff had the knowledge and skills to keep people safe.

There was enough staff to meet people's needs. Safe recruitment procedures were followed.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to meet people's needs.

People enjoyed their dining experience and the food was of a high standard. Their nutritional needs were assessed and monitored.

People had access to healthcare as and when required.

Is the service caring?

Good

The service was caring.

Positive relationships had been developed with a consistent staff team

Staff treated people with respect, were attentive to their needs and respected people's need for privacy.

People were encouraged to express their views and staff respected them.

Is the service responsive?

Good

The service was responsive.

People were encouraged and supported to follow their leisure interests and activities.

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Care was personalised and arranged in a way that met people's needs.

People knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

Quality assurance systems were in place to manage the service.

The service had clear vision and values.

There was an open and friendly culture and the staff were approachable and helpful.

Boucherne Limited

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 was an unannounced inspection carried out by an inspector, an inspection manager and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who has used this type of service.

Before the inspection we reviewed the information we held about the service. We looked at information received from agencies involved in people's care and there was no information showing concerns. We analysed information on statutory notifications received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We considered this information when planning our inspection to the service.

We spoke with 14 people and two relatives. We also spoke with eight care staff, two senior care staff, a cook and the director of the service. The registered manager was away on annual leave at the time of the inspection but we had contact with them by phone and email on their return. We looked at a range of records including seven care plans, five staff recruitment files, complaints received and medicine records. We also looked at the quality monitoring records including quality audits, medicine management, support systems for staff and incident and accidents at the service.

Requires Improvement

Is the service safe?

Our findings

All the people we spoke with said they felt safe and comfortable living at Boucherne. One person said, "I feel secure and fortunate and have family who live close by. Another person told us, "Yes I feel safe. I feel that I have got people who care around me in case something goes wrong."

We found that some improvements were needed with regards to the administration and management of medicines.

We saw that people's medicines were not stored or administered appropriately or securely. Medicines were kept in a number of places in the service such as in a kitchen cupboard and in two separate cupboards in the office. One of the two cupboards in the office was left open during our inspection. We were told by the senior staff member that it was open so that staff could access the care plans also kept in this cupboard. The kitchen cupboard was locked. However, the keys were not restricted or secure as they were left in a place which could be easily accessed by anyone day or night. Staff were not following the medicine policy and process which stated that, "Keys to be in the custody of the person in charge." Monthly audits of medicine management had also not identified the risks in the way the medicines were stored and administered.

The administration of medicines from a busy kitchen/dining room where lunch was being prepared and served was not safe. It was chaotic and noisy and made the process of administering people's medicines very difficult for the staff member.

Medicine administration time was not protected so the staff member was disturbed in the process. This meant there was a risk that their concentration could be affected. For example, we saw that people's medicines were left unattended in the middle of the kitchen whilst the staff member went to give people their tablets. Medicines were also precariously carried from one part of the service to another on a tray and administered from another dining room in the same way.

The pages of the medicine administration records (MAR) were worn and the staff member had difficulty in finding each individual person's records as they were not named on the outside to aid finding them quickly. The record did not include a photograph of the person to assist staff in ensuring that medicines were given to the right person. A list of staff signatures to check who had given the medicine at any given time was also not available. This was found later in the office by the senior staff member but was in a poor condition containing outdated signatures.

This is a breach of Regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

We looked at the records for three people and noted that all medicines were correctly given and signed for and had been administered as prescribed. The MAR sheets instructed staff on how prescribed medicines should be given to people, dose, time and amounts including medicine that should be given as and when required (PRN).

People were given their medicines in a dignified and gentle way and were helped to take them where necessary. The procedure for the dispensing of medicines which needed two signatures was completed correctly and in line with the requirements.

Hygiene practices were observed. We saw that the staff member washed their hands in between handling each medicine. Also when a person dropped their medicine on the floor the staff member knew to replace this with another from the dossett box and contact the pharmacy to replace the discarded tablet.

We saw systems were in place for the re-ordering and safe disposal of medicines. There were facilities for medicines which required specific storage and temperatures were recorded to ensure that medicines were stored as required. Staff were trained on the safe administration of medicines and their competency was checked and discussed during supervision.

We looked in people's care records and saw that risk assessments had been carried out. Where risks had been identified, we noted that systems were in place to ensure these risks were managed in an individual way. For example, care records showed assessments in relation to moving and positioning, nutrition, pressure care, using hot water and medicines.

People's risk of falling was assessed and recorded but for two people we saw that the reasons for the falls had not been examined. We raised these issues with the director of the service at our feedback and they confirmed to us in writing that action had been taken quickly after the inspection visit to reduce the risks of falls for the people concerned.

Staff were aware of individual risks to people and gave us examples of how they supported and encouraged people to use their frames where they were at risk of falls; and drink more fluids where they were prone to a urinary tract infection; and to have their legs resting on a stool to help relieve and reduce pressure.

We saw that there were sufficient staff members on duty to meet people's needs and keep them safe. One person said, "They have got enough staff, I have got a bell and mostly they come in five minutes." Another person said, "I have a bath, which I prefer, they give us a lot of time, they are very kind and gentle." We were told by the director of the service that staffing levels were monitored and reviewed to ensure people received the support they needed. The amount of staff was based on the needs of people but if at any time more staff were required, these would be provided. This was confirmed by the staff who told us, "We all muck in and if we needed more staff, they would get them" and "We cover for each other either when it's planned time off or on an emergency basis."

People had their call bells available to them in their rooms. We heard them being used and staff responded promptly. For a person who was unable to use the call bell, a two way monitor was used so that staff could respond to their needs quickly. We also saw that staff checked regularly people who spent most of their time in bed. One person told us, "When you press the bell you don't wait long, they soon come in."

We spoke with staff about their understanding of protecting vulnerable adults from abuse. Staff had an understanding of safeguarding adults and what they would do if they witnessed any incidents. The staff we spoke with said they would report any concerns to the registered manager or senior care staff and were confident the registered manager would respond appropriately.

Relevant safety checks of the premises and the equipment used had been done and where items needed replacing or repairing, this was done quickly.

Some of the bathrooms were showing signs of wear and tear and the provider had a plan in place for the refurbishment of two communal toilets and the assisted bath during 2017 along with other items identified.

We made the director of the service aware that there was no toilet roll holder in one bathroom and people would not be able to reach the toilet paper. Also that the system in place using plastic bags as extensions to people's calls bells to enable them to be reached was not appropriate. After the inspection visit, they let us know that action had been taken to rectify this.

The director of the service had put in place a register of building and plant maintenance which would record on a daily basis all work that was carried out. This would ensure the necessary checks were in place for the safety of people using the service and staff working there. Equipment, such as the hoists, had safety notices to say they had been checked.

An evacuation plan which identified the mobility and sensory needs of people who used the service was in place so that staff would know how to assist them in the event of an emergency evacuation.

Staff employed by the service had been through a recruitment process before they started work to ensure they were suitable and safe to work with people who lived at the service. Records showed that all necessary checks had been undertaken before each staff member began work. These included reference checks, identification and Disclosure and Barring Service (DBS) checks to ensure they were not barred from working with vulnerable people.

Some small gaps in the employment records of staff were noted but the registered manager provided us with information shortly after the inspection visit to ensure all gaps in employment were accounted for. The registered manager asked staff at each supervision if they had any criminal convictions to declare since the last supervision. This helped minimise the risk that people remained looked after by staff who were safe to work with them.

Good

Is the service effective?

Our findings

Staff told us they received an induction when they joined the service which involved shadowing more experienced staff, spending time learning about their role and responsibilities and learning about health and safety and policy and procedures.

The staff team were consistent and had a mix of skills, knowledge and experience between them. Some staff had worked at the service for many years. Staff also shared responsibilities and their skills were utilised in many ways and as needed. For example, a senior care staff member also assisted the registered manager providing administration support in the office, the hairdresser worked as a care staff member on the rota and the night care staff assisted the cook by baking cakes and savoury items for the next day.

Staff told us that there was good training available. One staff member said, "Our training is mostly done on site and there is no e-learning so it's more human." Another said, "Training is always available and we learn a lot." The service had in place a training programme which included courses which the provider deemed mandatory for staff working in health and social care. These included moving and positioning, safeguarding adults from abuse, health and safety, fire safety, first aid and food hygiene. Additional training completed in the past two years included infection control, Mental Capacity Act 2005 and catheter care.

We saw that the majority of staff had a nationally recognised qualification in health and social care. We were told by the staff that the registered manager was very enthusiastic for staff to develop their skills and knowledge. One member of staff said, "[Registered manager] has been fantastic at supporting me through the course and helping me with my practice."

The staff told us that they were regularly observed and supported by the registered manager as they were always around. Staff confirmed that they had supervision and we saw that these sessions were very thorough, focused on good practice and staff knowledge, were inclusive and recorded discussions and agreements made between both parties. For example, catheter care had been identified as a training need by one staff member and we saw that training had been provided shortly afterwards. One staff member said, "I can't tell you how supported I am, we all are, it's like a family." Another staff member said, "We all get time with [registered manager] or we can go to the seniors. The support is just brilliant."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Act. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We saw that staff had completed training in the Mental Capacity Act 2005 and DoLS in 2015 and the staff we spoke with were able to demonstrate their understanding of the principles of the Act and described how

they supported people to make decisions for themselves. One staff member said, "We make sure everyone has the right to expect good care and for us to listen to them."

We saw that some people had instructions about their wishes in a medical emergency such as Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders in their care files.

Throughout our inspection we observed that staff discussed issues with people and obtained their consent before any actions were taken. For example, knocking on people's doors, asking their permission to give them their medicines and help with putting on a napkin. People told us that staff always consulted them before providing support. One person told us, "I feel very well respected to make my own decisions for myself." Another said, "The staff always listen to my opinion and know that I am well able to be in control of my life."

The director of the service told us that everyone had capacity to make their own decisions. No-one was deprived of their liberty within the service and all had access to the community as and when they wanted. We found during our discussions and observations that some people's conversations were limited and their ability to recall information or events was impaired. We also saw examples recorded in the care files which said, "[Person] becoming more confused and forgetful," and "Quite vague at times and confused." However, we did not see that any assessments of people's capacity to make day to day or significant decisions under the MCA had been considered especially if their memory or mental state fluctuated.

We recommend that the service look at current best practice in relation to helping to protect people's best interests in assessing their capacity to make decisions.

We saw that lunchtime and tea time were a social meaningful dining experience for people. There were two eating areas with flowers, condiments and napkins available on the table. People had a choice of meals at lunch and dinner time and drinks including alcohol if they wished. People could choose where to eat their meals, in either their room or the dining room. There was good encouragement from staff for people to interact and chat with others if they wanted. Everyone, except for two people, had their lunch in the dining rooms and staff told us that this was a regular occurrence. We observed one person in their room who was assisted with eating their meal. This was done with kindness, respect and patience.

People told us that they really enjoyed the food. It was attractively served with appropriate amounts. People said the food was "very good", "food is excellent, it's presented nicely, is varied and always hot" and "absolutely wonderful with lots of choice." Staff told us, "The night staff make all the cakes, including the birthday cakes, they do the home baking." Another staff member said, "Very rarely do we buy food in – most is homemade, the soups, the pies and the desserts."

The main meal was served in the evening and people said they preferred this as it gave them the option for a lay in. Some people had their breakfast up to 11.30am so they could have something light at lunchtime. Staff told us," It's their home and if they want a lay in they can. We take tea and toast and their medicine to their rooms so they can do this whenever they feel like it." Staff chatted to people as they served them and offered help if needed. For example, "Can I take your plate?" and "Would you like any fruit?" One staff member asked a person, "Would you like a small strong tea?" which showed us that the staff member knew about the amount the person liked and the way they liked their tea made.

People had nutritional assessments if they were prone to a poor appetite, needed a specialised diet such as soft food to make it easier and more comfortable to eat or were diabetic. We also saw that people were weighed, usually monthly or more often, if there was cause for concern and their weight was recorded and

monitored.

Information about people's health needs and medical history were in their care files. People said they had access to healthcare services, including their GP, the district nurse, a chiropodist and hospital appointments, in a timely way. There were records of these visits as well as the outcome. One person said, "I have seen a doctor twice and if I don't feel well I go to the staff and ask and he [GP] comes, I have also seen a chiropodist." A family member told us, "My [relative's] health is really well looked after. They have seen a chiropodist, the doctor; they go to the eye clinic and to the optician."

Good

Is the service caring?

Our findings

People told us they liked living at Boucherne and staff were caring and kind to them. One person said, "The staff are lovely and all think the world of me. I came for a month's respite a year ago and decided to stay." Another person told us, "They [staff] are very kind and they were welcoming when I came here last year." A third person said, "No trouble is spared looking after you – all of them are nice."

Throughout the day we observed many interactions between people who used the service and staff which were sensitive, respectful and open. Staff had a caring approach to their work. Examples included staff members sitting with people over breakfast chatting and being warm and physically affectionate without rushing. We also heard the laughter and chatter between a staff member and a person using the service coming from a bathroom and discussions between people over a glass of wine before dinner.

Staff members were very respectful of people's personal space, their rooms, views and opinions. People's privacy was respected and all personal care was provided in private. We saw staff knocking on doors saying, "Hi, just replacing your water, can I pop it over there, is that okay with you, you alright?" Staff always called people by their preferred name and they also knew who liked a hug and who was more reserved.

People we spoke with told us the staff had discussed the care and support they wanted and knew this had been recorded in their care records. One person said, "I have agreed to everything and think I signed something when I first came." Another said, "I don't quite need a lot of care yet but think they wrote everything up about me when I moved in.

As a staff team we talk to each other and communicate well about people to make sure we know how they are when we come on our shift. That way we are able to respond to them how they are now." One relative said, "They [staff] ring us at home and speak to us when we come in. We are involved in her care and there is nothing we don't know." A staff member said, "We know people very well, their ups and downs and their personalities,"

Meaningful relationships had been developed as the service had in place a consistent and caring staff team. There were easy going dialogues heard and positive communication which enabled people to feel comfortable, to be themselves and to feel it was their home. People said, "This is better than my home, at least I am not on my own now." Another person said, "Lovely hotel this, couldn't wish for better." One staff member told us, "This feels like home from home for me. The open plan kitchen which is a hub of activity enables everyone to interact together, people fold the napkins and there is always a member of staff in the kitchen here to chat to, it's so inclusive."

People were supported to maintain contact with friends and family and told us they were able to visit at any time and were always made welcome. One staff member said, "People and their families can come and make a cup of tea, there are no restrictions and families can have a private lunch in the parlour or the panelled room, whenever they would like." One family member told us, "If they think anything would help [relative] they speak to her first and treat her with enormous respect and then they speak to us."

People were supported and motivated to be independent, to make their own choices and decisions and to live their life to the full at Boucherne. One person told us, "When you are not well staff are always there with a helping hand, I cannot complain at all." Another person said, "Staff give us a lot of time, they are very kind and gentle."

The service provided end of life care to people and their needs, wishes and preferences were detailed in their care plans. One relative said, "It is lovely here and I think that is why people want to come back from the hospital to here and they are kindly eased out of this world with as much kindness as possible." They also gave us another example, "[Person's name] was over 100 and poorly in her room and approaching the end of their life and they brought her down to the lounge so that she could know that people she knew were around her. The staff made a smashing effort."

Good

Is the service responsive?

Our findings

The staff met people's needs in a very responsive way. We saw the friendliness and flexibility shown to people as staff went about their daily work. It was natural and sincere. One person said, "I so enjoy living here, it's peaceful, calm and I feel respected by the staff. They listen; they act on what you say and quite frankly are lovely with everyone." One family member told us, "They encourage my [relative] to join in activities, to walk in the garden and they are keeping her active and joining in socially."

People told us they were given the opportunity to spend their leisure time as they wished. Some people got involved in leisure activities provided by the service whilst others preferred to spend time in their own pursuits such as reading books, going to town, listening to their own choice of music. One person said, "I read, watch my own TV, listen to the radio, and lots of friends phone me on my landline and family take me out. Another person told us, "I use my IPad in my room but before I got that I would use the laptop in the TV room as it has got a large clear keyboard."

The service provided some activities such as a weekly arts and craft session and the visiting hairdresser was very popular. One person said, "A religious service is offered occasionally but that's not for me." We were told that people accessed their local church of their own accord and as they wished.

People helped with tasks in the kitchen such as baking cakes and folding napkins ready for meals and staff were very encouraging about people getting involved in the life of the service. One person said, "Every Wednesday we do handicraft and painting, making book marks and cards. We had a Bonfire Party with fireworks and a fire, and sat outside, I liked that." Another said, "I have watched some of the activities a couple of times but it does not appeal to me.

People spent time in the local community, getting taxis into town and accessing the shops. One person said, "I go into town once a week and still walk into town, and I like to take a walk once a day." The garden was well kept and with available seating. People used the garden in the warmer weather, "I do like walking in the garden," one person told us, "And I sit out there in the good weather." Another person said, "I planted the bulbs in my window box. They look nice."

Staff spent quality time individually with people either in their rooms or around the service. Staff responded in a person centred way. They were respectful of people's views and opinions and took time to listen, understand and respond to them in an encouraging and positive way. For one person, a two way sound alarm had been put in their room so that staff could hear the person when they called out and attend to them quickly. One relative told us, "Staff do everything they can to make sure residents can follow whatever interests, they know their likes and dislikes even with food and go to enormous efforts to give them what they like to eat and it is all home cooked food."

The care records we looked at showed that people's needs were assessed before they moved in. These had been regularly reviewed and updated to demonstrate where changes to people's care had been made.

The care records contained detailed information about how to provide support to people, for example we saw photographs in one care file of how someone liked to be positioned in bed. People's likes, dislikes and their preferences along with a life history compiled by them and their families provided valuable information to staff about how best to support them. Daily notes about how people had been each day, records of their nutrition, weight, moving and positioning had been completed to ensure they were kept well and their needs met.

There was a policy in place for dealing with any concerns or complaints and this was made available to people and their families. People said they would speak with the registered manager if they had any concerns or to make a complaint. "If I want to complain then I can go to the office to complain but not made any complaints," and, "Any problems I would go to the supervisors, they do listen, relations between us are pretty good."

We could see from the records that the registered manager responded and dealt with complaints appropriately. People's experiences were taken seriously and formed part of the improvements of the service. Compliments were also recorded such as observations of good practice and feedback passed to staff.

Good

Is the service well-led?

Our findings

People we spoke with were happy living at the service and felt it was well-run. They were complimentary about the staff team and the registered manager. One person told us, "It is very good, like a medical hotel, well run." One relative said, "It is fantastic, run in such a kind and caring way and run with family ways." Another family member told us, "It is the nicest home I could imagine my [relative] to be in. Everything shows how well run it is."

There was a quality assurance system in place. Audits were undertaken by the registered manager and the director of the service. These included the premises and maintenance, health and safety, care plans and support of staff.

We saw that record keeping needed some improvement. Some of the audits of people's care plans had not identified if their involvement and consent to their care arrangements had been gained, for example, some had not been signed by them or their representative.

The director of the service told us that they undertook regular checks around the service, repairing items and assisting the maintenance person they also employed but they did not record any information to show that these checks had been completed. There was a premises audit in January 2017 which identified tasks to be done but it was unclear as to what had been completed. The kitchen audit for January 2017 was written in pencil and it was unclear who had completed it as it was not signed.

We recommend that the service consider current guidance about the recording and quality of their information governance.

The director of the service was visible and people and staff knew who they were. The registered manager was on annual leave but people knew them by name and what their role was. One relative said, "I can ask to see the manager or any member of staff and they are very helpful. We have no issues at all."

The service had a very clear vision and the values displayed by the management and staff ensured that Boucherne met its aims and objectives. There was openness and honesty and a willingness to make improvements. Staff were very motivated and enthusiastic about their work and were very complimentary about the management team and how supportive they had been. They told us, "I have been here years now, and coming to work is great," and, "They have gone above and beyond to support me through some very difficult times," and, "We give the personal touch, we know our people, and all the staff know so much about them. It is person centred care and staff support each other."

Staff were managed well with regular supervision, competency checks and meetings to discuss good practice. People who used the service were involved in interviewing new staff and their opinion sought about the person's suitability to work at Boucherne.

We saw that meetings to discuss management and practice had taken place with the director of the service,

staff and senior care staff. Meetings of people and their relatives were held yearly and recorded, the last one being May 2016. One person said, "There are no resident's meetings and no feedback but I volunteer information on the meals and on the whole they are very good." One relative told us, "We attend the annual meeting and we discuss any issues. Staff and relatives talk openly on a weekly basis."

We were told by people who used the service and staff that it didn't matter that they didn't have meetings as their opinion was sought about a range of things which affected them for example, the cook talked to people about the menu changes and choices weekly so that all the right items were on the weekly shopping list. Also we were told that two people had requested a change about seating arrangements in the dining room due to a person being argumentative. This was discussed and decided between those concerned and now, the staff told us, "Interesting conversations from that table are heard every day and everyone gets on."

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have in place a system for the safe administration and management of medicines.