Bosworth Care Home (Dorset) Ltd

Bosworth Care Home

Inspection report

6 Southdown Avenue
Weymouth
Dorset
DT3 6HR

Tel: 01305833100
Website: www.bosworthcarehome.com

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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

About the service:
Bosworth Care Home is a residential care home registered to provide care for up to 20 older people who require personal care. Some of the people at the home were living with dementia. The home does not provide nursing care. At the time of the inspection there were 14 people living in the home.

Rating at last inspection:
At our last inspection we rated the home Requires Improvement (published 05 April 2018) as we found shortfalls in the medicines management, infection control, cleanliness of the home and ensuring the equipment and premises were safe. In addition, the systems to assess and manage the safety and quality of the service had not identified these shortfalls. At the last inspection we found three breaches of the Health and Social Care Act 2008 and associated Regulations. This service has been rated Requires Improvement at the last two inspections.

At this inspection we found the shortfalls had been addressed and the rating had improved.

Why we inspected:
This inspection was a scheduled inspection based on the previous rating.

People's experience of using this service:
People told us they felt safe and happy living at Bosworth Care Home. The staff demonstrated a good understanding of how to meet people's individual needs and wishes. People's desired outcomes were known, and staff worked with people to help achieve these. People were supported and encouraged to retain their independence and live their lives as fully as possible.

People were supported to maintain contact with those important to them including friends, family and other people living at the home. Staff understood the importance of these contacts for people's health and well-being. Staff and people were observed enjoying warm and mutually beneficial interactions. Staff knew people well and what made them individuals.

The management of the home were well respected and promoted an open and transparent approach. Staff had a good understanding of their roles and responsibilities and were supported to reflect on their practice and pursue learning opportunities. The staff team worked and got on well together demonstrating team work and flexibility.

Quality and safety checks helped ensure people were safe and protected from harm. This also ensured that practice standards were maintained and improved. Audits helped identify areas for improvement and this learning was shared with staff.

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

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Bosworth Care Home

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by one adult social care inspector.

Service and service type:
The service is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on 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 was a planned inspection and was unannounced. The inspection took place on 4 and 5 February 2019.

What we did:
Before the inspection, we reviewed the Provider Information Return (PIR) from the service. 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. We also spoke with the local authority quality improvement team to obtain their views about the service. We used all this information to plan our inspection.

We spoke with five people and four relatives. We also spoke with the registered manager, deputy manager, three care staff, including a senior carer, the cook, activity coordinator, maintenance worker and a domestic assistant. We spoke with one health care professional during the inspection and two health care professionals by telephone following the inspection.

We looked around the service and observed care practices throughout the inspection. We reviewed a range of records including four care plans, three staff files, two agency files, staffing rotas, training records and other information about the management of the service. This included accidents and incidents information, seven Medicine Administration Records (MAR), cleaning records, equipment checks and quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI) during meal times. This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

• Staff had been trained in safeguarding and knew how to protect people from abuse. Staff were aware of the signs and symptoms of abuse and how to report their concerns both internally and externally.

• People felt safe and this feeling was shared by their relatives and friends. One person told us, "I feel safe living here." A relative said, "I absolutely feel [title] is safe and the staff are competent" whilst a person's friend expressed, "I would say [name] is safe and well cared for. [Name] seems very content here."

• There were effective arrangements in place for reviewing and investigating safeguarding incidents.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

• People's risks were assessed and plans developed to reduce these risks. Risk assessments and care plans were developed with relevant people including relatives and professionals.

• General risk assessments had been completed to help ensure the safety of the home environment and equipment for people, staff and visitors. These assessments included: fire systems, passenger lift, bath hoist, water safety and electrical appliances.

• Risks to people from fire had been minimised. The home conducted fire drills and mock evacuations to ensure staff and people knew what to do in the event of a fire. People had Personal Emergency Evacuation Plans (PEEP) which guided staff on how to help people to safety in an emergency.

• The home reviewed accidents and incidents. This was used as an opportunity to identify the root cause, trends and to prevent a reoccurrence. For example, people who had experienced falls were referred to the community rehabilitation team and staff had started leaving a light on for a person who had become agitated during the night.

Staffing and recruitment

• There were enough staff to meet people's needs. People and staff told us this and our observations confirmed this. The home regularly used a dependency tool to review staffing levels to help ensure that there were sufficient staff to meet the needs of people living there.

• Rota planning supported staff to meet people's needs in a timely way and for them to have meaningful

interactions with people. A staff member said, "They are very good in making sure there are enough staff."

• We observed call bells were answered promptly. One person said, "They (staff) come straight away if I need them."

• The home had a recruitment procedure to minimise the risk of unsuitable staff and agency workers being recruited. Before starting work checks were undertaken to ensure prospective staff were of good character. This included checks with the Disclosure and Barring Service (DBS). Staff were not permitted to support people until the necessary clearances had been given.

Using medicines safely

• People received their medicines on time and as prescribed. On the previous inspection three people did not have plans in place for their 'as and when required' (PRN) medicines. On this inspection each person had a PRN plan in place. These gave staff guidance on when and how these medicines should be offered.

• Medicines were stored safely including those requiring additional security. At the last inspection there were concerns about the security of medicines. This had been resolved as locks and keypads had been added to the cupboards where people's medicines were held.

• Medicines were managed safely by staff who had received the necessary training and ongoing competency checks.

• Medicines Administration Records (MAR) were complete and legible. Weekly medicines audits were carried out which meant any errors were identified quickly minimising risks to people.

Preventing and controlling infection

• At the last inspection concerns were raised about the cleanliness of the home. At this inspection all areas of the home were visibly clean, well maintained and free from malodours.

• The home had systems and procedures in place to minimise the risk of infection. Staff received training in this area and used Personal Protective Equipment (PPE) such as gloves and aprons to reduce the risk of spread of infections.

• The home had introduced a weekly environmental cleanliness audit which had helped secure the improvements required. A professional commented, "Cleanliness has really improved over the last year." Two relatives said, "[Name] always has a clean room" and, "It's always clean. I've never seen it dirty."

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support

• People had pre-assessments that supported their move to the home. On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified desired outcomes and how to achieve them. People told us they were involved in this process.

• People were supported to access healthcare services when their needs indicated this was necessary. People and their relatives told us this was done in a timely way and records confirmed this. This included visits to dentists and opticians.

• Healthcare professionals told us staff took time to accompany them when meeting with people. One professional said, "We find they (staff) are always ready to spend time with the residents and reassure them when we visit." This helped to reassure people if they were feeling anxious or needed someone familiar to help them process the information they had been given. Another professional told us, "The staff are really, really helpful and catch things early. They are very knowledgeable about the residents."

Staff support: induction, training, skills and experience

• People were supported by staff that had received an induction and shadowing opportunities with more experienced staff.

• Staff received a range of training courses that helped them meet people's specific needs. Training was delivered either face to face or via workbooks. Courses included: dementia awareness, equality, diversity and inclusion and diet and nutrition. The home tracked staff completion of courses to ensure their skills and knowledge matched people's needs.

• Staff had supervision where they had opportunity to discuss their practice, concerns, ideas and professional development.

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

• People were supported to maintain a well-balanced diet. Their nutritional needs and any associated risks were assessed, recorded, known and met by the kitchen and care staff.

• Active encouragement was provided for people at risk of malnutrition or dehydration and records kept of their daily intake. If this fell below recommended levels the home contacted relevant professionals for advice.

• We observed lunch which was relaxed and informal. People told us they enjoyed the food and were asked each morning to choose what they would like for their meals that day. All the food was home cooked and well presented. People's comments included, "The food here is tasty", "I like the choice" and, "I've always liked the food ever since I've been here and I'm quite fussy."

• People were supported to remain as independent as possible with their meals. Adapted crockery was provided where people needed this. Where people required support from staff to eat and drink this was provided in a sensitive way that helped maintain the person's dignity and enjoyment.

• Menus were on display which enabled people to recall what they had chosen and the other options available.

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

• The home was adapted to meet the needs of people living there. The home had signage on doors to indicate what the room was used for. For example, a toilet, bathroom, dining room or lounge. There was a clock in the dining room that helped people experiencing memory problems know the day, date and time. A relative told us, "This place suits my [title] down to the ground."

• People could access the second floor via stairs or a lift. People who had mobility issues but preferred to continue using the stairs had risk assessments in place to identify ways to reduce the risks.

• The home was decorated in a way that gave it a homely feel and people told us this is what they liked about living there. People told us they liked their rooms. They had been supported to personalise their rooms with items important to them including family photographs, ornaments and furniture. One person, who used to be a coastguard, said, "I like my room. I have a room at the front and use my binoculars to watch the boats going past" whilst another person expressed, "I'm lucky with this lovely room."

• Since the previous inspection wardrobes had been secured to the walls to reduce the risk that they could fall on people.

• The home had a maintenance worker who carried out a rolling programme of repair and refurbishment. One relative said, "The lounge has been completely redecorated." The maintenance worker told us that when they informed the management of items needing repair or replacement this was followed up.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

• People were living with dementia which affected their capacity to make some decisions about their care and support. Where people had been assessed as lacking capacity mental capacity assessment and best interest decision paperwork was in place. These had been completed for areas of people's lives including: support with medicines, support with personal care and the use of bed rails.

• Staff demonstrated a good understanding of the principles of the MCA 2005 and how to apply this when supporting people living at the home. Staff consistently asked for people's consent before supporting them and provided them with information that enabled them to make meaningful choices.

• 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). No people at the home were having their liberty restricted.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

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

Ensuring people are well treated and supported; equality and diversity

• People were treated with warmth and kindness by staff. We observed many natural interactions that indicated staff knew people well and understood what helped them to stay well and happy. A relative commented, "We fought tooth and nail to get [title] in there. It has a lovely atmosphere, like walking into your gran's house. The staff are friendly and never lose their smile. They are always kind, caring and patient. More patient than what I could ever be. I said to my daughter if I go in a home I want to go there." Another relative told us, "They are very caring and very nice with me. I'm made to feel welcome. We live close and visit quite often."

• People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. People had the opportunity to receive monthly communion which helped them to maintain their faith. One person said, "I've been Anglican all my life. The priest comes once a month which is good because I've always been a church person."

• Staff received training in equality, diversity and inclusion. The staff knew what made each person at the home an individual. A friend of a person told us, "[Name] chooses not to do activities and sometimes wants his own time – they (staff) respect that."

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

• People told us they were happy with their care and they felt involved in decisions affecting their lives. One person told us, "I have choice about how I spend my day. If I wanted something they (staff) would listen." Another person said, "I'm an early riser and they respect that." When people had indicated that lunch time was too close to the mid-morning snack time the lunch time was moved to help ensure their appetite was not affected.

• When required the home used local advocacy services to help support people to make decisions. The role of an advocate in health and social care is to support a vulnerable or disadvantaged person and ensure that their rights are being upheld in a healthcare context.

Respecting and promoting people's privacy, dignity and independence

• Staff treated people with respect. We observed staff knocking on people's doors before entering their rooms and speaking to them discreetly if they needed to discuss personal information.

• People were encouraged and supported to remain as independent as possible. One person told us, "They let you do as much as you can. I go out walking on my own. It's nice to get a breath of fresh air" whilst another person said, "They do what they have to do, and I do the rest."

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

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

• People received personalised care. Their needs, abilities and preferences were documented, well known and supported by staff. A professional told us, "I do find them (staff) very attentive and responsive when needs are raised by residents."

• The home carried out monthly activities audits to help ensure that what they were offering people was what they wanted. Since the previous inspection the home had recruited a dedicated activities coordinator to improve the level of stimulation for people. A relative commented, "[Name of activity coordinator] is great and gets everyone involved. The residents really seem to like [name of activity coordinator]." During the inspection the home sought people's views on extending activity provision to the weekends and what activities they would prefer at these times.

• Staff considered how barriers due to disability and complex behaviour impacted on some people's ability to take part and enjoy group and individual activities. For example, during a game of bingo the activity coordinator showed people the numbers on the balls using an application on her phone to people. This meant that people who were hard of hearing could participate fully.

• People had choice and control over how they spent their time. People were given the opportunity to participate in activities or to spend time doing something else. One relative told us, "[Title] likes to potter around. They don't force [title] to do activities. They had choirs in over Christmas. [Title] loved it."

• The service identified people's individual information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others including professionals. People's communication needs were met by staff. For example, some people were hard of hearing. We observed staff speaking into the ear they could hear more easily. Staff supported a person with a sight impairment by talking to them so the person was aware of what was happening and felt reassured.

Improving care quality in response to complaints or concerns

• The home had a complaints policy which it reviewed annually. They had not received any complaints since the previous inspection. People and relatives told us they knew how to complain but had not needed to.

They said they felt confident if they had concerns or a complaint they would be listened to and the issue resolved. One person said, "It's all kind of happy here. I've never had to complain."

End of life care and support

• At the time of our inspection there were no people at the home receiving end of life care although the home had liaised with a local surgery to ensure that a person approaching the end of their life had anticipatory medicines in place. This meant that should the person's health deteriorate the staff could respond in a timely way and ensure they were as comfortable as possible. A relative had complimented the home on the care they had provided to a family member – 'Thank you for all the care and time you gave to [title]. [Title] was finally settled at your lovely home, [title's] final wishes to be beside the sea were fulfilled. I can't thank you all enough for helping me make [title's] last months happy.'

• Some people who had expressed a wish to discuss their future wishes had advance care plans. These included details about choice of burial or cremation, funeral arrangements and their preferred music. This meant a person's final wishes could be respected and followed.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

• The management and staff understood their roles and responsibilities.

• Staff told us they felt valued and received praise for their work. They said this motivated them to provide the best care they could. Supervision records and team meeting minutes confirmed this.

• Staff told us they enjoyed working at the home and they got on well with their colleagues. One staff member said, "I enjoy my job. We work together as a team. Everyone is so kind." Another staff member commented, "I think we work together like a family." A person told us, "Staff all seem to be happy together" whilst another person said, "We've got wonderful, cheerful staff."

• The registered manager had ensured that all required notifications had been sent to external agencies such as the local authority safeguarding team and CQC. This is a legal requirement to allow other professionals to monitor the care and keep people safe.

• People's views about the service were actively encouraged and were formally captured via the home's annual survey. The previous one was carried out in March 2018. All 15 people living at the home at the time indicated they were either 'satisfied' or 'very satisfied.' People's feedback included: 'Staff are kind and let me do things in my own time', 'I wouldn't live anywhere else. I would not hesitate to recommend it to someone looking for a care home' and, 'The food is lovely, very much like I used to make myself.'

• People and their relatives felt consulted and involved. Following the previous inspection, the home had kept people and relatives up to date with how they had responded to the issues that were identified as requiring improvement. This information was available in the home's reception.

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

• The management of the home completed regular checks which helped ensure that people were safe and that the service met their needs. These checks included unannounced spot inspections by the registered manager, three monthly health and safety audits and review of call bell response times.

• People, staff, relatives and professionals told us the management were approachable and supportive. One professional told us, "I find the management very approachable and responsive when we've need equipment for people." Relatives comments included, "I have no problems with the management. They are approachable, and you get a prompt response. You're never seen as a problem if you want to pop your head around and say hello to the office" and, "The deputy manager is always a bubbly person. Nothing seems to phase her. I put it down to their training." A staff member said, "I like the management. They are very supportive."

• The registered manager understood the requirements of Duty of Candour. They told us it is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.

Continuous learning and improving care

• The management arranged refresher training for the staff delivered by external agencies. This had recently included a session on moving and repositioning. This helped to ensure the staff were supporting people according to best practice.

• The registered manager attended a county care homes association to share ideas with other registered managers. They had used this as an opportunity to discuss different types of dependency tools before deciding on the most appropriate one for the home.

• The registered manager told us they felt supported by the owners who regularly visited the home. The registered manager received supervision six-weekly. The owners also provided telephone support when required.

Working in partnership with others

• The home worked in partnership with other agencies to provide good care and treatment to people. The management and staff worked closely with local district nursing teams, a nurse practitioner and GPs to meet and review people's needs.