

Absolute Care Homes (Central) Limited

# Boldmere Court Care Home

## Inspection report

350 Gravelly Lane  
Birmingham  
West Midlands  
B23 5SB

Tel: 01213530003  
Website: [www.boldmerecourt.co.uk](http://www.boldmerecourt.co.uk)

Date of inspection visit:  
14 November 2022  
21 November 2022

Date of publication:  
23 February 2023

## 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, personal care and accommodation for up to 68 people. The service provides support to older people, people with dementia, people requiring mental health support, people with a physical disability and younger adults. At the time of our inspection there were 63 people using the service.

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

Risk assessments required more information on techniques for staff to support people when displaying distressed behaviour. Risk assessments did not always contain enough or up to date information.

Some people received time critical controlled medicines however they did not always receive their medication at the required prescribed time.

Records in relation to the use of restraint 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.

Best interest documentation sometimes lacked sufficient information to demonstrate restrictions had been arranged in people's best interests.

The provider's handover documentation did not always have sufficient information to ensure staff were up to date with people's conditions and health needs.

Audits undertaken by the provider were not always effective at monitoring the quality of the service, some risk assessments lacked detail to clearly identify what mitigation was in place. In addition, some care plans did not contain enough detail.

One person's bedroom was in an unsafe condition. The provider had safeguarding systems and processes in place to keep people safe. People felt safe and were supported by staff who knew how to protect them from avoidable harm.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to the management team at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for the service under the previous provider was requires improvement, (published on 03 June 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection

to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

#### Why we inspected

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.

The inspection was prompted in part due to concerns received about care delivery. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well Led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 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 safe care and treatment, the need for consent and governance.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how changes will be implemented. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors, a specialist advisor who was a nurse and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 10 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, area manager, senior carers and care workers.

We reviewed a range of records. This included 10 people's care records, accident and incident records, use of restraint records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We continued to seek clarification from the provider to validate evidence found, including information about the provider's staff training programme and safeguarding policies.

# 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 we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.

- One person's bedroom was in an unsafe condition. One of the wardrobes was broken, with handles and drawers hanging from the structure. The provider was unable to explain how the person's room got into this condition. Furthermore, the person had been assessed as being high risk of injuring themselves or others. The condition of the bedroom placed the person and others at risk of harm.
- Risk assessments did not always contain enough or up to date information. For example, we observed one person displaying distressed behaviour. Staff told us the person received one to one support during a distressed episode; however, the person's risk assessment did not contain any details regarding one to one support. In addition, the risk assessment required more information on person-centred de-escalation techniques used to support the person. Staff we spoke with told us about the de-escalation techniques they used; however, new staff or agency staff would benefit from recorded techniques to follow when supporting the person.
- Furthermore, some people had a history of making false allegations; however, there were no recorded details to advise staff how to protect the person and themselves, such as guidance on having another person present when supporting the person.

Using medicines safely

- Some people received time-critical controlled medication however they did not always receive their medication at the required prescribed time. We found no one had been harmed due to the delays. The provider told us they would make adjustments to the night shift to ensure people received their medicines at the prescribed times.

We found no evidence that people had been harmed however, the provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's care plans detailed how they preferred to take their medicines including clear protocols for medicines given 'as and when' required.
- The provider had procedures to ensure medicines were stored and managed safely.
- Staff who administered medicines had been specifically trained to do so and the management team completed regular competency checks to ensure procedures were followed.
- Medicine Administration Records (MAR) noted all medicines were administered correctly and medicine

count records accurately recorded the total of each medicine in stock.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives explained how staff promoted people's safety. One person told us, "They [staff] come and see me to check I'm ok. If I need anything I just ask."
- People were protected from potential abuse by staff who had regular safeguarding training and knew about the different types of abuse. One staff member told us, "There are many different types of abuse such as physical, verbal, emotional and financial."
- People and their relatives explained how staff promoted people's safety. One relative told us, "It's a really good home; it's been the best thing for [name of person]. I can't fault them. The staff are good."
- The provider had safeguarding systems in place and staff had a good understanding of what to do to make sure people were protected from avoidable harm or abuse. One staff member told us, "If I saw or became aware of any type of abuse, I would without hesitation inform the management. If I was unhappy with how the matter had been dealt with, I would contact CQC, the local authority or the police."

Staffing and recruitment

- There were sufficient numbers of staff on duty to meet people's needs. The provider ensured people had a consistent staff team. One person told us, "There are enough staff, some are better than others."
- Pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance. The registered manager confirmed if the home experienced an infection outbreak, relatives could still visit via a telephone booking system and have temperature checks undertaken upon arrival.

Learning lessons when things go wrong

- Accident and incident records were completed and monitored by the registered manager to reduce the likelihood of reoccurrence. We found more analysis was required in relation to trends and patterns to enable the provider to reduce the likelihood of reoccurrence. We informed the registered manager who confirmed they were in the process of improving how information is reviewed and analysed.



# 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 we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

At our last inspection 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. The provided did not ensure restraint was implemented safely.

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.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 13.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the last inspection we found a number of occasions where restraint had been used as a way of managing people displaying distressed 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.
- At this inspection we found some improvements had been made; however, records required more detailed information in relation to the de-escalation techniques used prior to the restraint being imposed, and the position of the staff members implementing the restraint. This meant it was not clear and

transparent if the restraint used was the least restrictive and for the shortest possible time.

- We found reviews undertaken of restraint incidents required more information, such as looking at trends or triggers and how these can be addressed to reduce the use of restraint. For example, one person had several incidents of restraint over a four-week period. The review undertaken stated there are no defined triggers; however, staff members we spoke with told us about several triggers, such as, time of the day and interactions with particular staff members and relatives. An analysis of these triggers and then strategies put in place could potentially reduce the use of restraint.

We found no evidence that people had been harmed however, the provider had failed to ensure restraint was implemented safely. 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.

- We found some people who lacked capacity had stairgates fitted in their bedrooms. Staff told us this was put in place to stop people entering their bedrooms. The best interest documentation and care records for the stairgates lacked sufficient information.

- For example, one person's documentation stated the use of a stairgate would be reviewed monthly however, there was no evidence this was taking place. Another person's documentation stated professionals were involved in the decision to install a stairgate however there were no recorded names or roles of the professionals involved. Relatives we spoke with confirmed they were happy for the stairgates to be fitted and they were consulted.

The provider had not acted in accordance with the requirements of the MCA and was in breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found people's Deprivation of Liberty Safeguards (DoLS) authorisation renewals were sent in a timely manner.

- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected.

- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care. Staff involved people in decisions about their care and acted in accordance with their wishes.

Staff support: induction, training, skills and experience

- We found handover documentation sometimes lacked sufficient information, for example three people who receive their medicines covertly did not have this information recorded on the handover documentation. Handover information is important particularly for new or agency staff members who may be unfamiliar with people's needs and rely on the handover information, so they are up to date with people's conditions and health needs.

- Relatives were confident staff had the skills and knowledge to meet people's needs however they had concerns about the use of agency workers. One relative told us, "Most of the staff know what they're doing. The agency staff are not 100%, they get told what they have to do by the seniors. They (the staff) are trained well. They do everything how they should be doing it."

- Staff were positive about the provider's training programme. A member of staff told us, "The training is good."

- New staff who had completed a comprehensive induction, were well supported and either had health care qualifications or were completing training that covered all the areas considered mandatory for care staff. A member of staff told us, "We always try and ensure an experienced staff member works alongside any new

or agency staff."

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

- People were assessed before they used the service to ensure their needs and preferences could be met.
- Assessments of people's diverse needs were discussed prior to using the service. These included religion and sexuality.
- Assessments were used to formulate a plan of care. This provided staff with the information they needed to meet the person's needs and preferences.

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

- People were supported by staff to maintain nutrition and hydration.
- People had choice and access to sufficient food and drink throughout the day, food was well presented, and people told us they enjoyed it.
- People's feedback about the food was sought regularly by staff asking people and making observations. One person told us, "The food is ok, no complaints."

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

- People and their relatives told us the service worked very closely with other agencies and health professionals in order to meet people's specific needs. One relative told us, "The staff do talk to me if they are concerned about [name of person] and tell me what they're doing. They tell me if they have seen a doctor or another professional."
- Care plans were reviewed and updated to reflect any changes or recommendations from healthcare professionals. Staff told us they were confident changes to people's health and well-being were communicated effectively.

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

- The home was clean and tidy and adapted to meet the needs of people using the service.
- The premises provided people with choices about where they spent their time.
- People's bedrooms were decorated and furnished to meet their personal tastes and preferences, for example having family photographs and artwork.

# 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 we rated this key question requires improvement. At this inspection the rating for this key question has remained 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 care.

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

- The provider failed to ensure that governance and managerial oversight were effective at monitoring the quality of the service. Audits undertaken by the provider had failed to identify records required more information to demonstrate restrictions such as stairgates had been fitted in people's best interests.
- Systems and processes had not identified issues we found during the inspection such as a lack of sufficient information on recordings of restraint incidents and handover documentation.
- Audits undertaken had not identified some people were not receiving their medicines at the prescribed times. In addition, audits had not identified environmental risks such as the conditions of some people's bedrooms.

We found no evidence that people had been harmed however, systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by staff who were motivated to carry out their role.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance.
- Staff were aware how to raise a concern and told us what they would do if the need arose.
- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the service within required timescales.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives spoke positively about the care they received and of the way the service was run.
- One relative said, "The manager is nice I would be happy to speak her about anything. She's a very friendly and I think the service is well managed."
- All staff were committed to providing people with a high standard of care which was tailored to their needs and preferences.

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

- The registered manager understood the duty of candour and was open and honest about where the service needed to improve.
- The provider promoted an ethos of openness and transparency which had been adopted by all staff.

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

- The registered manager confirmed feedback was obtained from relatives using structured telephone calls. We reviewed the results from the last survey and the feedback received was positive.
- People's views were sought daily when receiving support.
- There were regular meetings for staff and their views were encouraged. Staff told us they felt valued and their views were respected. One staff member told us, "The team meetings are good and an opportunity for all to raise any issues or ideas for improvement."
- People and their relatives knew how to provide feedback about their experiences of care and the service provided a range of accessible ways to do this such as regular phone calls with the management.

Continuous learning and improving care

- The management team spent time working with staff to identify areas that may need improvement.
- The registered manager ensured they always kept up to date with changing guidance. The management team ensured staff were adhering to current guidance and best practice by carrying out spot checks. They also ensured policies had been updated to reflect these changes.
- Staff had completed training and they have access to continued learning so that they had the skills to meet people's needs.

Working in partnership with others

- We found the provider was working in partnership with people's relatives, health professionals, local authority departments and various groups and services within the community to ensure that people were supported appropriately.

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 11 HSCA RA Regulations 2014 Need for consent<br><br>The provider had not acted in accordance with the requirements of the MCA.  |
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The provider had failed to ensure sufficient systems were in place to do all that is reasonably practical to mitigate the risks to people. |
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>The provided did not ensure restraint was implemented safely.   |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.                    |

