

Hartford Care (2) Limited

# Boulters Lock Residential Home

## 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 

### Overall summary

This inspection took place on 1 April 2015 and was unannounced.

Boulters Lock Residential Home is a care home providing accommodation and personal care for up to 32 older people some of whom may be living with dementia. At the time of the inspection there were 31 people living at the service.

There was no registered manager in post when we carried out the inspection. However, a manager had been appointed and was managing the day to day running of the service. They were in the process of applying to become a registered manager with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

# Summary of findings

'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.

The provider's recruitment and selection procedures were not followed robustly. Information relating to staff employed at the service and required under the regulations was not always available. Staff said they felt well supported by the manager and told us they were listened to if they raised concerns. However we found that staff had not always had regular opportunities to meet with their line manager to discuss their work and plan their personal development. The manager had noted this and had begun to take steps to address this by planning regular meetings and appraisals. Staff made positive comments about communication and team working.

People, their relatives and visitors told us they were happy with the care provided at the service. Care was focussed on individuals and designed to meet the specific needs and preferences of people living at Boulters Lock Residential Home. There were systems in place to manage risks to people and staff were aware of how to keep people safe by reporting concerns promptly through procedures they understood well.

People and their relatives told us staff treated them with kindness and compassion. Visitors were welcomed to the service and made to feel at home. People told us they were respected and they were consulted about their care. People's needs were reviewed regularly and up to date information was communicated to staff to ensure appropriate care was provided. The quality of the service was monitored regularly by the manager and the provider. Feedback was encouraged from people, relatives and visitors.

People who could not make specific decisions for themselves had their legal rights protected. Best interests meetings involving relatives and healthcare professionals had been held for people when appropriate and decisions were made in accordance with legislation. The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. At the time of the inspection, three applications had been approved under DoLS for people's freedoms and liberties to be restricted. The manager had made further applications in view of the recent changes to DoLS.

Staff were trained appropriately to meet people's needs. New staff received induction, training and support from experienced members of staff until they felt confident to work independently and the manager was satisfied with the standard of their work. Training was refreshed and updated regularly.

There were activities available for people on an individual or group basis. People could choose to join in or opt out and their decision was respected. Links with the community were maintained through contact with local scout groups, day centres, garden centres and luncheon clubs. Outings were organised as well as exchange visits with another residential home.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of this report.

# Summary of findings

## 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. Recruitment practices were not as thorough as they should be and information required under the regulations was not in place for all staff.

People felt safe and were supported by staff who were trained and understood practices in relation to safeguarding people from abuse.

There were sufficient staff to respond promptly to people's needs. People received their medicines safely. The service was maintained to a high standard, regular checks were carried out on the premises and equipment.

Requires improvement



### Is the service effective?

The service was effective. However, staff had not met with their line manager to appraise their work and plan their development. This had been noted by the manager and was being addressed.

People had their needs met and were supported by staff who had received training. People and where appropriate, their families were involved in their care.

People were supported to have enough to eat and drink. People were supported to access healthcare professionals when necessary and staff sought advice with regard to people's health in a timely way.

Good



### Is the service caring?

The service was caring. People told us they were treated with kindness, respect and compassion.

People told us they were encouraged to maintain independence. Staff knew people well and responded to their individual needs promptly.

There was a relaxed and comfortable atmosphere in the home. People's privacy and dignity was protected and we observed people engaged with and responded to staff in a positive manner.

Good



### Is the service responsive?

The service was responsive. A programme of activities was available for people and outings were organised for people to enjoy. People could choose which activities they wanted to take part in.

People's preferences were recorded and staff were provided with information to enable them to meet people's wishes.

There was a system to manage complaints and people said they knew how to make a complaint if necessary.

Good



# Summary of findings

## Is the service well-led?

The service was well-led. Staff, relatives and professionals found the manager and deputy manager approachable and open. They were confident the service was well managed.

Regular audits were conducted to monitor the quality of the service provided and actions taken when issues were found.

We found an open culture at the service. Staff knew the values of the service and worked hard to uphold them. People and their relatives felt confident to raise concerns or make suggestions.

Good



# Boulters Lock Residential Home

## 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.

The inspection was carried out by one inspector on 1 April 2015 and was unannounced.

Before the inspection visit we looked at previous inspection reports and notifications we had received. Notifications are sent to the Care Quality Commission to inform us of events relating to the service. We also reviewed the Provider

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

During the inspection we spoke with six members of staff including the manager and deputy manager, eight people who use the service and five visitors. We observed people in the lounge and taking part in activities. We conducted a Short Observational Framework (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed five people's care plans, four staff files, staff duty rotas and a selection of policies and procedures relating to the management of the service. Following the inspection we received feedback from a healthcare professional.

# Is the service safe?

## Our findings

Recruitment practices were not always as thorough and as effective as they should be. The recruitment procedures included completion of Disclosure and Barring Service (DBS) checks. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. Other recruitment checks carried out included seeking information from past employers with regard to an applicant's previous performance and behaviour and ensuring a full employment history was taken and any gaps explained. However, not all these checks had been completed for each staff member. In two staff files gaps in employment history had not been identified or explanations recorded. In another staff file discrepancies were noted in a reference. The manager was not able to provide any evidence to show this had been explored further. A risk assessment had not been carried out to establish what implications this may have on people living at the service. In another file there was no record of a staff member's mental and physical fitness as required by the regulations.

The provider had not always taken steps to ensure staff were fit and proper to carry out their work. Information as required under Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations was not available for all staff employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The atmosphere at the service was relaxed and people we spoke with told us they felt safe. One person said, "Absolutely safe" and a relative said, "We feel very lucky to have [name] here, we know [name] is safe." Staff were knowledgeable about protecting people from abuse. Guidance was available to staff about safeguarding to help them identify and respond appropriately if they had concerns. Staff told us they had received safeguarding training and records confirmed this. They said they would have no hesitation in reporting abuse and they felt confident their concerns would be taken seriously and acted on. One member of staff said, "I'd be the first to go and tell the managers if something was wrong. I don't want anyone to come to any harm." Safeguarding and protecting people was discussed with each member of staff

individually during one to one sessions with their line manager. Staff were also aware of the whistle blowing policy and other agencies they could report concerns to if they felt they were not being addressed by the provider.

Staffing levels were based on the people's needs and reviewed monthly. If people's needs increased the manager had the authority to deploy additional staff to meet those needs. We reviewed the staff duty roster for the period 9 March 2015 to 4 April 2015 and found a full complement of staff had been on duty throughout the period. There were sufficient staff available during the inspection and people told us they never had to wait long for help when they needed it. Staff confirmed they considered there were enough of them on duty and they had sufficient time to meet people's needs.

The home was well maintained and there was a schedule of regular checks carried out to ensure safety. The need for remedial work was routinely assessed and the staff could request maintenance work to be undertaken. Staff told us work was usually completed in a timely fashion and if delays occurred they were kept informed. The maintenance person kept accurate records of all maintenance carried out and checks they completed.

Fire safety equipment was regularly tested to ensure it was in working order and other checks including those made on equipment used to move and position people were carried out according to relevant policy and legislation. An emergency folder was available containing a contingency plan which included arrangements for emergencies which may arise from time to time. The folder also contained personal evacuation plans for each person which identified the help they would need to safely leave the building in an emergency.

There was a system to record and review accidents and incidents. All accidents and incidents were reported weekly to the provider's head office. This allowed trends to be monitored. There had been no recent trends identified. Individualised risk assessments were carried out and where appropriate, guidance was included in people's care plans to manage those risks. For example, one person was assessed as being at risk of falling. The use of a sensor mat and clear instructions for staff on encouraging the person to use a walking aid were available in the person's care

## Is the service safe?

plan. Risks associated with such things as medicines, bathing and use of bed rails were also assessed. Risk assessments were reviewed monthly or whenever a change in the person's condition or circumstances occurred.

The provider had a medicines management policy. People's medicines were stored safely and we observed staff administering medicines in a safe manner in-line with the provider's policy. Medication administration records

had been completed consistently. Where medicines had been prescribed for people on an 'as needed' basis there was guidance for staff to help them determine when people may require the medicine if they could not ask for it independently. The service disposed of unwanted medicines in a safe manner by returning them to the pharmacy.

# Is the service effective?

## Our findings

Three of the four staff files we looked at, had no record of an annual appraisal being conducted. Another showed an appraisal was last conducted in 2012. Appraisals are used to review and reflect on the work of staff members during the previous year and discuss their future development. We raised this with the manager who told us they had identified this as an issue when they took up the position of manager and it was something they were addressing. Following the inspection they sent us an action plan indicating dates for appraisals had been organised and were to be completed by 10 May 2015.

Staff received support to carry out their role and provide effective care to people who use the service. The manager told us individual meetings were usually held between staff members and their line manager every two months. These meetings were used to discuss progress in their work, training opportunities and matters relating to the provision of care to people living at the service. However, one file showed a member of staff had not met with their line manager since September 2014 and prior to this, meetings had not taken place on a regular basis. The manager had taken steps to address this by organising and planning dates for meetings to take place regularly and delegating responsibility to the appropriate line manager. They told us they would be auditing records to ensure this was carried out. Staff told us they had regular meetings and felt supported and could seek advice from senior staff at any time if necessary and did not have to wait for an organised meeting.

People and their relatives told us they felt staff were well trained. Staff had received an induction when they began work at the home and received training in line with the common induction standards (CIS). They spent time working alongside experienced members of staff to gain the knowledge needed to support people effectively. They told us they felt they had received sufficient training to feel confident and they said they could ask for further training if necessary. All staff completed a probationary period and their performance was evaluated at the end of this time by the manager. Records confirmed the probationary period was extended if they were not assessed as competent or the manager had concerns about their performance.

The provider had a training policy which stated the topic areas they considered essential for staff employed at the

service to complete and how often this training was to be refreshed. A review of the training matrix indicated staff had mostly received refresher training in accordance with the policy. Where the matrix indicated training was out of date the manager had booked refresher sessions for staff to attend. Following the inspection the manager sent us details of the refresher training that had been completed.

Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the need to assess people's capacity to make decisions. The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Staff understood their responsibilities under the MCA. They were able to state how relatives, healthcare professionals and care staff had been involved in making best interests decisions for people. The records confirmed mental capacity assessments had been carried out before decisions had been made and the best interests decisions had been recorded in line with legislation.

The requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The manager was aware of the legal requirements in relation to DoLS. At the time of the inspection, three applications had been approved under DoLS for people's freedoms and liberties to be restricted. The manager had made a further ten applications and told us they were in the process of reviewing people in line with recent changes to DoLS. This was to ensure people's freedoms were not restricted unnecessarily.

Staff meetings were held and provided opportunities for staff to express their views as well as discuss ways to improve practice. Meetings were held at different times of the day and for different staff groups. This helped to capture the views of as many staff as possible and ensure good communication at all levels. The minutes of staff meetings showed discussions took place with regard to safeguarding people, requesting equipment for activities, effective recording, infection control and housekeeping.

At lunch time we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. People chose where they wished to eat, some people remained in their rooms while others preferred the dining room. There was a calm and pleasant atmosphere throughout the lunch period, people were not rushed and



## Is the service effective?

it was clear they enjoyed their meal. Staff encouraged appropriate conversation and friendly banter during the meal. The tables were decorated attractively with tablecloths and serviettes as well as the flower arrangements people had assisted to prepare during the morning activity. Staff supported people with their food if necessary, for example one person was offered help to make their position more comfortable and another was assisted to eat.

People were asked what they wanted to eat from the menu. We were told that choices were made in advance but people could always change their mind and alternatives were available. One relative told us “the food is extremely good, lots of choice.” Another described how their relative had not wanted anything from the menu one day the previous week. They said, “It wasn’t a problem the cook made suggestions and eventually [name] chose a milkshake and an omelette. It was ready in no time and [name] really enjoyed it.” The food was freshly prepared, well presented and people told us they had enough to eat. Fresh fruit and vegetables were incorporated into the menu and drinks and snacks were available throughout the day.

People’s healthcare needs were met and they were able to see healthcare professionals when they wished. People told us that they could see their GP whenever they wanted to. If people wished to attend the GP surgery staff made appointments and accompanied them when appropriate. Referrals had been made to specialist health care professionals for example, mental health professionals, district nurses, speech and language therapists and dietitians. People had also seen dentists, opticians and chiropodists. Staff ensured appointments were made to follow up any concerns.

One relative commented that a lot of work had been carried out over the last year to update the décor of the home to, “make it look so nice.” Some adaptations had been made to support people living with dementia. For example, memory boxes had been fitted outside people’s bedrooms. Memory boxes can be used to display personal items to help people identify their room. Brightly coloured signs, toilet seats and handrails were used to help people find their way around the service. Staff uniform was also brightly coloured and different colours indicated their job role. This made it easier for people to know who to ask for support with different aspects of their life.

# Is the service caring?

## Our findings

People told us staff were caring and considerate. One person said, "I know them all, it's just like home to me." People moved around the home freely and were relaxed and calm. Staff spoke politely to people and held conversations with them throughout the day. People were seen laughing and smiling while in conversation with staff. Staff knocked on people's room doors before entering and they told us they always checked people were happy for them to assist them before doing anything. People said they felt respected and told us staff used the name they preferred when addressing them.

A relative told us, "the staff are wonderful, they know [name] so well. It's such a comfort knowing [name] is here." Speaking about the maintenance staff one person said, "You can ask him to do anything, and it's done, he's wonderful." They added, "[Name] doesn't just fix things you know." They then told us they had requested some flowers to be planted in window boxes. This had been carried out and they were very pleased with the result.

People told us their privacy and dignity was respected. They said that curtains and doors were closed when they had personal care. People's choice was respected, for example, one person did not want to take part in the morning activity. Staff explained what they would be doing and how the person might enjoy it. When they refused again the staff member accepted it was the person's choice to refuse and offered an alternative. A visitor told us, "The atmosphere is always pleasant whenever you visit, we are made to feel very welcome and we see [name] is well cared for."

People responded to staff in a positive way and we saw they were relaxed and comfortable when asking for help or seeking reassurance. We saw a number of examples of people approaching staff and receiving patient, kind responses. Staff took their time and never hurried people

when assisting them and communicated throughout the time they were with people. People and relatives told us nothing was too much trouble for staff and said, "They work very hard."

Staff had detailed knowledge of the people living in the home. They told us what people liked to do, the type of thing that may upset someone and people's individual care needs. These details matched those recorded in people's individual care files and staff applied their knowledge in the way they provided care for people during the inspection. For example, one person was looking a little lost in the hallway. A member of staff approached and asked where they would like to go. The person was unable to give an answer and began to look distressed. The staff member used their knowledge of the person's past to engage them in a conversation about a job they used to do. The person immediately responded and went off happily with the staff member for a walk.

People and their relatives told us they were involved in decisions and planning about their care. One person said they had chosen to move permanently into the home after a short term stay. They showed us how they had made the room personalised by bringing items of furniture and belongings from their home. They confirmed they had been fully involved in deciding how they wanted to be cared for. They said, "I am happy here; I wouldn't be here otherwise. Staff are on hand if you need them but I can do a lot for myself."

People and their relatives told us they were able to visit at any time and could spend time with their family member in private if they wished. Alternatively they could spend time in the lounge or dining room with them. Relatives told us they knew the staff well and could speak with the manager or deputy whenever they wished. During the inspection we saw both the manager and the deputy being approached by relatives and engaging in conversations with them about the welfare of their family members. Relatives told us they were listened to and any worries or concerns were dealt with promptly.

# Is the service responsive?

## Our findings

People had their needs assessed prior to using the service. The manager told us they recognised how anxious families could be when their relative moved into the service. Therefore with the agreement of the person, families and friends were encouraged to be involved with the assessment. This helped to build a full picture of a person's life history and their personal preferences. The care plan was developed using this information and adjusted as the person settled into the home and staff got to know them. Staff told us this was very useful and ensured they knew how people wanted to be cared for. They said it was particularly helpful to get information from family and friends if people themselves couldn't remember things.

Care plans were detailed and focussed on the individual. The care plans were reviewed regularly and amendments made when changes occurred. For example, one person had had a recent fall. Their falls risk assessment had been reviewed and the care plan updated to reflect additional checks to be made. Where appropriate, relatives had been involved in reviews and records confirmed they had been able to contribute. For example, one relative had commented, "I am happy with the meeting regarding [name]'s eating and the plans that have been put in place." People's care plans recorded what was important to them including their cultural and spiritual preferences. Each person had a document in their care plan which detailed important information about them. This included information on communication, their preferred routines and how they made their decisions. This enabled staff to understand and encourage people to make choices in their day to day lives.

A programme of activities was provided and was displayed throughout the service for people to refer to. The programme included physical exercises, musical activities, quizzes, arts and crafts and board games among others. People told us outings were organised and they could spend time outside if they wished to enjoy the garden. One person told us, "they try to occupy us, it can be hard to get

people involved but they really try." They went on to say, "There's always something to do and they organise trips out too." We observed an activity on the day of the inspection which involved making flower arrangements for the dining tables. People were engaged in the activity, they smiled and interacted with staff throughout. Staff encouraged people to talk about, smell and feel the flowers, discussing names and colours. People responded and spoke about their favourite flowers and names of flowers they could remember. Other related activities were also discussed, for example, a member of staff suggested one person may like to paint the flower arrangements. They knew painting had previously been a hobby the person had enjoyed. Where people could not leave their rooms or chose not to, one to one activities were offered to them to help prevent social isolation. People were supported to meet their religious and spiritual needs. Staff were available to accompany people to religious services and ministers of religion visited the service if required.

The provider had a complaints policy and procedure which was displayed. Everyone told us they were aware of how to raise concerns but said they had not needed to do so. People and relatives said they were confident they would be listened to and things would be put right as soon as possible if they needed to complain. We reviewed the complaints log, no complaints had been made in the previous year. Compliments had been received about the service and demonstrated that the service was thought to have a warm, friendly environment. The manager told us they encouraged people and their relatives to raise concerns or discuss areas for improvement with them. A relative told us they could approach the manager or deputy at any time and there was, "Always an open door."

A board in the lounge displayed information relating to the day, such as the weather, day of the week, date, activities planned and staff on duty. Meetings were held so they could express their views about how the home was run. Topics such as suggestions for changes to the menu and types of activity were included.

# Is the service well-led?

## Our findings

At the time of the inspection there was no registered manager in post. The previous registered manager had recently left the service and a new manager had been appointed by the provider. They were managing the day to day running of the home and were in the process of completing the registration process with the Care Quality Commission (CQC) to become the registered manager.

People said they found the new manager approachable and told us she was available if they needed to speak with her. We observed people talking to the manager throughout the inspection. There was a good rapport between them and despite her relative short time at the service, the manager knew people's needs well. One relative told us they would have no hesitation in talking about anything with the manager and they said they felt confident in her ability to ensure the home was well-led. Two friends visiting a person told us they had not met the new manager. Later we saw the manager introduce herself and sat with the person and their visitors to talk about the service and plans for the future. People and their relatives also spoke highly of the deputy manager. One person said, "She's a wonder, nothing is too much trouble. I would go to her about anything, she's like a mum."

We found there was an honest and open culture in the home. Staff were aware of the values and aims of the service. For example, one staff member said, "There's good team spirit here, we work together to give good care and support. We respect people, I wouldn't do anything to anyone that I wouldn't want done to me." Staff told us there was an open door to the manager and deputy manager. They felt able to voice their opinions or seek advice and guidance. Staff told us they were listened to and said any concerns they raised were dealt with promptly. One member of staff told us there was, "It's a good team, dedicated." They went on to say, they felt managers were approachable and honest.

Links to the community were maintained. Activities were organised with the local cubs and scouts. Exchange visits took place with another local residential home. Day centres, luncheon clubs and garden centres were all used to engage people in the community. A hairdresser visited the home on a regular basis and there were also visits made by an owl keeper. Charity events had been organised to support groups such as the Alzheimer's Society. People told us they valued these links and enjoyed the entertainment and services provided. They said they looked forward to seeing different people coming to the home.

A robust programme of audits was completed. Monitoring of the premises, medicines, accidents and incidents enabled the manager to have a clear picture of the service at all times and to take appropriate action. An audit of medicines was carried out during the inspection. Records indicated that where problems had been identified during an audit they were addressed. For example, a medication error had been noted on a previous audit. This had been addressed appropriately and the member of staff had met with their line manager for a one to one discussion. They had then refreshed their training and had their competency tested before being allowed to administer medicines again. The manager told us she felt supported by the provider. A monitoring visit was completed every two weeks and a quality assurance manager also carried out snapshot audits of the service. Any issues found on the audit resulted in an action plan that had to be completed by the next visit.

During the inspection we observed the manager and deputy manager working together for the benefit of the service. There was a good working relationship evident through the way they responded and sought information from each other. Management meetings were held to discuss and plan for future improvements. Positive feedback with regard to the management of the service was received from a healthcare professional. They told us they felt the service wanted to achieve high standards and was interested in making changes when concerns or weaknesses were identified.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not have an effective recruitment procedure to ensure people employed were fit and proper. Information specified in schedule 3 was not available for all staff employed.

Regulation 19 (2)(a), (3)(a)