Absolute Care Homes (Central) Limited

Boldmere Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 27 and 28 January 2016 and was unannounced. At our previous inspection of 8, 10 and 11 June 2015 we found that the service was in breach of regulations in respect of keeping people safe, not meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, not having sufficient staff to meet the needs of people and not having systems in place to ensure good governance. As a result of our inspection we issued warning notices in respect of staffing levels and governance.

At this inspection we found that improvements had been made and the requirements of the warning notices had been met although some aspects of the governance of the service needed further improvements.

Boldmere Court Care Centre provides accommodation and support for up to 68 people with nursing and personal care needs some of whom were living with dementia. There were 67 people living at the home when we inspected.

People were protected from harm because staff understood their responsibility to take action to protect people from the risk of abuse and harm and the provider had systems in place to minimise the risk of abuse.

People were involved in planning their care and management of any risks identified in relation to the care they received. People received care and support from staff that were trained and supported to carry out their roles. The social needs of people living with dementia were not always met in an appropriate way.

There were sufficient staff available to meet people's needs and recruitment process ensured that suitable staff were employed.

People were supported to receive their medicines as prescribed.

People were supported to make choices about their care and staff worked in line with the Mental Capacity Act and Deprivation of Liberty Safeguards to ensure their human rights were protected.

People enjoyed their meals but actions were not always taken to ensure any weight loss or gain was investigated in a timely manner.

People received support from healthcare needs to monitor their ongoing health conditions and emergency treatment as needed.

People were treated with kindness and care and their privacy and dignity was maintained.

People received responsive care and their views were gathered through surveys, meetings and complaints.

The management and leadership in the home had improved and the morale within the staff group was good and people were happy with the service they received.

Systems were in place to monitor the quality of the service but further improvements were needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe

People were protected from abuse because staff had sufficient knowledge to identify abuse and systems were in place to protect people from harm and injury.

People were protected from the risks associated with the care provided because staff knew how to keep people safe.

There were sufficient staff to meet people's needs. Systems were in place to ensure that recruitment processes ensured that people were safe.

People were supported to take their medicines as prescribed by their GP.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported by trained staff that had the skills and knowledge to meet their care needs. The needs of people living with dementia were not always met.

People were supported to make decisions about their care where possible. People's human rights and rights to liberty were maintained.

People enjoyed their meals but systems in place did not ensure that weight losses were followed up in a timely manner.

People received support so that they received health care support for ongoing health concerns and emergency treatments.

Is the service caring?

Good

The service was caring.

People had developed positive relationships with staff that were caring and
considerate.

People were able to make decisions about the care they received.

Privacy, dignity and independence were promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People felt listened to and involved in their day to day care and people's changing needs were met.

Activities were not always appropriate to people's needs.

There were systems in place to gather people's views and people felt listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People were happy with the service.

The leadership in the home had improved but the manager was not registered with CQC.

Improvements had been made to the systems to monitor the quality of the service but they were not sufficient to ensure that people received a consistently good quality service and that actions were taken in a timely manner.

Boldmere Court Care 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.

This inspection took place on 27 and 28 January 2016 and was unannounced.

The membership of the inspection team consisted of two inspectors and an 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. Our expert had experience of this type of service.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We contacted the local authorities that purchase the care on behalf of people and three health care professionals to see what information they held about the service and we used this information to inform our inspection.

The provider had completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

We met with 13 people who received support from the service. We spoke with 12 relatives, the manager, deputy manager, management team member dealing with DoLS applications, two nurses, the chef and four care staff. Because some people were unable to tell us about their experiences of care, we spent time observing interactions between staff and the people that lived there. We used a 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.

We looked at records of five people who received support from the service, medication records, staff training records, two staff recruitment files, complaint records, staff rotas and quality audits.

Good

Is the service safe?

Our findings

At our last inspection of June 2015 we saw that people's needs were not being met due to a lack of staff. Improvements were needed in the management of medicines and how people's needs were met safely. We had received an action plan setting out the action the provider was going to take and at this inspection we found that improvements had been made and people were safe.

We saw there were sufficient staff to meet people's needs. People spoken with told us were happy with the staffing arrangements. One person told us, "They respond to the bell promptly, in maybe five minutes." Another person said, "They [staff] are sometimes very busy, but each time I need something they come." A relative told us, "There has been a tremendous improvement in terms of reduced agency staff." All the staff spoken with felt that there were sufficient staff on duty and following the recruitment of staff that there had been an increase in the staffing levels so that agency staff were now rarely used. The manager confirmed that staffing levels were appropriate to meet the needs of the people living in the home. During our inspection we saw that no one was left waiting for care and staff were attentive and anticipating people's needs where they were unable to tell people what they wanted.

Staff spoken with told us that all required recruitment checks were undertaken before they commenced their work. We checked the recruitment records of two staff and found the necessary pre-employment checks had been completed to ensure staff were safe to support people. The files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of identify. Staffs registration with governing bodies such as the National Midwifery Council (for nurses) was checked to ensure that they had maintained their registration and there were no concerns about their practice.

People told us that they felt safe in the home. One person told us, "Of course I feel safe." Another person told us, "I feel safe; there is always someone around if I need something." A third person told us, "Things have changed for the better." A relative told us, "The residents are very safe here and I have never noticed anything of concern when I am around." All staff spoken with felt that people were safe in the home and they were supported to maintain this. Staff told us they had had training in safeguarding people and were able to explain the procedure and give examples of where they would raise a concern. All staff spoken with were aware of the whistleblowing policy. None had had the need to use this but all said they were confident to raise any concerns with the manager. Our observations during our inspection showed that people looked comfortable in the presence of staff and some people reached out to take hold of staff's hands as they walked around and took staff to show them things through the windows. Information we hold about the service showed the allegations of abuse were raised with the local authority appropriately so that they could be investigated.

Risks associated with the care provided had been assessed and plans were in place to ensure that people's needs were met safely. A relative told us, "Staff now know him and his needs well and how best to manage him". Staff were aware of how to manage risks in order to be able to care for people safely. All had either read or were aware of the risk assessments on the files and said any updates were relayed to them and discussed in handover. For example staff knew the techniques used to manage difficult to manage

behaviour. We saw that people were appropriately supported to be stood up by staff, where people were unable to stand up they were supported appropriately with a hoist. Records showed that individual risk assessments had been completed for each aspect of people's care. These included risks associated with moving people, falls, skin care and behaviours that could challenge others. One relative told that they were concerned that their family member had recently become anxious about being moved in a hoist. We brought this to the attention of the manager so that he was able to monitor this.

People received their medicines as prescribed. One person told us, "When I am in pain they [staff] give me pain killers." One relative told us that they were happy with the way medicines were administered. Another relative told us, "Yes they gave her some tablets but she always spits them out and we have mentioned our concern." The manager was aware of this situation and staff monitored the person to try to ensure the medicines were swallowed but there were occasions with this had happened. During our inspection we observed medicines being administered and we saw that people were supported to take their medicines appropriately. We saw that some people received their medicines disguised in food and we saw that this followed the plans in place which had been agreed by health care professionals such as the GP and pharmacist. We saw that staff appropriately completed the medication administration records (MAR) after people had taken their medicines. We saw that medication was clearly labelled and instructions for staff to give medicines on an as and when required basis were in place and reviewed regularly. We saw that audits on medicines were carried out to identify any errors so that actions could be taken. We received feedback from a pharmacist audit in November 2015 which showed that the medicines management was good. The pharmacist had commented, "They [staff] knew their patients well.

Requires Improvement

Is the service effective?

Our findings

People told us they were involved in planning their care and deciding on how they received support. One person told us, "I was asked about the help I needed and I ask for help when I want it. I like to stay in my room but go to the dining room for lunch. I like to get ready for and into bed before tea so I can watch my television in bed." A relative told us that the family had been involved in agreeing the care plans for their family member and in particular with how some of the person's behaviours were to be managed. Another relative told us, "They [staff] try their best –but my mum is not happy here because 'it's like in a ward- people running around with pads and tablets all the time." Our observations showed that staff the interactions with people were good and based on their needs. We saw that there were occasions, in some parts of the home, where people received little attention from staff until there was a task to be carried out. Staff spoken with were knowledgeable about the needs of people and how they were to be supported. Our observations showed that care and support provided to people reflected their care plans.

We saw that although there were some activities to meet people's social needs these were not well met especially for people living with advanced dementia. On one floor of the home the activities included board games and bingo however, due the advanced nature of some people's dementia people would not be able to take part in the activity. On the unit where people living with dementia at an advanced stage were living we saw that the environment did not have any items that might provide them with interest and stimulation. We saw one person walk continuously but there were no items left in places that they could pick up and feel or tidy up or. The person either walked up and down or wandered into people's bedrooms.

People told us that they felt the staff had the skills and knowledge they needed to carry out their roles. One person told us, "It's a hard job but they [staff] work very hard." Another person said, "They [staff] seem to know what they're doing. I think they do get training." Staff told us they had received induction and ongoing training that included fire safety, manual handling, safeguarding and health and safety. The nurse interviewed had had their medication training. Staff had opportunities for individual personal development. The two care staff told us they were completing their NVQIII and felt very supported in this by other staff and the manager. This is training that is undertaken to ensure that staff have the skill, knowledge and competencies required to provide good quality care and to provide some support and supervision to other staff. Staff had received additional training to meet the specific needs of people, for example, dementia. Staff told us and records confirmed that they were able to access specialist support where needed. This included support from speech and language therapists (SALT) and specialist community nurses (CPN). Staff told us and records confirmed, they were supported to carry out their roles by senior staff on a day to day basis, in individual meetings to discuss their work practices and needs and through staff meetings.

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. Staff told us they had received training in the MCA and we saw that they were putting their training into practice. For example, people were encouraged to make choices and decisions about their care and

taking decisions for people that were in their best interests. For example, people were not woken up in the morning but were assisted to get up and have their breakfast when they woke up themselves. This meant that because at times people were having their breakfast a short time before lunch staff kept back a portion of lunch for later when the person wanted it. We saw that where possible people had been consulted about whether they wanted to receive life-saving treatment after a heart attack. Where people were unable to contribute to these discussions decisions were made in their best interests following involvement of their families and professionals involved in their care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made for the people that required them. Staff knew that people were not able to go out alone as they needed to be supervised for their safety. Applications had been for DoL authorisations where these were needed so that people were protected from unnecessary restrictions on their movements. We saw that some people had stair gates fitted in the doorway to their bedrooms. It was clear from conversations with staff that the use of the stair gates could be seen as a form of restraint but were clear that they were used to prevent people wandering into other people's rooms rather than stopping people leaving their bedrooms. Relatives knew why the gates were in place.

We saw that people received food and drinks at various times throughout the day. People told us, "They feed me well." Another person told us they enjoyed the meals they received and they were able to make choices about what they ate. A relative told us that their family member was offered choices from the menu. Staff had a good understanding of the care and support people needed to make sure they had enough to eat and drink. Staff were aware of who needed assistance with eating and who needed prompting to eat. During our inspection we saw that people received the support they needed and there were good interactions between staff and people. We saw that people ate well and appeared to enjoy their meal.

We saw that assessments had been carried out to determine if people had any specific dietary needs and if they were at risk of not eating or drinking enough. We saw that people were provided with soft or pureed diets if they needed them and people with diabetes were provided with an appropriate diet. People's weights were monitored to identify if people were gaining or losing weight unexpectedly. People who were losing weight were provided with a fortified diet or food supplements to increase their calorie intake. We saw that one person's records showed that they needed a specific diet due to dietary intolerances to two food types but the chef was only aware of one food intolerance. The chef was unaware that the individual had lost any weight so the person was not receiving any fortified meals. We saw that for some people the minimum amount of drinks had been identified but no actions were taken when the person had not been drinking an appropriate amount for several days. Some people were seen to have lost a significant amount of weight but referrals to the appropriate health care professionals had not been made. For example we saw that one person's records stated that they were to be referred to the dietician. Several days later there was a query in the communication book as to whether the referral had been made. At the time of our inspection there was no evidence that the referral had been made or that any follow up actions had been taken.

We saw that people's health needs were generally met via health reviews on a regular basis through the involvement of health professionals such as the GP, community nurses, dieticians and speech and language therapists. We saw that people were supported to receive emergency treatment as needed either in the home or via attendance at the accident and emergency department of the local hospital. A healthcare professional supporting the home told us, "Appointments are booked appropriately and instructions left for the nurses to follow are adhered to. Pressure care, nutrition and mental health needs seem appropriately managed. The home regularly liaises with the local mental health services."

Good

Is the service caring?

Our findings

People told us the care provided was excellent or very good. One person told us, "The patience is amazing." Another person told us, "Carers are really carers." A third person said, "The carers here are all very good but not the young ones." A relative told us, "I think they're very kind, nothing is too much trouble." Another relative said, "We know [person] is cared for well." Out observations showed that interactions were respectful, caring and demonstrated a good awareness of people's needs. For example, we saw that people were supported in a caring way to eat and drink. Staff were aware of how to identify if people were becoming upset and to how reassure them before this escalated into behaviours that could be difficult for the staff to manage and that would have an upsetting effect on the individuals.

People's privacy and dignity was promoted by the staff that provided care. One person told us, "They look after me well and make sure the door is shut." Another person told us, "They treat me with dignity and respect." We observed that people were discreetly guided to the bathroom when they needed support and the doors were shut so that people's privacy and dignity was maintained. We saw that people were nicely dressed and well presented. People had been supported to dress in individual styles with attention paid to their hair and makeup. Staff were able to tell us about the different ways in which they ensured that people's privacy and dignity was maintained. This showed that staff understood that privacy and dignity was important to how people felt about themselves.

People were encouraged to be involved in making choices about the care they received so that they were supported to retain as much independence as possible. One person told us, "Oh yes, we are offered choices." Another person told us, "I always tell them what I want." We observed that people unable to express themselves verbally were also encouraged to make choices about where they sat and what they did during the day. We saw that people were encouraged to remain independent and were provided with walking frames and cutlery and crockery that enabled them to eat and drink independently.

Requires Improvement

Is the service responsive?

Our findings

People were supported to receive care and support based on their individual needs. One person spoken with told us that they had been asked about the care and treatment they needed and they were receiving it. A relative told us that they were aware of the family member's care plans and said their family member had been involved in these. The relative felt that staff provided care that met their individual needs and that respected their choices and wishes. Staff were able to give good examples of personalise care and how people were given choices or the ways in which they were distracted or techniques they could use to prevent people becoming upset. We saw that one person was becoming upset that their relative had not visited and we saw that staff responded appropriately to reassure the person and help them understand when the relative would be coming. Records showed that people's needs were reviewed on a regular basis. Staff told us that they received updates in changes in people's needs in handovers between staff at shift changes.

Some people felt the call bell was responded to appropriately but others did not. One person told us, "When you press the bell they [staff] respond promptly." A relative told us, "I was speaking to another visitor and we agreed that there was a need for more carers because someone waited for the toilet." During our inspection we saw that most of the time call bells were responded to quickly however, we heard one person's bell ringing for several minutes. The person told us that usually they answered the bell quickly but occasionally they had to wait. They did not feel that this was an unacceptably long time.

There were some activities in place for people but they were not always suitable to the needs of the people. One person told us, "We don't have activities all the time. I like to read." Another person told us, "When its fine outside they will take you for a walk in the garden." A relative told us, "My mum likes music. They [staff] make an effort to communicate when a performer is coming. They take her through, that's nice." We observed staff laughing and joking appropriately with people creating a good atmosphere. We saw that there was a weekly programme of activities on each floor and staff told us that there were activities for people such as karaoke and bingo. We saw that for people living with dementia there were limited opportunities for appropriate activities.

There were systems in place to gather the views of people. People told us that they were happy with the service they received. One person told us, "I have not made any complaints- maybe that means it's well run." One of the relatives spoken with told us they knew how to complain and felt that they could raise a concern with the staff or manager and that they would be listened to. We saw that when complaints had been made their were recorded and addressed appropriately. We saw that some of the complaints recorded had been taken from a survey that had been carried out with relatives. We saw that there had been a brief analysis of the complaints but no particular patterns had been identified.

Requires Improvement

Is the service well-led?

Our findings

We saw that management of people's information regarding the care they needed did not always promote their privacy and dignity. For example, we saw that records of care provided to people were kept in folders that were kept in the corridors outside people's bedrooms. Information was displayed on notice boards about which member of staff were providing one to one support to people that needed that level of support. We saw that in one kitchen there was information about people's dietary needs were displayed on the kitchen cabinets .This information was accessible to anyone visiting those particular areas of the home and did not ensure privacy of information for people. This had not been identified by the manager or provider.

During our inspection we saw that although people's weight was monitored the systems in place did not enable the manager to be made aware of any weight losses so that they could ensure that the appropriate referrals were made so that the reasons for any weight losses could be investigated.

There was a quality assurance system in place based on gathering the views of people and auditing of the service at regular intervals. We saw that people's views were gathered at meetings with people through the complaints process. We saw that surveys were carried out with people. There were audits in place in respect of issues such as medicines management and infection control. We saw that some care plans and risk assessments were not accurately completed however; we saw that care records were being updated. We saw that the care records that had been updated were more detailed and better organised but this was a work in progress.

At the time of our inspection a new manager was in post and he was in the process of applying to become registered with us. Most people told us they knew who the manager was and that he spent time each day going around the home to ask people how they were. One person told us, "I think he is a good manager, he talks to me every day to see how I am getting on." A relative told us, "When the new manager arrived he called a meeting to meet everyone and confirm resident's needs." Another relative told us, "He [manager] spoke to me for a whole hour to discuss mum's needs."

People told us that they thought the service was well run and there were opportunities for them to express their views about the care they received and the quality of the service. People told us that there were meetings for them. People told us that they felt listened to and their comments acted on. One person told us, "We do have meetings for residents and relatives." A relative told us, "My thoughts are that it's run well, you can talk to them". Staff were positive about the quality of the management and leadership in the service. They felt supported and empowered to raise any concerns and felt listened to. Staff were very positive about working in the home and stated that the morale had improved greatly since the last inspection. One staff said, "[Manager] has made a big difference, he's hands on and supportive." This showed that there was an open and inclusive atmosphere where people felt listened to and valued.