D T Pangbourne

Bournedale House

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced inspection took place on the 12 July 2016. The service was last inspected in May 2015, when we identified it was not meeting two regulations. At that time people could not be confident that risks they faced relating to their condition would be well managed or risk assessed.

Bournedale House provides accommodation for a maximum of 11 older adults who may be living with dementia. There were 11 people living at the home at the time of the inspection. Ten people were unable to verbally tell us about the care they received. We tried to determine their experience of the service by using our observation tool, and a variety of non-verbal communication methods.

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

People told us they felt safe living at the service. Staff we spoke with were aware of how to recognise possible signs of abuse and the need to report any concerns.

There were not always enough staff available in the places people needed them to meet people's requests for support in a timely manner. The absence of staff to support and supervise people had resulted in people experiencing falls.

People could be confident that their medicines would be given safely.

The staff had been provided with training about the Mental Capacity Act (2005) but could not always explain how they put this into practice when supporting the people living at the service. Staff had received basic training to ensure they were aware about safe care and some of the people's individual needs.

People could be confident that changes in their health would be identified. People did not always receive the support they required to maintain their nutritional and hydration needs.

Individual staff did not consistently treat people with dignity and respect, and systems and processes within the home did not promote good practice in this area.

Relatives gave us positive feedback about the care provided. Everyone told us that staff were kind and caring and knew people well. The majority of staff that we spoke with were enthusiastic about their role and could describe how people preferred to be supported.

There were very limited opportunities for people to join in with activities they liked, and which reduced the

risk of them becoming socially isolated. Staff practice and the systems within the home did not promote people being seen as individuals. We have made a recommendation about increasing the focus on people using the service.

The service had ensured people maintained relationships with those who were important to them.

People living at the home and their relatives were aware of how to raise concerns and were confident that any concerns raised would be dealt with in a timely manner.

People, relatives and the staff were happy with how the service was managed. The registered manager had successfully improved some aspects of the service since our last inspection although this had not been entirely effective, and further work was still needed to ensure improvements to quality and safety continued and were maintained. We have made a recommendation about the ongoing leadership and development of this service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were not always supported by adequate numbers of staff to help them maintain their safety and meet their care and support needs.

People could be confident that their medicines were being stored, administered, recorded and managed safely.

Risks to people's health had been assessed and staff understood the action required to keep people as healthy as possible.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not supported by a staff team with the specialist skill and knowledge to meet their specific needs.

Restrictions on people's liberty had been identified and applications made to authorise these when this was required.

People were provided with fresh and nutritious meals. Staff support at mealtimes failed to ensure that people received individual support as needed to enjoy their meals.

Changes in people's healthcare needs were identified and support obtained from the relevant healthcare professional.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People were supported with compassion and affection.

People were not always treated with dignity or supported to maintain their privacy.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not consistently receive personalised or individual care.

There were not always activities available for people to enjoy, which would provide stimulation or protect them the risk of social isolation.

There was a complaints procedure to ensure any concerns raised would be identified and acted upon.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.
Systems to monitor and audit the effective running of the service to drive up improvement were not entirely effective.

There was a registered manager in post who was motivated to develop and improve the service further.

Bournedale House

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 unannounced inspection took place on the 12 July 2016 and was carried out by one inspector and a member of the CQC staff team who works in the Equality, Diversity and Human Rights Department. They joined this inspection team to learn more about the work of the Care Quality Commission.

We looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We reviewed the information from notifications to help us plan the areas we wanted to focus our inspection on. We contacted the local authorities who commission services from the provider for their views of the service.

We met all 11 people living at the home. Some people living at the home were unable to communicate verbally due to their health conditions. We spent time in communal areas observing how care was delivered and 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.

We spoke with the registered manager, senior carer, two care assistants and the cook. We spoke with two health professionals and the relatives of two people using this service. We looked at records including parts of four care plans and medication administration records. We looked at the staff file of the most recent member of staff to join the home. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service.

Requires Improvement

Is the service safe?

Our findings

We last inspected Bournedale House in May 2015 when we found the systems in place to protect people against risks associated with their healthcare conditions were not adequate. The registered provider and registered manager had not met the requirements of Regulation 12 at that time in respect of safe care and treatment. Following our last inspection the registered provider and registered manager produced an action plan detailing how they would improve this. We found that this action plan had been effective. At this inspection we found that people were protected because care and treatment was provided more safely, and because risk assessments had been kept under review.

The registered manager had tracked events such as accidents that related to people's safety. This tracking had not been entirely effective, and themes such as people falling in a certain room of the home, and people falling when no staff were in the room had not been identified as an issue or addressed. This meant that no action had been taken to develop or change the practices within the home to support people in the ways they required to reduce these risks. Shortly after the inspection the registered manager informed us they have improved their systems around management of accidents.

During the inspection we observed people's needs being met by the staff team, but we also observed significant periods of time when people were left on their own. Since our last inspection the needs of some people had changed. Two people were being cared for in bed, and their needs meant they were unable to use the call bell if they needed support. Staff checked on these people regularly throughout the day to ensure they were safe and well. These two people both needed the support of two staff to support them to change position, and to support with all their care needs. When this care was taking place it left other people living at the home without staff support. This left people at risk as people were at a high risk of falling, and were unable to call for help. At meal times everyone was served their meals at the same time although four people required physical assistance from staff with their meals and other people required support and prompting to eat and drink. Our observations showed that there were not enough staff to provide this support at the same time, and we observed people struggling to cut up their food, and eat without assistance. The registered manager told us that there were enough staff on duty, and the staff we spoke with supported this view. Our observations did not support that staff were deployed effectively to provide people with the support they required to keep them safe.

We asked one person living at the home if they felt safe. The person told us they did and they said, "Yes, I feel safe." The rest of the people we met were unable to verbally tell us about their experiences. Our observations showed that the atmosphere in the home was calm and we noticed that people appeared relaxed and comfortable in the home and with the staff who were supporting them. Occasionally we observed that people needed the support of staff to re-assure or comfort them. This was provided promptly and always with compassion. We observed members of staff supporting people to mobilise and with the exception of one occasion we saw this was undertaken safely. Relatives and health professionals we spoke with confirmed that people were safe. One relative told us, "Safety? I have no concerns at all about her safety."

Members of staff that we spoke with confirmed they had received recent training in safeguarding adults. Staff we spoke with were all able to recognise signs of abuse and explain the action they would take in the event of abuse being witnessed or reported to them. This would help to keep people safe and ensure prompt action would be taken in the event of a safeguarding concern being raised. Staff we spoke with were aware of the physical risks people were facing and described the action they took to keep people safe. This included helping people move to a different position to reduce the risks of getting sore skin, and risks relating to malnutrition and dehydration.

The registered manager demonstrated that checks were made on new staff before they took up employment within the home. This included checks of the person's employment history, identity and disclosure and barring checks. These checks helped the registered manager make informed decisions about which staff to employ to work at the home.

We looked at the medicines management within the home and tracked the medicines for four people in detail. We found that medicines were being well managed and people were receiving the medicines they had been prescribed at the correct time. We observed staff administering medicines using safe techniques that have been developed to reduce the risk of medicines errors occurring. Staff patiently explained to people which medicines they were being offered, and what they were for. We looked at the stocks of tablets and compared these against the records maintained by the staff. People could be confident that their medicines were being stored, administered, recorded and managed safely.

Requires Improvement

Is the service effective?

Our findings

At lunch time the food served to most people looked and smelt tasty and we observed most people enjoying their food. People who required the texture of their meal altering to enable them to eat it safely received meals that met their dietary needs but their meals were not served attractively or following good practice guidelines. The cook was aware of how to improve the presentation of these meals, and informed us new food moulds had been ordered.

Work was underway to increase the variety and types of food on the menu, and the cook described dishes she had tried and offered people to see if they liked it. Meals were sometimes prepared and served in different ways to enable people to try different meals and to eat the food with their fingers which some people preferred. The cook described some creative ways she hoped to be supported to develop that in the future would enable people to see and chose meals on a tablet computer. At the time of our inspection limited choices were available, and we saw everyone served the same meal, with the same sauces and accompaniments. This did not promote people's right to choice.

During the lunch time we saw one member of staff offer consistent patient support to a person who needed help to eat. Another member of staff had to repeatedly leave the person they were supporting to answer the door or the phone and to support other people. Staff did not always notice that some people were struggling to eat their meals and did not provide support or assistance. No adapted crockery and cutlery had been provided to help people maintain their independence.

Some people were at risk of not having enough to eat or drink. While people did not appear de-hydrated and their weight records showed they had maintained a steady weight, the records did not provide evidence that people were regularly having enough to eat and drink. Records had not been completed to provide evidence that all possible actions had been taken to reduce the risks related to not eating and drinking enough.
People appeared relaxed and comfortable with the staff that were supporting them. During our inspection we observed most staff using safe care techniques, and demonstrating knowledge of the specific needs of the people they were supporting. Staff told us they had received training, and one member of staff told us, "I love learning new things, and enjoy the courses. I'm learning lots of new things on the courses I am currently doing."

Staff we spoke with confirmed that they had been provided with support and training to help them undertake their work safely and to meet people's needs. We looked at the provider's record of training and found that training had been provided which would ensure staff had the knowledge needed about basic care principles and information about safe working practices. The manager had made arrangements for new staff to have access to the care certificate. The care certificate is a nationally recognised set of induction standards that ensures staff who have never worked in care before receive training in safe and good practice techniques.

All the people living at Bournedale House were living with dementia. Since our last inspection training had

been delivered that had increased awareness within the staff team about the general experiences and needs people living with this condition might have. Further training was planned. Whilst the knowledge of staff had improved since our last inspection, staff we spoke with were still unable to describe or give examples of good care for people with dementia. For example when we asked staff about activities people enjoyed, staff mainly described a range of traditional group activities and described how people were unable to join in with these. Staff had failed to see people as individuals and had not identified individual strengths or interests, or made reference to good practice guidelines and suggestions to support them develop activities people would enjoy and benefit from.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

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 are 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 were being met. We found that applications had been made to the local supervisory body for DoLS as required and in line with the legislation. During the inspection we observed staff seeking the consent of people before offering or delivering personal care or support. We saw that where possible people were encouraged to maintain their independence. A member of staff we spoke with told us," We always ask people what they would like, hold things up for them to choose from. Everyone here can make some small choices for themselves, if we encourage them." Another member of staff told us, "I approach people calmly, and kindly. I explain things and ask them if they mind if I help them. I try and make them feel comfortable with me."

Members of the staff team we spoke with told us that people received the support they required to see a wide range of health professionals. One member of staff told us, "People are supported to see all the health professionals they need." Our review of records identified occasions that when people's health needs had changed action had been taken. This was either because people were experiencing a short term acute illness or because their condition had changed. These changes in people's well-being had been identified by staff, and the staff had taken prompt action to get people medical treatment when this was required. Two of the health professionals we spoke with gave examples of changes in people's conditions that had been identified by staff. The staff team had then contacted the professional for a review and treatment for the person. Both of the relatives we spoke with confirmed their loved one received good healthcare. One relative described a recent illness a person had experienced and went on to say, "She had all the help she needed to see all the relevant health people." This provided evidence that people were supported to maintain good health.

Requires Improvement

Is the service caring?

Our findings

We observed the majority of the staff team supporting people with kindness and compassion throughout the inspection. We did however observe some specific incidents that did show staff working in a way that was caring. Staff had worked with some people for many years and over time had got to know them well. We heard staff talking with people about the jobs they had held in the past, members of their family and places they were known to have lived or visited. People's facial expressions showed that they took comfort and got enjoyment from these conversations. Contrary to this we also observed some staff looking at their mobile phones while supporting people at meal times, failing to support them in a dignified manner. We also overheard conversations on three occasions when private information about a person was shared more publicly than was required or was respectful to the person. Doing this failed to maintain the person's dignity and privacy.
Bournedale House had some shared bedrooms. The registered manager had provided a mobile screen that could be used to provide some privacy to people when they were receiving personal care. These were not large enough to do this effectively. Staff were observed to knock and wait to be invited in before entering a person's bedroom or bathroom. Health professionals that we spoke with told us that they were not always supported to treat people in private, and that sometimes their treatment took place in communal parts of the home. One health professional described the actions that the home could have taken to promote people's privacy further.

People living at Bournedale House had been supported by members of the faith community to maintain their religion when this was their choice. Staff we spoke with explained that in the past people had been supported to attend a local church of their choice, and that links had been made with a local faith leader who sometimes visited people at the home and administered communion when this was their wish. Staff explained there was nobody living at the home who currently wished to be supported in this way.

Two people had been assessed by medical staff to be in the final stages of their life. Staff we spoke with were aware of this and the plans in place to support people. We saw that there had been good liaison with the team of involved health professionals to ensure the people received good care, and that they had access to specialist medicines and specially trained staff.

The two relatives we spoke with described how they were made to feel welcome when they visited the home. One relative described how the staff would support a person to hold and speak into the phone, which was a way of maintaining their contact when distance prevented more visits to the home in person. A relative told us, "All the staff are friendly, and I am made to feel welcome whenever I go and visit." This helped people to stay in touch with people who were important to them.

Requires Improvement

Is the service responsive?

Our findings

People had their own plan of care that had been generated from assessments that had been undertaken when they moved to the home. The person, people important to them and health and social care professionals had contributed to these. The plans had been updated when people's needs changed to ensure they reflected their current care needs. The plans had been written taking into account the person's wishes and preferences. While these records were person centred and individual the support people they described as wanting had not been transferred to how the care was provided.

People did not consistently receive personalised or individual care that was meaningful and effective. The staff we spoke with were aware of each person's individual needs and preferences and the care records we viewed were individual to each person. However for much of the time we observed people being supported as a group. During our inspection only one person had opportunities to undertake activities or to pursue an activity that was individual or of specific interest or value to them. We observed people being supported with a daily routine that included all the activities necessary to keep people clean, nourished and hydrated, but there were few opportunities for people to do anything in addition to this. The registered manager informed us that a range of activities were available within the home. There were posters advertising a visiting musician for the following week, and an exercise class that people could join in with. For the majority of our inspection we observed people sleeping or having their care needs met. A television was on throughout the day in the communal lounge. We observed one person actively watching the programmes, and we did not see anyone involved in choosing what to watch. It was not evident that this was a valuable or meaningful activity for people. We recommend that the registered manager seek advice and guidance from a reputable source, about ways to increase and improve the focus on people and their individual needs and wishes in the planning and delivery of their care.

Two people received all their care in bed, and although staff explained they sometimes would sit with or read to people, there was no plan of activity or any records that showed this was undertaken frequently to reduce the risk of people becoming socially isolated. The registered manager explained the plans they had in place to improve upon this situation, and described activity planning boards that they had purchased which they hoped would help with the provision of more specific individual activities for people.

There was a handover between shifts to ensure that staff teams could exchange and share information about people's needs. Staff we spoke with told us they felt supported by the registered manager and told us how there was support for each other within the team. Staff told us there were regular formal supervisions, but that the registered manager was available at anytime of they needed support or guidance.

There had been no complaints received by the home since our last inspection. The registered manager described having an open door policy and being happy to speak with anyone about grumbles or issues at any time. Staff confirmed that they were confident and able to approach the registered manager. Relatives we spoke with described having open access to the registered manager, and feeling able to call with any concerns they had.

Requires Improvement

Is the service well-led?

Our findings

People's feedback about the care and support they received had not always been sought. The audits and checks in place to ensure that people were receiving good, safe care had not always been effective, and had failed to identify that staff were not working in a person focussed way and had become orientated around meeting people's basic needs and audits. The registered manager was aware of the need to improve upon the audits and checks within the home and explained some additional resources she had identified to help with development in this area in the future. Improvements to checks and audits would ensure people benefitted from a service that knew where it needed to improve. We recommend that the registered manager seek advice and guidance from a reputable source about current best practice in leadership and service development in relation to specialist services supporting people living with dementia.

Following the last inspection of the service we issued two requirement notices. The registered manager had taken action to improve the service to ensure these breaches were addressed. The registered manager had also addressed and completed a development plan issued by the local commissioners. The registered manager had taken action to respond to feedback and take action to ensure some improvements were made. The registered manager described support she hoped to obtain in the near future to ensure these improvements were maintained and would continue.

All the feedback we received about the management of the home was positive. Relatives we spoke with told us they felt able to call the manager at any time, and that they often received updates about their loved one. One relative told us, "The manager keeps us informed if anything changes." The two relatives we spoke with described the home in terms of satisfaction and spoke with pleasure about the standard of care provided and told us they would be happy to recommend the home. Comments we received from relatives included, "I have no problems at all with it. I'm very happy with [name of person] being there," and "All is extremely well for [name of person] as far as I know."
Staff we spoke with told us there were staff meetings. These provided staff with an opportunity to share information about the people they supported and the running of the service. Staff described how their ideas and views had been sought about ways the service could improve, and ways in which it could become more focussed on the needs of the people it was supporting.

Periodically people and the staff team had been asked for their views about the service and had completed questionnaires. Some questionnaires had been distributed shortly before our inspection, and the registered manager was waiting for enough response to compile the findings. Issuing questionnaires is a way of enabling people to give feedback about their experiences, which can be used to further develop the service.

The registered manager was fully involved in the day to day management of the care service. They were able to describe individual peoples' needs and how they continually aimed to provide people with a service that was responsive to their needs. Through the inspection and from discussions with the registered manager we identified that they had not kept up to date with all the relevant changes to regulations and what these meant for the service and the people they were supporting. In conversation the registered manager

demonstrated their knowledge about their responsibility to inform the Commission of specific events that had occurred. Updating their knowledge further would ensure people benefitted from a service that was operating consistently with current good practice.