Bournville Grange Limited

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Inspection report

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Ratings

Overall rating for this service	Requires improvement
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?	Requires improvement

Overall summary

We inspected this home on the 23 and 24 July 2015. This was an unannounced inspection. Bournville Grange provides care and accommodation for a maximum of 27 adults. Nursing care was not provided. There were 26 people living at the home when we visited. The home is set out over three floors with a lift to provide access to all floors. There are 22 single en-suite bedrooms, 3 single bedrooms and one shared en-suite bedroom. There were also two shared bathrooms one on the ground floor and one on the first floor.

The home does not currently have a registered manager. 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.' There was a manager at the home who was in the process of applying for registration at the time of the inspection.

Systems to protect people from risks were not always effective in ensuring that people received safe care and

Summary of findings

support. We found that some known risks to people were not being well managed. You can see what action we told the provider to take at the back of the full version of the report.

Medicines were given in a dignified and sensitive way. However, systems around medication administration were not always effective in ensuring that people received their prescribed medication. You can see what action we told the provider to take at the back of the full version of the report.

People using the service and their relatives told us they felt safe. Staff knew how to recognise when people might be at risk of harm and were aware of how to report any concerns. People told us they were encouraged to raise any concerns they had.

People and their relatives told us that there were enough staff to meet people's needs. Staff told us they felt they needed more staff on shift to be able to interact with the residents more. Staff had been trained in key areas of care to enable them to have the skills and knowledge to carry out their role effectively.

People had access to healthcare professionals and the service was proactive in referring people for healthcare support when their needs changed. The service acted promptly when advice was given from these healthcare professionals.

People were supported to eat and drink enough to maintain good health. People told us that they had access to a variety of food and drinks of their choice and people were involved in menu planning.

Whilst staff had received training about protecting people rights we found that there was a lack of understanding from the staff about what this meant for people living at the home who lacked capacity to make their own decisions.

People's needs had been assessed and care plans developed to inform staff how to support people in the way they wished. Most plans were updated as people's needs changed.

People felt cared for and relatives told us they were happy with the care their relative received. We saw people being treated with compassion and kindness and staff knew people well.

People and their relatives knew how to raise complaints and the service had systems in place to gather feedback from people.

People, relatives and staff felt there was a clear sense of positive change and development of the service since the new manager came into post.

Quality assurance systems were not robust and had failed to identify where improvements were needed in the management of risks.

The provider was not meeting the requirements of the law in respect of some regulations. You can see what action we 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?

Requires improvement

The service was not always safe.

People were not always protected from avoidable harm. Medicines were not always given safely.

Known risks to people's health and well-being were not consistently managed.

Staff knew how to recognise and act on the signs of potential abuse.

Safe recruitment practices were adhered to.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to be able to meet the needs of the people they supported. Staff felt supported.

People were supported to eat and drink sufficient amounts to meet their needs and maintain good health.

People had access to healthcare and the service was proactive in alerting professionals when people's needs changed.

Is the service caring?

Good

The service was caring.

People and relatives felt the staff were caring. Staff displayed kindness and compassion when interacting with people.

People were encouraged to express how they wanted their care delivered.

Privacy and dignity was respected by staff.

Is the service responsive?

Good

The service was responsive.

People told us they had regular activities they could take part in if they wished.

People were involved in planning their care and people's views were sought through residents meetings.

People and their relatives were aware of how to make complaints and concerns were acted on quickly.

Is the service well-led?

Requires improvement

The service was not always well-led

Summary of findings

There has not been a registered manager in post since July 2014 although a manager has been in place since February 2015. She had commenced the process of applying to be the registered manager.

Quality assurance systems were not robust or effective in managing and identifying where risks could be reduced.

We received positive feedback that the service has improved since the new manager has been in post.

Bournville Grange Limited

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 was undertaken by two inspectors on the first day and one inspector on the second day.

We visited the home on the 23 and 24 July and spoke with seven people who lived there, seven members of staff, the manager and the general manager for the service. We also spoke with a visiting healthcare professional and two relatives. After the inspection we spoke with two relatives and one healthcare professional who supported people who used the service.

Before the inspection 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 and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspections on. We also contacted the local authority who commissions services from the provider for their views of the service.

We looked at records including three peoples care plans and medication administration records. We looked at three staff files including the recruitment process. We also sampled records from training plans, residents meetings, staff meetings, maintenance schedules, incident and accident reports and looked at the providers quality assurance records to see how the service assessed and monitored the quality of the service.

Requires improvement

Is the service safe?

Our findings

People were supported to receive medication in a dignified and sensitive way. We saw that staff explained what medicines the person was taking and staff asked people if they needed their pain relief medication or not. Medicines were stored in a locked medication trolley or locked fridge. Whilst most people received their medication as prescribed in a timely manner we found some issues which needed to be addressed. The manager advised that she was aware that some aspects of medication management needed to improve but the changes had not taken place when we visited. The records for one person's essential medication were completed inaccurately, with blank spaces and crossed out entries, which meant staff did not know from the records if the person had received their medication or not. Staff we spoke with advised that they were unsure if the medication had been administered as prescribed. We saw that on a number of occasions one person had refused to take the medication they needed to manage their health condition. Staff were unable to advise if any action had been taken to monitor the person's health and there were no records of any action taken.

We found that no consideration had been given to timing of medication administration when people were asleep or unavailable at the time of the routine medication being issued. On occasions some people did not receive their prescribed medication. This was not responsive to the person's needs.

As required medications were not recorded accurately when administered which placed people at risk of receiving doses of medication in close succession because staff would not know from records what had been administered and when.

The failure to ensure that safe and proper management of medicines was being provided failed to protect people. This was a breach of Regulation 12(2)(g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the ways in which the home managed risks to people living there. Staff told us that understood people were entitled to take risks as long as they understood the associated consequences of them. We found that the home had identified that one person was at high risk of falling but there were no arrangements in place to reduce the risk for this person. We found that accident forms were completed with detail added around the circumstances of the fall and these forms were then reviewed monthly. However, we found that this review was not sufficient in identifying patterns that could reduce the likelihood of these accidents occurring again.

We looked at three people's records to see how people would be supported in the event of a fire. We found that individual evacuation plans had not been formulated for each of these people and found that staff did not have a consistent approach to emergency situations.

When we looked at how risks to people were assessed and managed we found that the monitoring of one person's fluid intake had not been recorded as planned. The person had been identified as at risk of not receiving sufficient fluids, and records to be maintained by staff had not been filled in consistently. Staff confirmed that the completed records were accurate indicating insufficient drinks had been taken, no action had been taken to encourage greater fluid intake.

The failure to ensure that reasonable action was taken to reduce the impact from risks failed to protect people. This was a breach of Regulation 12(2)(b) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we identified the need for some improvements people who we spoke with told us that they felt safe. One person told us "I do feel safe here". Four relatives that we spoke with said they had no concerns about people's safety. Staff we spoke with could explain the providers safeguarding procedures and said they had received training in how to recognise the signs of abuse and described what action to take should they have any concerns. Staff felt confident and comfortable in raising any concerns they may have with the manager. Records confirmed that staff had received training in safeguarding to ensure they were knowledgeable about safeguarding practices.

During the inspection we observed transfers and moving and handling techniques being completed in a safe and dignified manner. We saw that staff responded consistently to one person's needs so as to reduce the risk of harm to them. We saw that people were not rushed by staff

Requires improvement

Is the service safe?

supporting them and clear instructions were given to the person to help them understand what was happening. This meant people could be confident that staff had the appropriate skills to support them with their mobility.

People who used the service and their relatives told us that there were enough staff to meet people's needs. Staff at the home said they felt that there was a need for more staff on shift to be able to speak with people who lived at the home more. The manager had recently changed the working hours of the shifts in order to provide support at critical times of the day. We saw that although the service did not use agency staff they were able to cover any absences with staff from other homes in their group in order to maintain designated staffing levels.

There were processes in place for staff recruitment which included obtaining Disclosure and Barring Service (DBS) checks to ensure that people employed were safe to be working to support people. We found that further steps had been taken to ensure staff were suitable to support people who used the service. The manager was unclear about the providers interview process when employing new staff.

Good

Is the service effective?

Our findings

People who used the service said that staff had the knowledge to meet their care needs. Relatives we talked to told us that staff had the knowledge to provide appropriate support in order to care for people effectively.

Staff told us that they received regular training and were informed when they needed to attend further training. Staff said that they received extra training when people's needs changed. Staff also told us that if they didn't understand a certain aspect of the training received then the manager would go through it with them until they did understand. We saw there was a training plan in place that included specific training to meet people's needs. There were systems in place to go through training information for those staff who didn't attend courses. The manager informed us that she understood the different learning styles of staff and was supporting those staff who needed extra support on a one to one basis. New staff were being supported to complete The Care Certificate and the manager was hoping all staff would be able to complete this in the future. The manager was using formal and informal methods to monitor and assess the staff's ability to put their training into practice.

Staff told us they had regular supervisions which helped them improve their knowledge and staff felt supported in their role. We saw that formal supervision opportunities occurred infrequently. The manager told us that she wanted to be able to provide staff with more regular supervisions. We saw that staff meetings occurred regularly and gave staff the opportunity to learn about new developments in the care sector and also gave staff an opportunity to feed back to the manager.

People told us that staff offered them daily choices and asked for their consent before helping them with personal care. We saw staff seeking peoples consent around mealtimes and when they were receiving their medication. Relatives told us that staff offered choice to people around key aspects of their care. Staff told us that they always sought consent from people before supporting them and told us that when people refused they recorded what they had offered.

We looked at whether the provider was applying the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLs) appropriately. These safeguards protect the rights of people using services who may lack capacity to make decisions for themselves. Staff we spoke with told us they had received training on MCA and DoLs. However, we found that there was a lack of understanding amongst staff about supporting people in line with the requirements of the MCA. This lack of understanding meant that people were at risk of receiving incorrect support and people's rights were not being protected.

The majority of people were supported to eat and drink sufficient amounts to meet their needs and maintain good health. We saw that meal times were a pleasant experience and a time for socialising. People were offered a choice of meals and where to sit. People told us they liked the food and comments made included: "Food's very good", and "I enjoy the food very much".People told us that they could choose what they would like to eat and at what time, and gave examples of when the planned menu was changed in response to requests or comments made. We saw that drinks were available at all times. We saw that when people were supported to eat it was done in a dignified way and when people refused food the staff made arrangements for the person to have their meal later in the day. We saw that food was prepared to meet people's specific dietary needs in a sensitive way. There were systems in place to gather information about people's food preferences which the chef then incorporated into menu planning. The chef also sought feedback from people to see if they liked the food that day and whether to cook it again or not. We saw that people could have more food when they wanted it.

People told us that healthcare professionals were called in when they were needed and that they had access to regular healthcare check-ups. One person told us, "Dr's are called in when I am unwell and the staff make sure I am okay". Relatives told us that they were contacted when the home had concerns about their family member and the home kept them informed of any healthcare input received. One relative gave us an example of how the service had helped their relative regain their independence and dignity with a health care need. Health care professionals that we spoke with gave examples of how the service had alerted them if they had any concerns about a person's health and had responded quickly when advice was given. The service has links with a healthcare professional who visited the service regularly to observe practice and offer advice on any measures to prevent hospital admissions.

Good

Is the service caring?

Our findings

People told us that they felt cared for and we saw that staff interacted with people in a kind and compassionate way.

People we spoke to told us that, “Staff are very nice”, and “I enjoy having a bit of fun, the staff are cheerful and I enjoy the banter”. Relatives of three people told us, “It’s like coming home, it’s nice, cosy, warm and friendly” and, “They are good to Mum”. Staff we spoke to told us that their main priority is the people. People gave us examples of actions which demonstrated a caring service such as the owner bringing each of the ladies a flower for Mother’s Day and stockings for everyone at Christmas time. We saw that staff knew people well and gave them reassurance when people were in discomfort.

Staff knew peoples life histories and used this knowledge to set up activities, to aid communication with the person and to help people who had common interests communicate with each other. The manager was in the process of introducing ‘Life Story Books’ for each of the people living at the home.

People were supported to express how they wanted to receive their care. Bedrooms were personalised and people could change the decoration of their bedroom if they wished. Care plans were developed with the person and their family to find out the persons likes, dislikes and preferred routines.

One of the lounges in the home had recently been refurbished and people told us that they had chosen the colour of the carpet and style of chairs that they wanted. People told us that the staff and manager involve them in decisions about the home and people felt able to ask for anything they might need.

We saw that people had their privacy and dignity respected by staff. People told us that when staff cleaned their room their personal possessions weren’t moved and were left where the person wanted it. We observed staff knocking on people’s bedroom doors and waiting to be called in before they entered. We saw that when information was handed over between staff it was done so in a confidential and respectful manner.

People told us that they could be as independent as they wanted and gave an example of being able to access the garden when they chose to. One person said, “I love the garden and go out most days”. One visitor we spoke to gave us an example of how the service was trying to encourage their relative’s independence with mobility needs.

People told us that visitors were welcome at any time and that there were no rules about when they visited or how often. We saw that when relatives did visit they were welcomed into the home.

Good

Is the service responsive?

Our findings

People told us that they felt the service responded appropriately to their care needs. We saw that staff acted promptly to people's requests for support. People and relatives told us that people had plenty of activities to take part in.

People told us that they had regular activities that they could take part in. Relatives told us that people could choose whether they wanted to take part in these activities or not. We saw that newspapers were delivered daily and people had easy access to books, records and reminiscence aids. The service had pet fish and a cockatiel in the lounge. People told us that they liked interacting with these pets. There was an activity calendar on display detailing the plans for the day. The manager informed us that she was hoping to get a new calendar which would be more accessible for those people with poor eyesight. People told us about the staff growing tomatoes, green beans and lettuce in the garden. Staff told us that they asked people what they would like to do.

We looked at three care plans. They detailed preferences of care, religious and cultural needs and assessments of risk. Each care plan followed the same format and had been updated when people's care needs had changed. The manager told us that she wanted to improve the care plans to make them more person centred. People and relatives told us that they had been involved in care reviews. One person did not have any relatives so the service was looking into support from an advocacy service to support this person

Staff told us about choices people made about how their care was delivered. Staff informed us that people chose what they wanted to wear and when they wanted to get up or go to bed.

People and relatives told us that if they had any concerns they would speak to the manager who would try to resolve the issue straight away. One person told us, "If I'm not happy I would tell the manager". All the people we spoke with said the manager and staff were approachable and were comfortable to express their views of the service. People gave us examples of how the manager had responded to their concerns.

We saw that the complaints procedure was accessible both in communal areas of the home and in the service user guide which was placed in people's bedrooms. There had been no formal complaints in the last twelve months.

Requires improvement

Is the service well-led?

Our findings

People we spoke with told us that they were happy with how the home was managed and staff told us that they felt supported in their role. People and their relatives knew who the manager was and said she was approachable should they have any concerns. Relatives commented that the manager would make time to see them should they want to discuss anything.

The manager followed requirements to inform the Care Quality Commission of specific events that had occurred in the home and had worked with other agencies to keep people safe. Although the manager was aware that there had been changes to regulations she was not fully aware of what these meant for the service.

There has not been a registered manager at the service since July 2014, although the current manager has been in post since February 2015. The current manager is applying to become the registered manager of the service. The current manager had several ideas how she wanted to improve the service but has not had time to put all these plans into action.

People and staff informed us that they felt they were involved in the running of the home and were able to express suggestions for improvement to the manager. People told us that this happens on an informal as well as formal basis.

We saw that people had the opportunity to take part in residents meetings which were scheduled every month. The manager told us that any issues discussed at these meetings were analysed and action taken to resolve any issues that arose. However, one person told us that they had brought up issues about food but was not sure what was happening about this issue. The manager informed us that she was scheduling a questionnaire for people who used the service, to enable them to feedback comments they had regarding key aspects of the running of the service.

There was a clear sense of progression and positive change within the service. People and staff we spoke with talked positively about changes the current manager has made within the service. One person told us that the, "New lady is very good, she's firm but fair". Staff made positive comments and one staff member told us that the manager has "Changed things for the better", "She's doing changes so the residents have better care" and another said, "She is trying new things, which is really good". Everyone we spoke to commented that things were changing for the better.

The provider had a clear leadership structure in place which staff understood. The manager was supported by a deputy manager and senior staff which ensured continuity of leadership should the manager be unavailable to offer support and guidance to staff. Staff were aware of the responsibilities they had in relation to their specific role.

The providers system in place to monitor the safety and quality of the service was not consistently effective. Although the manager had introduced new quality assurance systems they were not robust and in some instances had failed to identify that the quality and safety systems and processes in place were not being complied with. The manager had not sought assurance or evidence that the risks were being managed. We found that monitoring arrangements had failed to identify that records of accidents and incidents had not been analysed to identify how to reduce repeated occurrences and provide guidance for staff to make improvements. The service was supported by an area manager who completed audits of the service at different times of the day in order to get a better overview of the service.

The provider's quality assurance checks had failed to identify issues related to the management of medication and the monitoring and management of risks to assist in keeping people safe.

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	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use the services were not protected from the risk of not receiving their medication in accordance with the prescribed instructions. Regulation 12(2)(g) People who use the services were not protected from known individual risks to keep them safe. Regulation 12(2)(b)