

Boroughbridge Manor Limited

# Boroughbridge Manor and Lodge Care Home

## 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Boroughbridge Manor and Lodge Care Home is a residential care home providing personal care to 51 people aged 65 and over at the time of the inspection. The service can support up to 77 people in one adapted building.

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

Risk assessments were not always clearly understood by staff to monitor and assess risk. This meant that changes in people's needs were not reliably monitored. We have made a recommendation about this. There were gaps in the documentation of medication recording and medication was not always disposed of in line with guidelines. We have made a recommendation about this.

Staff did not always sanitise their hands in-between contact with people living at the service which increased the risk of infection transmission.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Not all staff and people living at the service felt engaged in decisions about the development and changes at the service.

Audits, spot checks and staff supervisions did not highlight issues the inspection team found.

The service had enough staff to meet people's needs and staff were recruited safely.

People were protected from the risk of abuse or neglect and incidents were raised to the safeguarding authority and Care Quality Commission, when required.

People's care plans were detailed, and person centred. Staff understood people's needs and staff had the correct skill mix and experience to complete their roles.

People has choice and control over their meals and drinks and had access to a balanced and varied choice of food. Staff were observed to work well together to ensure people received the help they needed as quickly as possible.

The service welcomed health and social care professionals into the premises to provide specialised health care to people. The premises were decorated to a high standard and it was suitably adapted to meet the needs of people living there.

Staff received feedback from the manager and provider and the service has working relationships with partner organisations and agencies.

### Rating at last inspection and update

The last rating for the service under the previous provider was required improvement (published on 19 June 2019). The service remains rated required improvement. This service has been rated requires improvement for the last three consecutive inspections.

At the last inspection the service was in breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 April 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the quality of medication management.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led which contain those requirements.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Boroughbridge Manor and Lodge Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation to the management oversight at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Boroughbridge Manor and Lodge Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was undertaken by two inspectors. An Expert by Experience spoke with people and their relatives over the phone following the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Boroughbridge Manor and Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. There was a registered manager in post. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six members of staff including the provider, the registered manager, deputy manager, senior care workers, care workers and an activity coordinator. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service. An Expert by Experience spoke with five people and five relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the registered manager had failed to robustly record the safe management of medicines. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Improvements had been made to the recording of medicines. Records show people received their topical medicines, such as creams and ointments as prescribed. However, these medicines were not always stored in line with best practice guidance.

We recommend the provider consider current best practice guidance on the safe storage of medicines and take action to update their practice accordingly.

- People received their medication as prescribed. Discussion were held with the manager to ensure important information was recorded on MAR. For example, their GP's name.
- People who received medication covertly had a plan for this. People who needed medication 'as and when required' had a plan and protocol for this to make sure staff knew when to give this medication.
- Medication audits were completed on a regular basis but these were not successful in identifying the shortfalls the inspection team found. Prompt and appropriate action was taken to address any shortfalls.

### Assessing risk, safety monitoring and management

- Risk assessments were in place, but these did not reliably monitor risk or identify changes in a person's condition. For example, staff did not consistently review or record changes in people who were at risk of falls or losing weight.

We recommend that the provider review staff's understanding of the falls risk assessment and malnutrition universal screening tool (MUST) to make sure they are understood and completed correctly.

- Staff knew people well and the support them in line with their preferences.
- The environment was safe where routine checks such as fire safety or windows having restrictors in place.
- One person told us, "Yes I do feel safe. I am looked after here properly. There is no reason not to feel unsafe actually."

### Staffing and recruitment

- There were enough staff to safely meet people's needs. One person told us, "There always seems to be staff around. You can always find someone when you need to."
- The provider operated a safe recruitment process.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse or neglect.
- The provider had a safeguarding policy and procedure in place and staff understood when to raise a concern.
- The service raised concerns with CQC and the local safeguarding authority when required.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- Where there had been an accident or incident, this was recorded and the relevant organisation was informed, as required.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

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

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

At our last inspection we recommended the provider reviewed people's documentation about their mental capacity to ensure they are acting in line with legislation and act to update their practice.

Further improvements were required to ensure the provider was working in line with principles of the MCA.

- People who required support with decision making did not always have mental capacity assessments and best interest decisions in place.
- Decisions such as having routine COVID-19 testing or the COVID-19 vaccine were in place but other decisions about day to day care within the service were not assessed.

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

- People did not always have health passports in place. This is essential information about the person should they need to be admitted to hospital.
- People accessed health and social professional care when needed.

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

- People's needs were assessed where choices and preferences were respected.
- People's needs were assessed before they moved to the service to make sure staff could provide the right

support.

- People received support from health and social care professionals to manage, plan and monitor people's health and care needs.
- One person told us, "They keep me very well informed if there are any changes from the norm."

Staff support: induction, training, skills and experience

- Staff felt supported by the provider. One member of staff told us, "The manager is great. They have really taken control."
- Staff received an induction, regular training and staff had the skills and experience to complete their role.
- Staff had regular supervisions with the manager and staff reported they were supported by the provider.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were provided with a variety of food, drink and snacks throughout the day. During lunch time, people were shown the meal choices by staff which enhanced the mealtime experience and support decision making
- One relative told us "[Person] eats everything that is put in front of them!" Another relative told us, "[Person] loves [a brand of drink] and they always have it there, just for them. And they put it in the fridge too."

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

- The service was decorated and adapted to a good standard to meet the needs of people living there.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as required improvement. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

At our last inspection the registered manager had failed to have effective safety and quality systems in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Audits and checks were not successful in identifying issues within the service. For example, there were gaps in the medication records, personal emergency evacuation plans (PEEPS) were not regularly updated and consent was not obtained, for people who were unable to make their own decisions.
- The provider failed to address the recommendation made at the last inspection in relation to the principles of the MCA.

The provider failed to ensure systems effectively monitored the service. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Reviews of accidents and incidents were completed where appropriate action was taken. When the inspection team shared an issue with the manager, quick action was taken to address the points raised.

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

- People and their relatives felt there was a positive, open and empowering culture. One person told us, "With everything going on this past year, everyone is doing a great job."
- The staff team engaged with people and had friendly interactions.
- One relative told us, "I know the manager and all the staff on the front desk. I have a nice relationship with them all."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider acted within their legal duty to be open and honest when something went wrong.
- The manager shared information with other agencies, people and their relatives. Where there was a complaint or concern, this was investigated.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider worked in partnerships with others and people within the service.
- The service had links with the local community organisations such as the GP, district nurses and social care professionals who routinely visited the service.
- People could provide feedback to the service to make positive changes.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems did not effectively highlight areas of safety and quality which required improvement. 17(2)(a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.