

Mr & Mrs A J Metalle

# Bonaer Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Bonaer Care Home is registered to provide nursing care and was supporting 27 people on the day of our inspection.

People's experience of using this service:

People were relaxed and comfortable at Bonaer Care Home and relatives were complimentary of the care provided. Staff were attentive and provided support at a relaxed pace.

People told us they felt safe in the service and staff had a detailed understanding of their role in protecting people from all forms of abuse or discrimination. Risks in relation to choking and pressure area care were managed appropriately.

Staff were recruited safely and there were enough staff available to meet people's needs. Both care and domestic staff responded immediately to people's requests for support and care was provided compassionately at a relaxed pace. Induction training for new staff was provided in line with national recommendations and updated regularly.

Care plans were informative and included information about people's backgrounds to help staff understand their individual needs. The service employed an activities coordinator and an Occupational therapist and there was a varied programme of group and individualised activities available for people to participate in if they wished.

The service was well-led. The well-established staff team were highly motivated and told us the registered manager was supportive and compassionate. Action had been taken to address and resolve issues identified during our previous inspection and there were appropriate quality assurance systems in place.

At our previous inspection the service was rated Requires Improvement. (Report published 20 March 2018)

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Bonaer 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of two adult social care inspectors and an expert by experience with knowledge of this type of service.

**Service and service type:** Bonaer Care Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at on this inspection.

The service had a manager registered with the Care Quality Commission. 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:** We reviewed all information we had received about the service since the last inspection. This included, previous inspection reports and details of incidents that the provider had notified us about.

During the inspection we spoke with seven people and three relatives to ask about their experience of the care provided. We observed how staff provided care throughout the inspection including during the mid-day meal. We also spoke with five staff, the registered manager, the provider and a visiting health professional about the service's performance.

We reviewed a range of records. This included four people's care records and a selection of medicine records. We also looked at three staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and the service's policies and procedures.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People consistently told us they felt safe and were reassured by staff team's friendly and compassionate approach.
- People's comments included, "I feel safe because everybody is so honest with me", "They do look after everyone" and "The staff make you feel nice and safe."
- Staff had a good understanding of local safeguarding procedures and information about how to raise safety concerns outside the organisation was readily available.

Assessing risk, safety monitoring and management

- At our last inspection we found a breach of the regulations as risks in relation to choking and pressure area care had not been adequately managed.
- At this inspection we found there were systems in place for the management of choking risks and that prescribed liquid thickeners were being used appropriately.
- People's care plans included detailed information on the management of pressure area risks.
- Pressure relieving mattress were set correctly and other equipment was used appropriately to reduce the risk of people developing pressure sores.
- Risk in relation to the environment and people's individual needs had been identified and assessed. Staff were provided with clear instructions on how identified risk should be managed.
- The service had suitable emergency procedures and evacuation equipment in place. The Fire alarm system and other emergency equipment had been regular serviced and tested.
- Following discussions during our last inspection the provider had sought guidance on the use of specific items of equipment to support people to move around the home. During this inspection we observed staff struggling to manoeuvre equipment safely around bends and through narrow areas of the home. We recommend the service seeks further advice from suitably skilled external professionals on how this equipment should be used where the lay out of the service limits manoeuvrability.

Staffing and recruitment

- The service was consistently well staffed. On the day of our inspection there were; six care staff, a nurse, an occupational therapist, an activities co-ordinator, two cleaners and a laundry person on duty to support the 27 people using the service. The staff team were being supported by the registered manager, the provider and the training supervisor on the day of our inspection.

- People told us, "If I need help I know I can just press my call bell." We saw staff responded promptly to people's needs and that call bells were answered quickly.
- Recruitment processes were robust and all necessary pre-employment checks completed.

#### Using medicines safely

- Medicines were managed, stored and administered safely and staff were appropriately trained to support people with their medicines.
- Medicines records were well maintained, detailed and informative. They had been regularly audited and any issues identified promptly addressed.
- Where 'as required' medicines were used this information was included in staff handover meetings to highlight when further medicines could be given if needed.

#### Preventing and controlling infection

- Staff had received training in infection control and appropriate equipment was available throughout the service to manage infection control risks.
- Domestic staff duties were well defined and the service was clean. Any odours within the service were dealt with and resolved promptly.
- Infection control audits had been completed regular and the registered manager was the service's designated infection control lead. Staff told us, "Infection control practice is good here, all [lifting] equipment is wiped down after use."

#### Learning lessons when things go wrong

- All incidents and accidents were recorded, reported to the registered manager and investigated.
- Where any trends, themes or opportunities for learning were identified these details were shared with staff to minimise the risk of similar event reoccurring.

## 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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

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

- Where appropriate people's capacity to make specific decision had been assessed and any decision made on behalf of individual who lacked capacity were made in the person best interest with appropriate involvement of relative and professionals.
- The registered manager had correctly identified that some people who lacked capacity had potentially restrictive care plans. Necessary and appropriate applications had been made to the local authority for the authorisation of these restrictions.
- Where people had appointed others with lasting power of attorney this had been recorded within the care records. However, the service was not always able to demonstrate they had viewed these documents to confirm the information they had been provided was accurate.
- People were routinely able to make choices in relation to how their care was delivered and these decisions were respected by staff.
- People's needs were assessed before they moved into the service. Care plans were developed from this information combined with additional details provided by care commissioners.

Staff support: induction, training, skills and experience

- People told us their staff had the skills needed to give them support and relatives told us, "The staff appear to be well trained."
- There were systems in place to ensure training was regularly refreshed and a staff new to the care sector

were supported to complete induction training in accordance with nationally recognised standards.

- Clinical staff had been supported to complete revalidation and other appropriate training.
- All staff received regular supervision and spot checks were routinely completed by the registered manager to monitor the quality of support staff provided.

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

- People enjoyed their meals and told us, "I like the food very much", "We have a great choice of food" and "Mm, the food is very nice, lovely and tasty."
- The service operated a four-week rota and at least two choices were offered at each meal time.
- People were able to change their minds and relatives told us, "If [my relative] does not want what she ordered they will make her something else."
- Staff knew who needed support and encouragement at a meal times and this support was provided discreetly and with compassion. Specialised cutlery and was available to support people to eat independently.
- Hot and cold drinks were served throughout the day to prevent dehydration. The service was focusing on hydration during the week of our inspection with a different theme each day. The day of the inspection was, "Hawaiian day" and fruit based cocktails and mocktails were served in the afternoon. People told us, "They always make sure I have a drink on hand."

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

- People's bedrooms were personalised, well presented and homely and people told us, "It's nice that you can personalise your room."
- There was an ongoing programme of improvement within the service. A seventies themed lounge had been decorated and flooring in the kitchen and laundry room replaced since our last inspection. In addition, a summer house was under construction in the service's garden. Once completed this will provided people with an additional wheelchair accessible outdoor space.
- At the last inspection we raised issues with the standard of décor in a specific area and temperatures in the conservatory. Both of these issues had been addressed and resolved.
- At this inspection we found that carpets in some communal areas were discoloured and worn and that corridors upstairs were in need of redecoration. The provider accepted these findings and has begun to commission the necessary works.
- In one bathroom, damage to fittings meant cleaning was challenging and could represented an unnecessary infection control risk. We also found high water temperatures in two sinks tested.
- We discussed these concerns with the providers who made prompt arrangements for a plumber to visits to resolve these issues.

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

- Records showed that service made appropriate and timely referrals to health professionals to ensure people's care needs were met.
- Professionals told us "They are doing what we have asked them to do" and where professionals provided advice this was incorporated in the person's care plan.



# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed and happy atmosphere in the home and laughter was common. Staff understood people's individual needs and provided support with kindness and compassion.
- People told us, "I love it here, the staff are so caring", "The staff are such a good laugh" and "It's the staff that make it so nice, they are lovely." One person who sat next to an inspector commented to staff, "I like it here, you are good."
- Relatives were also complimentary of the staff team's caring approach and said, "The care is fabulous", "I like the interactions between the staff and my mum" and "The best thing about this place is the laughter around the home."
- Staff knew people well and provided support at a relaxed pace. Throughout the day staff took time to sit and chat with people in their rooms or communal areas of the home.
- Where people showed signs of becoming upset care and domestic staff responded immediately providing reassurance and any help needed. Staff told us, "The patient care is very good here."
- People's care plans included life history information and the service's occupational therapist was currently focused on expanding the amount of background information included in each person's care plan. The registered manager recognised the value of helping staff to understand how a person's life experiences could impact on the current needs and told us, "The underpinning of people's needs is their life history."
- Staff had an understanding of equality and diversity issues and people were respected as individuals. A religious service was held during the morning of the inspection. One person was known not to enjoy these events and was supported by staff to engage in other activities in another communal area while the service was under way.

Supporting people to express their views and be involved in making decisions about their care

- People were able to decline aspects of planned care and staff respected people's decision and choices in relation to how their support was provided.
- Staff sought people consent before providing support. Where people required support to move around staff explained their intentions before providing assistance.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and took action to ensure people's dignity was protected. Doors and curtains were always closed before personal care was provided and staff knocked on doors before entering

people's rooms.

- People were supported to remain as independent as possible and staff responded promptly when people requested support to access the facilities.
- Relatives were able to visit at 'any time' and told us they were always made to feel welcome and encouraged to visit whenever possible.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service provided personalised and individualised care and support.
- People's care plans were informative and provided staff with sufficient guidance to ensure their needs were met.
- Care plans had been regularly reviewed and were updated whenever a significant change in the persons needs was identified. One relative described how staff had changed their approach in response to a change in their relative's need.
- People and their relatives had been appropriately involved in the process of developing and reviewing care plans.
- Details of the support people required with communication was recorded in line with national guidance.
- The service used a digital care planning system which included details of the care and support each person had received each day. Visiting professionals were confident using this system and were able to add comments and notes independently.
- The service employed a full-time activities coordinator and there was a varied and interesting range of activities within the service.
- On the day of our inspection there was a well-attended religious service in the morning and Hawaiian themed afternoon. Staff wore fancy dress and set up a bar in one of the lounges service a selection of alcoholic or non-alcoholic cocktails in support of the service's hydration week theme.
- People told us, "I like doing the Arts and Crafts that we do", "We have just made some Hawaiian garlands in the conservatory" and "I always join in the activities, there's always something to do." While relative said, "They have lots of activities here" and "Mum always takes part in the activities, she feels it's good for her."
- The service had a wheelchair accessible vehicle to support people to attend community events and go shopping. People told us they enjoyed these trips out and their comments included, "I enjoy going out to the local Memory cafe every week."
- The service also employed a full time Occupational therapist who worked with people on an individual basis to develop targeted activities and exercises to help them remain as independent as possible.
- Where possible activities were tailored to people's individual interests. For example, one person liked motor bikes so a visit by a local motor bike club had been arranged to support this interest.
- A 70's style room had been set up within the service. It was brightly decorated and contained various memory boxes to support reminisce activities for people living with dementia.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise complaints but told us this had not been necessary commenting, "I can't fault It at all."
- The service had appropriate system in place to ensure any complaints received were investigated and resolved appropriately.
- The service regularly received compliments and thank you cards from people and their relatives. One recently received card said, 'Thank you for being so kind to [my relative] and showing so much care.'

#### End of life care and support

- The service was able to meet people's needs at the end of their lives.
- Where people had made decisions and choices in relation to how support should be provided at the end of their lives these decisions were recorded and were respected.
- Where cultural or religious practices were important to people they had been supported in accordance with these values.
- The service worked collaboratively with professionals to enable people to remain comfortable and pain free.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were comfortable at Bonaer and told us, "I'm very happy living here" and "There's no rules here, everything is so nice and relaxing."
- Relatives were also complimentary of the service and the support it provides. Their comments included, "It's a very, very good nursing home", "It's a little rustic, homely and well run" and "I'm so impressed with the place, I'd book myself in here." Relatives felt involved in planning people's care and reported they were always informed quickly if anything happened to their loved ones.
- Where significant incidents and accidents occurred timely and appropriate notifications had been made to the commission.
- The registered manager and staff team took an open approach to the inspection process and acted promptly to address minor issues identified.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People told us "I get on really well with the manager" and relatives said, "The staff are very good, I think that comes from the top."
- The registered manager knew people extremely well had a detailed understanding of their individual needs and preferences as she regularly completed nursing shifts within the service
- The service was a family business with two generations of the family employed in various leadership and supervisory roles. The service sought to treat people as family members and there was a relaxed and supportive atmosphere where staff responded immediately to people needs
- The staff team were well motivated and told us the providers were supportive and compassionate. Their comments included, "We have low staff turn-over", "I would recommend working here, we are looked after" and "nurses and carers work well together." One relative commented, "If I was matron here I would be delighted with the staff."
- The service had appropriate quality assurance system in place designed to drive improvements in its performance.
- The providers had taken action to address and resolve the issues and recommendations made in the previous report which was appropriately displayed within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, and Continuous learning and improving care

- Staff told us, "There is very good communication between managers and carers" and "The providers are approachable". Hand-over meetings were held to share information between shifts and staff meetings were completed regularly to ensure staff were aware of and involved in any changes within the service.
- Surveys were regularly completed to monitor people's experience of living within the service. All feedback received was valued and where possible changes were made to address and resolve and issues people raised.
- Staff had a good understanding of equality issues and were conscious of, valued and respected people's diversity.
- The service aimed wherever possible to learn from any incidents or accidents that occurred. New procedures had been introduced following learning associated with the management, investigation and resolution of a complaint.

Working in partnership with others

- The service worked collaboratively with other to meet people's needs.
- Prompt referrals were made for support from professionals when people needs changed and advice provided was acted upon.
- The service participated in various community events and worked with local community groups to support people to engage with activities they enjoyed.