Kingsthorpe Care Limited

Boughton Lodge Care Home

Inspection report

105 Boughton Green Road
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Tel: 01604720323

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 21 November 2017. Boughton Lodge Care Home is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Boughton Lodge Care Home accommodates a maximum of 19 people in one adapted building. On the day of the inspection there were 17 people living at the home.

Boughton Lodge Care Home had a registered manager in post. 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.

This service had previously been inspected in October 2016 and was rated as Requires Improvement. At this inspection we found that the service had made improvements in all areas with the exception of the Safe domain, which remains as Requires Improvement.

Improvements were required to ensure the timely upkeep and maintenance of the home. The provider had been aware of damage in the main bathroom and this had not been rectified in a timely manner. We also found that improvements were required to the cleanliness of the home. The provider had taken action to rectify this however this had been reactive and improvements were required to the cleaning regime on a frequent basis.

People were supported by staff that understood how they could people safe. Safeguarding procedures were in place to help protect people from harm and staff understood their responsibilities to do so and to report any concerns. All concerns were investigated and appropriate action was taken.

Infection control systems were in place to support people to receive their personal care appropriately. Staffing within the home was adequate to meet people's needs and keep people safe. Staff responded to people in a timely way and suitable recruitment systems were in place to recruit staff from appropriate backgrounds.

People's medicines were administered in accordance with people's preferences and people were given the appropriate support they needed to take them safely. Medicines were stored securely and medicines records were completed appropriately. Accidents and incidents were investigated and if learning was identified this was shared across the staffing team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The service

worked within the principles of the Mental Capacity Act and the registered manager completed appropriate documentation to evidence this.

The registered manager completed an assessment of people's needs before they moved into the home to ensure the care staff would be able to support people effectively. People's healthcare needs were monitored and when people required external support from other services, for example, the falls team, this was requested at appropriate intervals.

Staff had the skills and knowledge to provide people with safe and compassionate care. Most staff had regular supervision with a senior member of staff and feedback was given to staff to help improve their performance. People were supported to have a balanced diet and to have their nutritional needs met. We identified that people's nutritional records were not always completed or reviewed in full and we have made a recommendation about the management of people's nutritional records.

People were supported by staff that treated them well and were friendly and kind. Staff were attentive and encouraging and people's independence was respected. People were encouraged to do what they could do for themselves and to make their own choices. The registered manager had a good understanding of advocacy services and took action to provide people with this support when required.

Care planning supported people's diverse needs, and the service was able to support people with complex needs as a result. Staff had a good understanding of people's preferences and supported people to participate in activities they enjoyed. The service had appropriate complaint procedures and the provider had systems in place to support people with their end of life wishes.

The culture within the home was open and transparent and the provider made efforts to ensure that people who lived at the home, their relatives and the staff were clear about where improvements needed to be made. People and their relatives were given opportunities to become involved in making improvements to the home. When people were asked for their feedback this was acted on. The provider and registered manager were keen to learn and to make improvements within the home wherever necessary. Quality assurance systems were in place to review the quality of the service, however we made a recommendation to review these audits to ensure they could sufficiently identify improvements proactively.

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.

Improvements were required to the timeliness of the maintenance of the home, and to the cleanliness of the home.

Safeguarding procedures were appropriate and people's medicines were handled safely.

Is the service effective?

Good

The service was effective.

People's needs were fully assessed and the home liaised with external services to ensure people received the support they required.

Staff had the skills, knowledge and competence to provide people with the care they required.

Is the service caring?

Good

The service was caring.

People received their care from kind and compassionate staff who were encouraging and attentive.

People were treated with dignity and respect and they were able to make their own choices about how they spent their time.

Is the service responsive?

Good

The service was responsive.

Care planning supported people and their diverse care needs.

People were able to participate in activities they enjoyed.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture at the home which

showed where improvements had been identified.

People and their relatives were involved in making improvements at the home and they were asked for their feedback.

Boughton Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 November 2017 and was unannounced. The inspection was completed by one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this occasion, the expert by experience had experience of caring for a relative with a long term health condition.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home, and Healthwatch England, the national consumer champion in health and social care to identify if they had any information which may support our inspection.

During our inspection we spoke with six people who used the service, one person's relative, three members of care staff, two domestic staff, the registered manager and the providers. We also reviewed information we had received from healthcare providers that supported people using the service.

We observed the care and support provided to people in the communal areas and also spent time talking

with people in their bedrooms if they gave their permission. 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 looked at care plan documentation relating to three people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, maintenance records, meeting minutes, staff rotas and arrangements for managing complaints.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found concerns about the maintenance of the premises and in this inspection we found that improvements were required to the timeliness of the maintenance and upkeep of the home. The approach within the home to anticipate and manage risks was not proactive and this had led to people being exposed to unnecessary risks. During the inspection we identified that the casing of the bath in the main bathroom was damaged and posed a potential risk to people who used this room. The service had taken steps to minimise the risks to people however this had been a known area of concern since the previous inspection and timely action had not been taken to resolve this issue. The provider showed evidence that they had now ordered a new bath and had identified a contractor to carry out the necessary works. However due to circumstances outside of their control this had been delayed. A risk assessment was in place to support people and staff that used the bathroom and this helped to minimise the risks but improvements were required to the timeliness and anticipation of concerns.

People had individual risk assessments in place which identified any additional support people may need to keep them safe. These helped to enable people to maintain their independence and receive safe care. People were encouraged to maintain their independence as much as they wished and to do what they could for themselves. Staff were knowledgeable about people's risks and were flexible with the support they provided. One member of staff explained that following one person having a fall, staff had increased the checks and observations on the person. We saw that people's risk assessments contained advice and guidance for staff and these were regularly reviewed and updated as necessary.

The cleanliness of the home required improvement. During the inspection we identified that there were areas within the home, particularly the bathrooms that required attention. We found that the frame around one of the toilets was dirty with potential human excrement and in need of a deep clean or replacement. We found that there was dust in the main bathroom and window frames and window seals required a clean. We saw that the domestic staff were in the process of beginning a deep clean around the home. The provider confirmed that through an audit they had identified that the cleanliness required improving and had instructed staff to begin a deep clean, however this approach was reactive and had not identified the required improvements to the cleanliness before they had become a concern. The daily cleaning was not sufficient to ensure all areas of the home were cleaned regularly and thoroughly.
Adequate numbers of staff were available to support people safely however further improvements would help to strengthen the support people received. One person told us they felt the staffing was suitable. At the time we spoke with this person they had chosen to spend some time in their bedroom. They said, "My call bell works. They come when I need help." We saw that people in their bedrooms and in the communal areas were checked on at regular intervals however the interactions with people were limited as staff were often task focussed. Staff told us that people were not made to wait for any significant period of time to have the help they required and they were able to respond to people's needs in an efficient way but afternoons were sometimes more difficult as there were less staff on duty. The provider used a staff dependency tool to help review staffing levels and we saw that at busy times the registered manager would help to support people with their needs.

Care staff received training about good infection control practices. One person's relative was happy with the arrangements and told us, "[Name's] bed linen is changed regularly and their clothes are kept clean." We saw that there were effective practices in place particularly around mealtimes to ensure this was carried out in a hygienic manner. Staff had access to personal protective equipment when supporting people with their personal care and people were satisfied with the practices the care staff carried out.

People felt safe living at the home and there were safeguarding systems in place to help protect people from harm. One person told us they felt safe at the home and said, "They look after you well here." Staff had a good understanding of the different types of abuse, and knew how to report any concerns promptly so they could be investigated. Safeguarding procedures and protecting people from harm was a topic that had been discussed at a recent staff meeting to help reinforce the procedures that were in place. The registered manager investigated and resolved concerns in a timely way, and submitted safeguarding notifications when required. The registered manager took action at the conclusion of safeguarding investigations to help prevent similar occurrences.

Recruitment procedures were in place to minimise the risks associated with staff working with people living in the home. Staff confirmed that they were required to be successful in an assessment process before they were employed. The registered manger completed checks on each new member of staff's work history and obtained references from previous employers. They also checked whether the Disclosure and Barring Service (DBS) had any information about any criminal convictions before the registered manager could consider them for employment.

People were happy with the support they received to take their medicines. One person said, "I get my medication on time." Another person's relative said, "They always make sure [name] gets their medicines." Staff told us they understood the procedures associated with the safe administration of medicines. We observed a member of staff support people with their medicines and saw that this was completed in a way that was relaxed and in accordance with how people liked to take them. . Staff gave people choices about when they wanted their medicines and were respectful if they wanted to have them before or after their meal time. Staff were knowledgeable about people's preferences and supported them by ensuring they had their preferred drink if necessary to help them swallow their medicines.

We reviewed the storage facilities for medicines and saw that they were safe. They were kept locked at all times and were inaccessible to people who used the service. Staff completed people's Medication Administration Record (MAR) appropriately. Staff had adapted well to the new guidance they had received following a pharmacy inspection regarding the recording of people's 'as required' medicines. There were safe systems in place to dispose of unused medicines.

Procedures were in place in the event of an accident or incident and learning was shared with staff. The registered manager investigated these incidents thoroughly and where necessary, worked with external partners and stakeholders to identify where improvements could be made. The registered manager had an open and transparent approach with staff and was keen to ensure staff were aware of any relevant information following an incident. We saw that information around falls prevention was shared and further training had been arranged to help staff support people at risk of falls as effectively as possible. The registered manager shared learning and was transparent when improvements had been identified within the service.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals 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 authorisation to deprive a person of their liberty were being met.

We found that the registered manager had a good understanding of the requirements of the MCA and had submitted appropriate applications when it was necessary to minimise or restrict a person's liberty. The applications had been submitted to minimise the restrictions on each person's life and were in place to help keep people safe. At the time of the inspection no applications had been reviewed or approved by the local authority. Staff were aware that people should provide their consent for their care and staff respected people's wishes.

People's care needs were effectively assessed by the registered manager to understand the support they required before they moved into the home. The registered manager only took people who they felt confident they would be able to support. Further interventions were sought when necessary before they moved into the home, for example, support from healthcare professionals. During the assessment process the registered manager met with each person, and their relatives or other professionals involved in their care to get a full picture of the support the person required. This considered people's mental, physical and social care needs, and the registered manager took this into account when considering if the home could meet each person's needs.

People's healthcare needs were carefully monitored and staff worked proactively to support people to have access to healthcare professionals. One person's relative told us, "The staff make sure [name] sees a doctor [if needed]. They [the staff] are on the ball." The home liaised with health care professionals which ensured people's health care needs were met. A doctor visited the home once a week and District Nurses visited when they were required. We saw that staff ensured the health care professionals had accurate information about people's conditions and care staff followed up actions that were outstanding for each person. One nurse told us they felt the care within the home was good and they did not have any concerns.

People were happy with the skills of the staff and felt they were able to deliver effective care and support. We saw that staff supported people appropriately and worked with them to recognise their needs. For example, staff offered one person the opportunity to move from their wheelchair into a more comfortable chair. They were skilled enough to recognise that the person did not wish to do this as the person was unable to

verbally communicate. Staff received an induction to the home, and received training in key areas of care. One member of staff said, "We are always updating our training. For example, online diversity and equality training is one all staff must complete soon." Arrangements were in place for staff skills to be refreshed with updated training, and if people with new personal care needs were identified, the registered manager supported staff to obtain the skills and knowledge required to meet those individual needs.

Staff performance was reviewed and staff felt supported by the registered manager and provider. Staff told us they felt they worked well together as a team and the registered manager helped out when they were needed. Staff told us the registered manager gave them feedback about their performance if they didn't do something appropriately. We saw that most staff had regular supervision sessions, with a few staff having irregular supervision. The registered manager was addressing this with the senior staff and we saw that staff were able to request supervision if they wanted it.

The domestic staff, care staff and management team worked together to ensure people received consistent and timely care when external services were utilised. For example, domestic staff were made aware when people were out of their bedrooms so they could complete a deep clean and if people were referred to healthcare professionals, for example, the falls team, all staff were aware of their advice or equipment that was required to keep people safe. The staff were efficient at working with other providers in a timely way. We saw that whilst one person was at hospital they had lost their hearing aid. The registered manager had quickly requested a referral to obtain a new one.

People were supported to eat and drink enough to maintain a balanced diet and people's preferences and requests were respected. One person told us "They spoil me here. Sometimes they make me scrambled egg." We saw that one person felt overwhelmed by a large portion and the registered manager provided them with a smaller portion which they appreciated and felt able to eat, and they were offered more once they had finished. People were able to choose what they wanted and were not rushed. We saw that one person was reluctant to eat, and this had been recorded in their care plan. Staff took a gentle and encouraging approach which was not rushed and the person enjoyed the meal they had chosen. We found that the records of what people ate and drank required attention as not all food and drinks that had been consumed had been recorded or reviewed and this had not been identified as an area of concern.
We recommend that the service seek advice and guidance from a reputable source, about the management of nutrition in older people.

People's needs were met by the design of the premises. People were able to spend time outside and staff recalled during warmer weather people sat outside and some people chose to have their meal outside. One member of staff said, "They all enjoyed getting out into the air but soon came in when it became too hot. It made a pleasant change for them." People were able to choose where they spent their time with some preferring quieter areas of the home, and others preferring to be in a busier communal area. The premises supported people's diverse needs and enabled people to spend time alone with their family and friends if they wished.

Good

Is the service caring?

Our findings

People were treated kindly and with respect. One person told us, "They [the staff] look after me well." Another person said, "They're very nice [the staff]." One person's relative said, "[Name] has some good laughs with staff; [Name] loves the night staff as they needs changing regularly." We saw that people had developed positive relationships with staff and people were treated with compassion and respect.

People were able to receive their care from attentive and encouraging staff. One person's relative had sent a thank you card to the home which said, "Thank you for all the love and support you showed [Name]. You're the best." Staff were caring in their approach and we saw that one person required staff support to sit down into a chair. Staff gave clear instructions about how they could do this safely and as independently as possible. The staff gave reassurance throughout, and ensured the person was fully comfortable once they had sat down.

People were relaxed in the company of staff and clearly felt comfortable in their presence. We observed that staff knew people well and engaged people in meaningful conversation. People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff treated people as individuals, listened to them and respected their wishes. Staff were observed speaking with people in a kind manner and offered people choices in their daily lives, for example where they wanted to sit, or if they wanted staff support.

People were treated with dignity and respect. We saw that staff were aware if people became anxious or unsettled and provided people with support in a dignified and reassuring manner. Staff approached people calmly, made eye contact and held people's hand to provide reassurance if this was the person's preference, which we saw helped to reassure them.

People were encouraged to make their own choices about their care and support. People were asked for their preferences on a day to day basis, for example about what they would like to eat and when they would like their medicines. Staff had a good knowledge about people's usual choices but offered people the option of something different where appropriate. For example, we heard one member of staff ask a person if they would like to sit in the dining room for lunch for a change, and respected their decision when they chose to stay where they were. One member of staff also explained that one person liked to get up early on some days when they wanted to undertake a special activity, but other days they preferred to get up later in the morning.

The registered manager took action to ensure that people who did not have family or friends involved in their care planning had access to appropriate professionals that could support their needs. One social care professional told us, "The registered manager helped to arrange a solicitor for one person to help manage their finances and set up their friend as a Power of Attorney as they had always requested this and [in the past] this had been difficult to achieve… [Name's] wishes were achieved." We saw that the registered manager was patient and consistent and when one person's advocate arrived and they felt uncomfortable due to the gender of the advocate, the registered manager supported the person to have their needs met in

accordance with their preferences. An advocate is a trained professional who supports, enables and empowers people to speak up.

Good

Is the service responsive?

Our findings

People's diverse care needs were fully considered and care planning supported people's preferences. Following an initial assessment of people's care needs, the registered manager made a care plan which provided guidance to staff about people's care preferences. Each person had an individualised care plan which reflected the care they required. As people's care needs changed, or their preferences changed, people's care plans were amended and updated. Each person's care plan had been reviewed on a regular basis and accurately reflected their current care needs.

We received feedback from a Care Manager which commended the approach taken by the service. They explained that one person had to leave their previous care arrangements urgently and they found the home to be very responsive. They said, "I found the home to be very helpful, [their] response was very quick and the move was arranged." They further explained that one person had complex care needs and this "took several weeks, time, commitment, understanding and structured routine to manage. This is now managed effectively and has improved." Another person's relative gave praise to the service and commented that with the support of staff, their relatives mobilising and movement had improved.

Staff had a good understanding of people's needs and preferences. One member of staff told us that one person often decided to go to their bedroom after lunch but they were always offered the opportunity to spend some time in the communal areas. We saw that the person was given various choices after lunch but they were declined and the person chose to spend some time in their bedroom. Another person liked to watch a specific programme on the television. Staff offered them the opportunity to try something different or turn the television off, but the person chose to stick with their usual preferences.

Staff had a good understanding of people's communication needs and made efforts to make this as easy as possible for people. The service had looked at ways to make sure people had access to the information they needed in a way they could understand it to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager confirmed that they had produced an easy read welcome pack and this was under review by the provider to ensure it was appropriate and met people's needs. The home had made an easy read complaints poster to help support people with vision impairments understand their rights. The registered manager also confirmed that if people required support to understand written documentation this could be read to them.

People had an understanding of who the registered manager was and that they were able to raise a complaint if they were unhappy. Information about how to make a complaint was on display in the home. We saw that one person's relative had made a complaint in the previous 12 months and this had been investigated thoroughly, and an outcome had been provided to the relative. The complaint had been reviewed to identify if there was any learning that could be gained and appropriate action had been taken to share this with staff.

People were supported to follow their interests and take part in social activities. We saw that during the inspection an activities person came to the home to support people to do some chair exercises and have some fun with movement. People responded well and we could hear people laughing and enjoying themselves. There was evidence that a variety of activities were offered to people, although whether they chose to participate was not always recorded in their care records.

Care planning was underway to support people to have the end of life they wished for. Staff training had been booked to further develop staff understanding about this and discussions were underway about the preparations that needed to be made before people were in the final stages of their lives. One relative had provided positive feedback to the service about this, and for helping them to have those difficult conversations with their loved ones. Staff had an awareness of people's wishes, for example items of clothing or jewellery that they wished to wear, or where they would like to be during their final stages of life. Further work was required by the provider to ensure all appropriate systems, equipment and support were in place however the registered manager had begun to develop those systems.

Good

Is the service well-led?

Our findings

The home had a registered manager in post and they were active and visible throughout the home. One person told us, "Oh yes, I know who the manager is. We seem them quite a lot." Relatives commented that they felt able to approach the registered manager and one relative said, "The registered manager has helped to support me." On occasions they would help support people with their personal care, or observe how staff treated people. This had helped to review the culture and the practices that were in place, and if necessary, further action or feedback had been provided to help improve this.

The provider regularly visited the home, obtained feedback from the people that lived in the home and audited the service that people received. People who lived at the home knew who the providers were and the providers had a good knowledge of people's needs. This helped to monitor whether people's needs were being supported by the registered manager and the staffing team effectively.

There was an open and transparent culture within the home, with the home's CQC rating gained at the last inspection, on display. The provider was clear about the improvements that were required at the home and shared these on a public display at the home. This meant that people who lived at the home, people's relatives and staff could see where the provider was focussed, and the improvements that had been completed. All parties were invited to provide feedback about the home and this was considered appropriately. Feedback was obtained in a variety of formats which included staff meetings, relatives' surveys, one to one feedback opportunities and an open door policy for anyone wishing to speak with the registered manager.

People were supported by a staff team that worked well together. The care staff interacted well together and organised themselves effectively to ensure that people received timely support. Following feedback from a local authority visit about chaotic arrangements at lunchtime, the staffing team had considered how they could improve the lunchtime experience for people. They had reorganised themselves to ensure the environment was calmer and had taken action to ensure that each staff member had clear responsibilities. This had led to improvements for people and positive feedback had been received.

The registered manager was keen to involve people and their relatives to improve the service. The registered manager had recently held a menu tasting event to seek feedback about a new menu. This had been used to ensure people would have choices they would enjoy.

The registered manager was keen to learn and make improvements. During the inspection we saw that they had been following the duty of candour requirements. The duty of candour requires that every healthcare professional must be open and honest with people when something that goes wrong with their care causes, or has the potential to cause, harm or distress. We identified further changes that could be made to improve the procedures and immediate action was taken to rectify this.

The registered manager and the provider had a number of quality assurance systems in place to review the quality of the service. Regular auditing of care planning, medication and catering arrangements took place

and when actions were identified they were usually resolved in a quick and efficient manner.

We recommend the provider seek advice and guidance from a reputable source about auditing procedures to ensure they are thorough enough to identify potential concerns in a timely way, for example auditing the cleanliness of the home effectively before it is an area of concern.

The registered manager had an effective tracking system which provided information at a glance of when further action may be required. For example, a supervision matrix showed when supervision sessions were required, and a further tracker monitored when people's medication had been ordered and delivered. The trackers were used to help monitor the service and take action to improve matters for people or staff as required.

Records related to the running of the service and people's care were well maintained. Staff had access to people's records and to the operating policies and procedures. Records were stored appropriately and this maintained people's confidentiality where necessary.