

# Greensleeves Homes Trust

# Borovere

## Inspection report

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Date of inspection visit:  
14 January 2019

Date of publication:  
12 February 2019

## 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 inspection took place on 14 January 2019 and was unannounced. Borovere is registered to provide accommodation and support to up to 30 people older people some of whom are living with dementia. At the time of the inspection there were 24 people living there.

### Rating at last inspection

At our last inspection on 9 January 2017 we rated the service Good. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

### Rating at this inspection

At this inspection we found the service remained Good overall, but the key area of safe has deteriorated to Requires Improvement.

### Why the service is rated Good

People were safeguarded from the risk of abuse. Risks to people had been assessed and managed for their safety. Incidents were investigated, and any required changes made. Medicines were safely managed and administered by trained staff. The service was clean and well maintained to reduce the risk of people acquiring an infection. There were sufficient staff to meet people's care needs in a timely manner.

Monthly nutrition and tissue viability charts for two people were not up to date, although people had received the care they required. The registered manager took swift action to rectify this, but further time is required to demonstrate their monthly completion has been sustained.

Relevant pre-employment checks had been completed. However, the registered manager had not followed the provider's policy which required all staff to complete an annual declaration in relation to their disclosure and barring service check, to ensure no changes had occurred. They took immediate action to address this for people, but it will take time for them to be able to demonstrate this check has been sustained.

People's needs were assessed prior to the offer of a service. Their care was delivered by staff who had the required skills, knowledge and experience. Staff ensured people received enough to eat and drink for their needs. Staff worked effectively together and across agencies to ensure people received the care and support they required and that their health care needs were met. People's needs were met by the design of the premises. 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.

People were treated with kindness, respect and compassion by staff. People were supported to express their views and to be involved in decisions about their care and treatment. People's privacy, dignity and independence were both respected and promoted by staff.

People received personalised care that was responsive to their needs and were provided with opportunities for social interaction and stimulation. People were provided with information about how to make a complaint if they needed to. People were appropriately supported by staff at the end of their life.

There was a positive person-centred culture. Staff understood their roles and responsibilities. People and staff were engaged and involved with the service. Processes were in place to monitor and improve the quality of the service provided.

Further information is in the detailed findings below

## 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 has deteriorated to Requires Improvement, this was because not all health monitoring records were complete. The provider's required annual check on staff's suitability for their role had not been completed. Prompt actions were taken to address both issues; however, it will take time to be able to demonstrate this has been sustained.

**Requires Improvement** ●

### Is the service effective?

The service remains Good.

**Good** ●

### Is the service caring?

The service remains Good.

**Good** ●

### Is the service responsive?

The service remains Good.

**Good** ●

### Is the service well-led?

The service remains Good.

**Good** ●

# Borovere

## 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 comprehensive inspection took place on 14 January 2019 and was unannounced. The inspection team included one inspector and an 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. The expert by experience had experience of caring for older people.

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. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we received positive feedback on the service from commissioners, the local clinical commissioning group, two GP's for the service, the continence service and a chiropodist. During the inspection we spoke with six people and a visitor. We also spoke with a total of three day and night care staff, the activities coordinator, the chef, the maintenance person, the deputy manager and the registered manager. We also observed part of a medicines round.

We reviewed records which included three people's care plans, three staff recruitment and supervision records, staffing rosters for the period 9 December 2018 - 19 January 2019, medicine administration records and records relating to the management of the service.

The service was last inspected in January 2017 when no concerns were identified.

# Is the service safe?

## Our findings

Staff had completed the provider's annual safeguarding training and further renewal training was planned for this month. Staff understood their role and responsibility in relation to safeguarding. They knew who to report any concerns to and how. Staff had ready access to relevant policies and procedures.

People told us they felt safe within the service. A person said, "I feel very safe here." Another commented, "I've got plenty of space in this room and use a rollator for safety." Individual risks to people had been identified, assessed and measures were in place to manage any risks to them. For example, where people were at risk of skin breakdown, pressure relieving equipment had been provided, staff applied topical creams to people's skin and ensured they changed their position regularly to prevent pressure ulcers. Staff received moving and handling training on-site from the in-house trainer and were observed to support people safely. Staff monitored people's weight monthly to ensure they identified anyone who was losing weight and who required additional nutrition, which was provided through adding additional calories to people's meals and the provision of regular snacks.

Staff maintained monthly charts for people to assess their risk of skin breakdown or malnutrition. Charts for one person's records we reviewed had not been updated since October 2018. We brought this to the attention of the registered manager, who took immediate action, to identify if anyone else's charts had not been updated and why this had occurred. They informed us one other person's charts had not been updated, which records confirmed and immediately spoke with relevant staff. They then informed us of the actions they had taken to prevent the risk of repetition and the charts were updated. We saw both people had received the care they required in relation to their skin care and weight management. Processes were in place to audit a percentage of care plans per month for completeness, but these two files had not been due for audit during November or December 2018. We found no other issues with people's records. The registered manager took prompt action to rectify the issue for these people in relation to their records.

Relevant safety checks had been completed in relation to fire, electrical, gas, water and equipment safety. The maintenance person ensured the environment was suitably maintained for people.

There were sufficient numbers and types of staff rostered to provide people's care, safely. In the day senior care staff led the shifts and directed care staff; night staff told us they arranged their duties between them. The registered manager monitored the staffing requirements for the service and as a result the night staffing level was about to increase from two to three staff. People told us they did not use the call bells very often and we heard very few ringing. People had ready access to a call bell if needed.

Staff had undertaken relevant pre-employment checks prior to being offered their role. These included, a full employment history, proof of identity, references, evidence of their fitness to work and a disclosure and barring service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Guidance is that providers should re-check their staff's DBS whenever they think necessary, we noted one staff's DBS dated from 2003. The provider's DBS policy required staff to report any incident which could impact upon their DBS status

and to complete an annual declaration that there had been no changes. However, staff had not completed these declarations since 2016, as the registered manager thought they had been sent out to staff by the provider's human resources department. When we brought this to their attention, they immediately sent the declarations to staff for completion. There was no evidence to indicate any incidents had taken place since 2016, which staff should have reported, and which would have required a new DBS in accordance with the provider's policy. However, the registered manager had not implemented the provider's guidance as required and it will take time for them to demonstrate the action they have taken has been sustained.

People received their medicines safely from trained staff whose competency to administer people's medicines was assessed annually as required. Staff were observed to administer people's medicines safely. They then signed the person's medicine administration record, to record what medicines the person had taken. Staff had access to relevant policies and guidance in relation to the safe ordering, storage, administration and disposal of medicines, which had been followed. Arrangements were in place to ensure the safe storage and administration of controlled medicines which require more security. No-one received their medicines covertly, but guidance was available. Relevant procedures were in place to enable people to self-administer their medicines safely and people confirmed they were able to self-medicate if they wished.

The service was clean and well maintained. There were sufficient numbers of staff deployed to complete the cleaning scheduled. Staff had completed infection control and food hygiene training and had access to relevant guidance. The kitchen had a five-star food safety rating (from the Food Standards Agency) which meant it was very good. Staff were observed to wear the gloves and aprons provided when they provided people's care to reduce the risk of cross-infection. People, visitors and staff were provided with adequate hand washing and hand sanitising facilities.

Staff understood their responsibility to raise any concerns and were instructed to do so by the guidance in people's care plans. Processes were in place to ensure all incidents were documented, reviewed and investigated if required to identify any learning for people's safety. The registered manager told us about the changes that had been made following an incident to reduce the risk of repetition.

## Is the service effective?

### Our findings

People's needs were assessed prior to their offer of accommodation. Staff sought copies of any relevant assessments from other professionals to inform their assessment. A visitor told us, "[Registered manager] and [staff name] came to the hospital to assess [loved one]. They talked to us and the staff there." Processes were in place to ensure the registered manager and staff were updated on any changes that could impact upon the delivery of people's care.

People told us staff were skilled. Staff were supported in their role through their induction, training, supervision and professional development. Staff had attended the 'Virtual Dementia Tour Bus,' which provides staff with experiential training to help them to understand what it feels like to live with dementia. Staff training had also been arranged on new guidance for pureed foods and thickened fluids for those living with swallowing difficulties.

People were provided with a choice of nutritious meals and drinks, which they enjoyed. They told us, "We had a very good lunch today its always excellent, the chefs marvellous." and "Food is very good here and we have a choice." The chef knew people's food preferences and dietary needs, and these were met. People could help themselves to drinks from the drink stations and staff knew who was at risk from dehydration and ensured they maintained their fluid intake.

There was regular communication between staff, via the staff shift handovers and the daily heads of department meeting to identify if staff needed to make any referrals to external agencies. Health care professionals reported they made appropriate referrals. People told us they were well supported by staff with their health care needs. We heard staff being instructed about how to support a person with their healthcare to maintain their independence.

The service was homely. There was signage to enable those living with dementia to orientate themselves. There was sufficient equipment to meet the needs of people with a physical disability. Works had just commenced to re-develop part of the service, which will provide additional bedrooms, a new kitchen, a larger dining room and improvements to the exterior.

Consent was sought before care and support was provided. 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, and whether any conditions



on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

## Is the service caring?

### Our findings

People told us they felt well treated by staff. They said, "The staff are so caring, so nice. There's a lovely atmosphere between the staff as well." and, "The staff are very nice here every one of them." We observed kind and warm interactions between staff and people. Staff treated people as though they mattered. Staff had time for people and sat and chatted with them. They understood people's personal preferences about their care and were able to tell us why people made particular choices, which demonstrated a good understanding of them as individuals. People told us how staff had bought each of them Christmas presents based on their personal interests. Staff were in the process of making personalised, bespoke memory boards for each person's bedroom, based on their past work or interests. These will enable people to more readily identify their room as they will have personal meaning.

Staff training in areas such as equality and diversity, the Mental Capacity Act, mental health and learning disabilities combined with the providers policies, ensured staff understood people's rights to autonomy and choice. A keyworker system ensured people had a staff member allocated to them, to write their care plans which embedded people's rights to make choices.

People's notes informed staff of their communication needs, such as whether they needed them to speak slowly or to use visual aids to promote their understanding of the choices available. Staff were seen to offer people choices about their care throughout the inspection. In relation to decisions such as what time they got up or went to bed, what they ate and drank, where and how they spent their time and how their bedroom was decorated. People's families were made to feel welcome and encouraged to be involved in making decisions about their loved one's care and support where this was appropriate. A visitor said, "I can come in whenever I want, but I don't tend to come at mealtimes, I'm always made welcome."

People told us staff upheld and promoted their privacy and dignity. We observed staff knocked on people's bedroom doors before they entered, a person confirmed, "They knock on my door." Staff spoke about people quietly and discreetly ensuring anyone who required prompting with their continence needs was supported. Staff understood how to uphold people's privacy during the provision of their personal care and described how they ensured doors and curtains were shut. A person's care plan noted their preferences about how their personal care was to be provided in a manner which promoted their privacy and dignity and was acceptable to them.

People's care plans described what they could do for themselves and the areas they might require staff assistance. A person told us, "When I was sitting having trouble getting dressed this morning, they [staff] offered to help me." Another person said, "I don't need much help with care except if I have a shower or bath. I've found it hard to get used to having someone help me, but it's not all the time and they are very good." Staff ensured people had the equipment required to promote their independence. A person told us, "I have a special mug that won't spill if I knock it over."

## Is the service responsive?

### Our findings

People's care plans were individualised and reflected their physical, mental, emotional and social needs. If people experienced behaviours that could challenge staff due to their dementia, then there was guidance for staff about how to support them. Care plans considered how some people's restricted mobility may impact upon them, and provided staff with guidance about how to support them in a manner that maximised their comfort and dignity. People's personal history, preferences and interests were noted. Although people spoken with could not recall being involved in their care planning, records demonstrated people were involved wherever possible and they were asked for their views at the monthly reviews of their care.

The provider ensured that people had access to the information they needed in a way they could understand it and comply with the Accessible Information Standard. The Accessible Information Standard 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. Staff had noted and met people's hearing, sight and individual communication needs.

The service was an Eden Alternative accredited home. The focus is on eliminating loneliness, helplessness and boredom. People were provided with a full range of socially, spiritually and culturally appropriate activities, both through the seven day a week activity schedule and additional trips and activities, which were arranged in response to people's interests and requests. For example, a gentlemen's club was held monthly with their choice of beers. Plans were also underway for the maintenance person to run woodwork classes for them.

We observed lots of interactions between people during the inspection, and the lounge was a focus for activities and socialising. A person told us how liked to help another person if they needed it and another person described how they enjoyed spending time with their friends when they visited. One of the activities coordinators downloaded photographs of activities onto a website accessed by relatives and staff. They said, "Its useful for family members who live away from here to actually see their relative." People were supported to maintain friendships with people who mattered to them.

People were provided with a copy of the providers complaints policy in the statement of purpose, this welcomed people's comments and ideas. Although no complaints had been received recently. People told us they felt able to raise issues as required and felt that any matters they did mention to staff were addressed to their satisfaction.

People's preferences and choices about their end of life care including in relation to their spiritual needs had been documented where they and their families were ready to have these discussions. The registered manager reported staff were well supported by the district nurses to ensure people received the care they needed to ensure their comfort at the end of their life. Staff had commenced a training programme in end of life care, however, this had been stopped due to changes in staffing last year and was due to be recommenced.

## Is the service well-led?

### Our findings

There was 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. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people.

There was a positive, respectful and kind culture within the service which was person centred. For example, a staff member had won the provider's annual innovation award for their Eden Alternative led, 'This is Me' initiative. A member of staff each day spent a minimum time of 30 minutes with a person doing whatever they wanted. Records showed this time was very special to people and enabled staff to gain a deep and meaningful understanding of people's lives.

People and staff told us the service was well managed. People knew the registered manager and told us, "The manager is [name of registered manager], she stands no nonsense, very good" and. "Yes, it's definitely well run here." Staff including night staff felt well supported within their role and told us any issues that arose were addressed. One commented, "It's been brilliant working here." The registered manager was aware there had been several changes in the deputy manager role over recent years and told us of the measures they had taken to ensure the new deputy manager understood and settled into their role fully.

Processes were in place to seek both people's and staff's views on the service. In addition to the annual survey, comments box and monthly meetings, people ran their own monthly committee meeting. Whereby they could identify and feedback any issues to the service. The chef also held a monthly meeting with people to seek their views. Food tasters were provided at the meetings to enable people to try the dishes proposed and comment. Staff had regular meetings.

There were good links with the local community, with visits by the local Anna Chaplain, who provide spiritual care to older people. There were also monthly visits to the service by children from a local pre-nursery.

A range of internal quality assurance audits were completed, in addition to the registered manager's monthly provider reports and audits completed by the provider. In February 2018 an independent quality audit was commissioned, and the providers' pharmacist audited their medicines annually. Where items had been identified, there was evidence relevant action had been taken to improve the service for people.

The service worked in partnership with key organisations in an open and honest manner to ensure people received joined up care. They had visits from both the local authority and the clinical commissioning group who supported them and introduced them to new ideas.