D T Pangbourne

Bournedale House

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 caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

This inspection took place on 12 May 2015 and was unannounced. At our last inspection in April 2014 the provider was not meeting the requirements of all the regulations we looked at. People were not always treated with respect because they were not always supported to express their views or make decisions about the care and treatment they received. The provider had not ensure that people knew what was planned to happen in the home each day.

Bournedale House is a residential home which provides care to older people who have dementia. The service is registered to provide personal care for up to 11 people. At the time of our inspection 11 people were using the service, however one person was in hospital. There was a registered manager at this location. 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 and associated Regulations about how the service is run.

Summary of findings

People were supported to maintain relationships which were important to them. Relatives regularly visited and people in the home had developed friendships with each other. People expressed their views about the service and relatives were involved in planning and reviewing their relative's care. People told that they knew how to make a complaint and were confident that they would be responded to.

The registered manager had conducted assessments to identify if people were at risk of harm and if so had established guidance about how this could be reduced. However, some people were put at risk of harm because some risks assessments were not up to date or were not followed by staff. The provider was not meeting the requirements of the law. You can see what action we told the provider to take at the back of the full version of this report.

All the relatives and staff we spoke with told us that they felt there were enough staff to meet people's care needs, however there was not always enough staff available to support people go out when they wanted.

Staff were able to demonstrate they had the skills and knowledge to communicate effectively with the people who used the service. They expressed a good knowledge of what people liked to do and their individual preferences. However, communication aides were not always used by staff to help people express their views.

People were kept safe and staff knew how to recognise when people might be at risk of harm and the provider's policy for reporting any concerns. Relatives told us that the registered manager took appropriate action when people had been at risk of harm.

Medication was managed appropriately and staff were aware of the provider's medication policy. People received medication in line with their care plans.

The registered manager understood their responsibilities under the Mental Capacity Act 2005 (MCA) They had conducted assessments when people were thought to lack mental capacity or held meetings to ensure decisions were made in the best interests of the people who used the service. The provider had ensured that staff were clear about the requirements of the Mental Capacity Act 2005 (MCA) and that people were supported with the least restrictions of their liberties.

We observed staff continually ask people how they wanted their care to be delivered and supported them in line with their requests. People were also supported to be as independent as they wished such as helping with tasks around the home. People were not always supported in ways which promoted their privacy and dignity.

The registered manager was approachable and responded to concerns promptly, however improvements and developments were not initiated regularly to ensure that people received care and support in line with current best practice in the field of dementia care.

The provider had a system to assess the quality of the service and identify how it could be improved. The provider had developed a plan after our last inspection to implement improvements at the service however some actions had not been completed.

We have made a recommendation that the registered manager seeks out information and guidance to improve staff knowledge and understanding of how to care for people who live with dementia.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe. Staff did not always provide care which protected people from the risk of harm.

Staff knew how to recognise the signs of abuse.

People received their medicines when they needed them.

Is the service effective?

Requires Improvement

The service was not effective. Staff did not always have the skills and knowledge to support people in line with good dementia care practice.

Staff were knowledgeable of the requirements of the Mental Capacity Act 2005 (MCA) but people's rights were not always supported in line with the act.

People had access to health care professionals when necessary in order to maintain their health.

Is the service caring?

Good

The service was caring. Staff told us they enjoyed sitting and talking to people about their life stories and family histories.

Staff were patient and gentle with people. They helped people to express their views about how they wanted to be supported.

The provider did not always respect people's privacy or promote a dignified environment.

Is the service responsive?

Requires Improvement

The service was not responsive.There was little information in people's care plans to help staff support people to engage in individual interests they had enjoyed in the past. The registered manager had still not responded fully to this concern since our last inspection.

Relatives told us the registered manager regularly asked them for their views and would take action when necessary.

Is the service well-led?

Requires Improvement

The service was not well-led. The registered manager did not demonstrate good leadership in supporting people's right to privacy and dignity.

There were no arrangements in place to ensure that the service had kept pace with changes and improvements in the field of dementia care.

There was no clear structure to ensure care records were checked regularly. Care records contained conflicting and out of date information.

Bournedale House

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 inspection took place on 12 May 2015 and was unannounced. The inspection team consisted of three inspectors 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 detailed knowledge and understanding of the care needs of elderly people who live with dementia.

Before the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with four people who used the service. Due to their specific conditions some people were unable to tell us their views of the service however we observed how staff supported people. We also 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 spoke with relatives of seven people who lived at the home. We also spoke to the registered manager, three members of care staff and the cook. We looked at records including five people's care plans and staff training. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living at the home. All of the relatives we spoke with also told us they felt their family members were safe. One relative told us, "I do think she is safe, people are around her and she's secure."

Staff we spoke with said care records contained information which enabled them to support people safely. We also saw that the registered manager had conducted assessments to identify if people were at risk of harm and how this could be reduced. We found that some risk assessments were not always up to date. Guidance for one person who was at risk of choking stated they were to have their meals liquidised however staff told us that the person's condition had changed and they were able to eat solid food in small pieces. The change had not been reflected in the risk assessment and placed the person at risk of receiving incorrect support. A risk assessment for another person identified that their toiletries should be removed from their room due to a risk of ingestion but we saw this had not been done. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the relatives we spoke with told us that they felt there were enough staff to meet people's care needs. During our inspection we saw that staff had time to engage socially with people however when staff were busy elsewhere in the home, people in the lounge were left unsupervised. We observed one person walking around the lounge collecting items which belonged to other people and another person was unable to go to their room as there were no staff present to help them to stand up. Staff told us that people could only go out into the community if additional staff had been arranged to support them and it was not generally possible to respond to impromptu requests by people to go out. The registered manager told us that they regularly supported staff to meet people's care needs and take people out but no alternative support was available when they were away. They told us, "I help out but when I am not here they have to get by."

People who used the service and their relatives were supported to express if they felt people were unsafe. There was information in appropriate formats about how to raise concerns about people's safety displayed in the public areas of the home. Staff we spoke with were able to demonstrate they knew people's different communication styles and would understand if a person was expressing concern.

We spoke with three members of staff and they were all able to explain the provider's policy for keeping people safe. This included an awareness of how to recognise when people might be at risk of harm and the provider's process for reporting any concerns. We noted this was in line with local authority safeguarding practices. Staff and relatives told us that the registered manager was approachable and they were encouraged to raise concerns.

Staff were able to explain the provider's medicines policy for reporting medication errors and records showed that staff had received training in how to manage medicines safely. Medicines were stored appropriately to ensure they were safe and could be accessed by staff when necessary. We found that controlled drugs were also managed appropriately.

Care records contained details of the medicines people were prescribed, any side effects, and how they should be supported in relation to taking their medicines. This ensured people were supported to take their medicines safely. However where people were prescribed medicines to be taken on an "as required" basis, there were no details in their files about when they should be used. However a member of staff we spoke to was able to describe the circumstances in which they would provide a person with an as required medication for pain relief. Records also showed that when a person had received medication for pain relief this information had been recorded to make other staff aware. This protected the person from receiving additional medication which could be harmful .

Requires Improvement

Is the service effective?

Our findings

Relatives we spoke with said that staff had the necessary skills to support people. One relative told us, "Staff will sit with her and encourage her." Another relative said, "Staff know they have to keep her moving. They know what she needs."

Staff we spoke to were able to demonstrate they were aware of people's life histories and how they used this knowledge to provide care in line with people's wishes. Staff told us and records confirmed that they received regular training and supervisions to maintain their skills and knowledge. Additional training had been arranged when people's conditions changed or when staff made specific requests for further information. There was no formal record of when required training was due and staff told us that they had to remind the registered manager. There was a risk that staff would not keep up with the skills and knowledge they needed to support people.

All the people who used the service were living with dementia however the registered manager and staff had not received specialised training in this condition although it was covered as a topic in their general care training. We saw that staff did not have a clear understanding of how to consistently support people with dementia. For example people were offered biscuits from a tin labelled 'sweets' and photographs on doors to show people what rooms they were entering were of different rooms. This could cause confusion and concern to people who live with dementia.

We observed staff asking people if they were happy and how they wanted to be supported and sought consent before providing personal care. A person stated they did not want to receive a specific aspect of personal care and we noted this was respected by staff.

All the people we spoke to and their relatives said they liked the food. Menu information was also available in a pictorial format however during our visit this was not used. Staff did not always support people to make decisions. We observed a person was unable to choose what they wanted for lunch because they could not understand a member of staff's verbal explanation of the choices available. Picture format menu cards that were available were not used to help this person make a choice. The same member of staff instructed other staff member not to seek a person's opinion about what they wanted to eat. They said, "Don't ask her, she can't speak." We noted that people had fish for lunch and were offered meat gravy as an accompaniment and no other more traditional white sauce was available. We were told that this was the staff's preferred accompaniment but there was no evidence that this was also the preferred choice of the people who used the service. We observed staff support people at meal times and throughout the day to eat and drink. The registered manager had referred a person to a health care specialist when they identified the person was at risk of malnutrition and the person was subsequently supported in line with the specialist's advice.

The registered manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005 (MCA). The registered manager had conducted assessments of people's capacity to make every day decisions. When people lacked capacity the registered manager had arranged for best interest decision meetings to take place with other people who had an interest in the person's welfare.

The registered manager had assessed the care people received to ensure they were receiving care with the least amount of restrictions and when necessary applied for deprivation of liberty safeguards (DoLS) in line with the requirements of the MCA. The registered manager and staff could explain the principles of DoLS requirements but further consideration was needed as some practices we saw could have put people at risk of having their liberty restricted. For example we saw a person placed in a chair they would be unable to get out of unaided. Bed rails were in use to keep people safe and stop people falling out of bed but there was no assessment if these prevented people from leaving their beds if they wanted. People's rights were not always supported in line with the MCA.

People told us and records showed that people had access to other health care professionals when necessary in order to maintain their health. Relatives told us that they were notified by the provider when people had health care appointments and that they were supported by staff to attend them when relatives were unavailable. This supported people who used the service to access healthcare services and receive ongoing healthcare.

Good

Is the service caring?

Our findings

A person who used the service told us, “I am quite happy here, I really like it.” The relatives of four other people all said that staff were kind and caring. One relative told us, “They are always laughing and jolly with carers.” Another person’s relative said, “You couldn’t wish for anywhere more caring, they treat her like their own mother.”

Staff had developed meaningful relationships with the people who used the service. Staff we spoke with were able to explain the life history of the people who used the service. Staff told us they enjoyed sitting and talking to people about their life stories and family histories. We saw people positively interact with staff and were relaxed and confident to approach staff for support. All the staff spoke affectionately about the people and how they enjoyed supporting them. We saw a member of staff encourage a person to join in a song and we observed the person smiling and singing along.

All the people, we spoke to said that the registered manager had ensured they were involved in making decisions about the care people received and was keen to hear their views. A person who used the service said, “I can ask them. They are ever so nice people,” and a relative told us, “They always ask me questions about the care.” We saw that staff spoke to people when helping them to move in order to provide reassurance and comfort. Staff sought people’s views about how they wanted to be supported and acted in response to these views. There was information about advocacy services available to people and their relatives who they could approach for support to express their views.

We saw that staff were discreet when asking people about their personal care needs. When people shared a bedroom we saw that suitable facilities were in place to maintain peoples’ dignity when receiving personal care. However we saw that some people’s equipment was stored in other people’s bedrooms and one persons’ bedroom was used by a visiting hairdresser to cut several people’s hair without the agreement of person who occupied the room. This did not respect people’s right to privacy.

Requires Improvement

Is the service responsive?

Our findings

All of the relatives we spoke with told us they felt the service was responsive. One relative told us, "The manager's reaction is almost instant. They do things straight away." Another relative said, "If there is anything I am unsure about, they follow up. They don't just say things and then don't do it." Relatives we spoke with also said they were confident that the service would respond to their comments and those of the people who used the service.

We observed staff asking people how they wanted to be supported and responding accordingly to these wishes. A person was supported to help prepare meals and with tasks around the home when they wanted. One person told us how they were supported to take part in an activity they undertook before using the service and we observed staff supporting another person to look at their family photographs. People said they enjoyed engaging in group activities however during our visit we observed two people say that they tended to be repetitive.

The registered manager told us however that they could not always support people in line with their wishes. For example, people could only go out shopping when additional staff or volunteers were available to support them.

One person had a life book which provided detailed information about the person's life and it was clear the person had been involved in writing it. This gave staff a lot of information about how to support the person to pursue their interests. However there was little information in other people's care plans to help staff support people to engage in individual interests they had enjoyed in the past. We had raised this concern at our last inspection and the provider had sent us an action plan of how they would address this issue. At this inspection the registered manager told us that they were still reviewing people's care records to include this information. The provider had not responded within the time scale they had advised.

People were supported to maintain relationships with people they said were important to them and staff had arranged for people to pursue and engage in their religious beliefs when they wanted.

People were supported to comment about the service they received and said the registered manager responded to their views. One relative said, "Yes, we do talk about what's going to happen." Another relative told us, "We can sit down and talk. If there is anything they can do better, they put it to me and we try it." Staff told us how they supported people to express their preferences and daily records showed people had been supported in line with their wishes.

All the people we spoke to said they had never felt the need to complain about the service because they felt the registered manager was approachable and could be contacted directly if something was not right. Relatives told us that the registered manager responded positively to their comments. Relatives had received information about the provider's complaint policy when people had joined the service. We saw that this information was also available around the home in easy read formats which met people's communication needs.

Requires Improvement

Is the service well-led?

Our findings

All the people who used the service we spoke with said they enjoyed living at the home and expressed no concerns with how it was managed. Relatives told us that the registered manager and staff made them feel part of the service and felt they could influence how the service was run and developed. One relative told us, "The manager is lovely, they will always call if they have any queries." Another relative said, "The manager is good," and a further relative said, "If there is anything untoward, I would be the first to know." All the staff we spoke with said they enjoyed working at the service and felt it was operating effectively.

Relatives also said that the registered manager actively encouraged them to express their views about the service. The registered manager had promoted open communication about the service by employing various methods of communication which met the needs of people who used the service. However they had not ensured that these were used consistently. When they had been used they had ensured that people and staff were actively involved in developing the service.

The service had a clear leadership structure which staff understood and could explain. The service had a registered manager who understood their responsibilities. This included informing the Care Quality Commission of specific events the provider is required, by law, to notify us about and worked with other agencies to keep people safe. The provider had responded to concerns raised at our last inspection however further action was required to ensure people were supported to pursue individual interests and to promote people's dignity.

Staff we spoke to were able to explain the provider's philosophy and vison for the service. One member of staff said, "We do our best to care for people, we want them to feel this is their home."

Records showed that the registered manager provided regular updates to staff about the service's philosophy in order to improve the quality of the care people received.

The home specialised in supporting people who live with dementia however the provider had not been proactive in ensuring this was achieved. Staff had not receive specialised training in dementia and we saw examples where people were not supported in line with good dementia practice. The registered manager said they intended to find guidance and support themselves and was reliant on local colleges to provide free training. The registered manager had not made any other attempts to improve their knowledge and keep up to date with developments in caring for people living with dementia.

The registered manager did not demonstrate good leadership in supporting people's right to privacy and dignity during our visit. Inspectors had been allocated a room to use during the course of the inspection. They did not ask inspectors to vacate the room normally used by a visiting hairdresser, despite request from inspectors to be notified if their presence was affecting the care people received. This resulted in a person's bedroom being used by the hairdresser and other people without their agreement. During this time the room was not available to the occupants. At times leadership in the home was reactive and not proactive in seeking out solutions or improvements.

The provider had systems to improve the quality of care people received. Relatives said that the registered manager and staff were approachable and keen to hear their views of the service. Relatives gave us examples of how the registered manager had responded to their views of the service such as arranging more day trips. Staff told us there were regular staff meetings and individual supervisions with the registered manager at which they could express their views. Some staff gave us examples of how the service had improved as a result of discussions at these meetings.

The registered manager told us and records confirmed that there were systems in place to review how people's care was delivered and that the environment was kept safe for people to live in. We saw that people's records were checked however there was no clear structure to ensure this was done regularly or effectively. We looked at the care records for five people and saw that they all contained conflicting and out of date information. The systems in place to check that information held in respect of each person's care and support needs were not effective and had failed to identify changes that had occurred.

We saw there were processes such as resident and relative meetings, a comments box and complaints procedure for people to express concerns. However all the people we spoke with said they would be happy to raise any concerns

Requires Improvement

Is the service well-led?

directly with the registered manager and records showed that no formal complaints had been made. All the people we spoke with said they were confident the appropriate action would be taken to address any concerns.

We recommend that the registered manager seeks out information and guidance to improve staff knowledge and understanding of how to care for people who live with dementia.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with their condition because care and treatment was not provided in a safe way. Regulation 12 (1) People who use services and others were not protected against the risks associated with their condition because risk assessments were not regularly reviewed. Regulation 12 (2)