B & M Investments Limited

Chesham Bois Manor

Inspection report

Amersham Road
Chesham
Buckinghamshire
HP5 1NE

Tel: 01494783194
Website: www.bmcare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We undertook an unannounced inspection of Chesham Bois Manor on 31 May 2018.

Chesham Bois Manor is a care home which is owned by B&M investments Limited. It provides care for up to 48 older people with a variety of physical disabilities and mental health issues. At the time of the inspection there were 37 people living at the home. People in care homes receive accommodation and nursing or 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.

At our last inspection in December 2016 we found breaches of Regulations 11 and 12 Health and Social Care Act (Regulated Activities) Regulations 2014 and Regulation 18 Care Quality Commission (Registration) Regulations 2009. These related to the service not always working to the principles of the Mental Capacity Act 2005, risks and emergency evacuation plans not always being appropriately managed and not ensuring all required notifications were made to the Care Quality Commission (CQC). At this inspection we found action had been taken and improvements made.

Staff worked to the core principles of the Mental Capacity Act (MCA) 2005. Mental capacity assessments had been conducted and people were supported to make decisions.

Risks to people's safety were well managed. Risk assessments were carried out and promoted positive risk taking, which enable people to live their lives as they chose. Personal emergency evacuation plans (PEEPS) were in place, accurate and up to date.

The service submitted appropriate and timely notifications. A notification is information about important events which the provider is required to tell us about in law.

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. On the day of our inspection the registered manager was on annual leave. The service was being led by the deputy manager.

Staff supported people with kindness and compassion and went the extra mile to provide support at a personal level. Staff knew people well and many referred to them as family. Staff respected people as individuals and treated them with dignity whilst providing a high level of emotional support. People and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs.

People were positive about the food and told us they enjoyed the meals. Where people had specific dietary needs, these were met.

People were safe living in the home. There were sufficient staff to meet people's needs and staff had time to spend with people. The service had safe, robust recruitment procedures to ensure staff were safe to work with vulnerable people. People received their medicines safely.

People received effective care from staff who had the skills and knowledge to support them and meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People had access to information about their care and staff supported people in their preferred method of communication.

The service was responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people. The registered manager was robustly supported by the deputy manager and the provider.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were sufficient staff deployed to meet people's needs.

People told us they felt safe.

Staff knew how to identify and raise concerns if they suspected abuse.

Risks to people were managed and assessments were in place to manage the risk and keep people safe.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the skills, training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff understood people's individual needs and people were cared for in a kind, caring and respectful way.

People were supported to maintain their independence and were given the information, support and equipment they needed.

Is the service responsive?

Good

The service was responsive.

People's records were up to date and reflected their needs, wishes and interests.

People's needs were assessed and personalised care plans were written to identify how people's needs would be met.

People's wishes about End of Life care were documented

Is the service well-led?

Good

The service was well led.

The service notified CQC of reportable events

The registered manager had developed positive relationships with the staff team, relatives and people who lived at the service.

The service had systems in place to monitor the quality of service.

The quality of the service was regularly reviewed. The registered manager continually strived to improve the quality of service offered.

Chesham Bois Manor

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 31 May 2018 and was unannounced. The inspection was carried out by 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.

Before the inspection, we asked the provider complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with six people, one relative, three care staff, the chef, the assistant manager and the deputy manager. We also spoke with a visiting healthcare professional. During the inspection we looked at five people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the inspection. 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.

Good

Is the service safe?

Our findings

At the last inspection in December 2016 we found a breach of Regulation 12 Health and Social Care Act (Regulated Activities) Regulations 2014. The service did not ensure all risks were assessed and reduced. Risk assessments and personal emergency evacuation plans (PEEPS) were not always up to date and accurate. At this inspection we found action had been taken and improvements made.

Risks to people were identified and recorded in their care plans. People were able to move freely about the building and there were systems in place to manage risks relating to people's individual needs. For example, one person was cared for in bed and at risk of developing pressure ulcers. To manage this risk two staff consistently supported this person. Staff were guided to monitor this person's skin and reposition them 'every two hours'. Records confirmed this guidance was consistently followed and recorded. Staff applied prescribed creams to the skin and the person was regularly visited by the district nurse. Other risks appropriately managed included; mobility, nutrition and falls.

PEEPs were in place to ensure people could be safely evacuated from the building in the event of a fire. Individual plans highlighted the level of support the person required and staff were provided with guidance on how to support the person safely. For example, one plan highlighted the person needed 'assistance from one staff member'. The person could mobilise independently. Another person mobilised with a walking frame but 'may not be compliant if rushed'. Staff were guided to speak clearly and softly to this person. All the PEEPs we saw were accurate and up to date.

People told us they felt safe. Comments included; "Yes, we feel safe, always enough biscuits and the staff are lovely", "Yes, absolutely. Staff do their best for us" and "Yes (safe), the staff are very helpful".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "We've all been trained. Any concerns and I'd go to the manager or I'd call the police, the safeguarding team and CQC (Care Quality Commission)" and "Straight to the manager and the local authorities". There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff to meet people's needs. One relative said, "Mum feels very safe here and she enjoys being around the staff. There's a good number of staff who understand my mum". Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "I think there is enough staff. If we are short through sickness we all help out. We are a good team". During our inspection, we saw people's requests for support were responded to promptly.

Records confirmed the service had robust recruitment procedures in place. This included background checks of all prospective staff. References were obtained and criminal background checks were recorded ensuring staff were suitable for their roles. Staff work histories were investigated and any gaps in work histories explained. Staff checks also covered identity, a medical declaration and, where appropriate,

permission to work in the UK. All recruitment records we saw were complete and accurate.

People were protected from the risk of infection. Infection control policies and procedures were in place and we observed staff following safe practice. Colour coded equipment was used along with personal protective equipment (PPE). The home was clean and free from malodours. People spoke about cleanliness. Comments included; "Oh yes, always clean, bedroom is kept tidy and bed is all laid out for me" and "Yes very clean, they help a lot". Staff told us they were supported with infection control measures and practices. One staff member said, "We always have plenty of PPE, we get what we need".

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Where people were prescribed medicines with specific instructions for administration, we saw these instructions were followed. Medicines were stored safely. Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely.

We observed a medicine round. Staff identified the person and explained what they were doing. They sought the person's consent before administering the medicine. When they were satisfied the person had taken their medicine they signed the medicine administration record (MAR).

Accidents and incidents were recorded and investigated. They were also analysed to see if people's care needed to be reviewed. Reviews of people's care included referrals to appropriate healthcare professionals. The assistant manager told us, "We are always looking to improve. I once remember a couple of new staff were a little task focussed. Once we identified this we provided further training for them which really helped".

Good

Is the service effective?

Our findings

At the last inspection in December 2016 we found a breach of Regulation 11 Health and Social Care Act (Regulated Activities) Regulations 2014. The service did not ensure it worked to the core principles of the Mental Capacity Act (MCA) 2005. Mental Capacity assessments were not always decision specific and the service was not always able to provide evidence of how people had consented to care and treatment. At this inspection we found action had been taken and improvements made.

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. Staff had received training and understood how to support people in line with the principles of the Act. Where appropriate, mental capacity assessments were in place and were decision specific. Any decisions made on people's behalf were recorded and their best interests had been considered. People had provided consent to care and had dated and signed documents. Where people were unable to sign their legal representatives had signed on their behalf. For example, one person's relative had been appointed with legal power of attorney for the person's care and welfare.

Staff demonstrated a good knowledge of the MCA and worked to its principles. One staff member said, "The Act protects resident's decisions. We assess their capacity and where necessary help them make safe decisions". Another member of staff said, "It is protection for residents. We work in their best interests". We observed staff explaining things to people and offering them choices. Once people had decided staff respected their decisions. We saw staff routinely sought people's consent.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The deputy manager had a clear understanding of DoLS. At the time of our inspection, eight people at the service were subject to DoLS authorisations.

The service provided effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. We asked one person if they thought the staff were well trained. They said, "They are, and they should be. I couldn't wish for more".

Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required, we saw training events had been booked. Staff also had further training opportunities. One staff member said, "I am well supported here. The manager and deputy manager are very supportive, in fact they are supporting me with further training to develop my career".

People's needs were assessed prior to their admission to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. For example,

where people were at risk of pressure damage the district nurse had informed care plans with current guidance and best practice. We spoke with a healthcare professional who said, "I think this is a good home that keeps improving. Staff definitely follow any advice and I have no concerns at all".

People were positive about the food and received support to maintain their nutrition. People's comments included; "Food is very good", "It is good and I like eating it" and "I enjoy it here, I've a lot of favourites (food)". One relative said, "Mum really likes the food here, she has a sweet tooth and enjoys the desserts. Even if she doesn't fully eat her meal, the staff know that she will eat the dessert". We observed the lunchtime meal which was a quiet but social event. Meals were served hot from the kitchen and looked wholesome and appetising. Where people required support this was provided appropriately and people were encouraged to eat and drink.

Where people had specific dietary requirements, these were met. Where people were at risk of weight loss their weight was monitored and people were supported to maintain their weight. We spoke with the chef who told us, "I am regularly updated as to resident's nutritional requirements and I ensure they get what they need and like. Alternatives to the menu are always available".

People were supported to maintain good health. Various health professionals were involved in assessing, planning and evaluating people's care and treatment. Visits by healthcare professionals, assessments and referrals were all recorded in people's care plans. A visiting healthcare professional told us, "I always get good referrals and staff are quick to contact the GP which is reassuring".

People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms. Corridors displayed pictures and paintings painted by people and contrasting handrails had been installed to assist people to mobilise. Signage was clear to enable people to navigate the home and identify rooms easily. Soft toys, clothing and hats were freely available around the home to people living with dementia to engage with and we saw people making use of these items.

Good

Is the service caring?

Our findings

The home provided a caring service to people who benefitted from caring relationships with the staff. People's comments included; "Everyone is so friendly and kind to me", "Very nice, everyone is good to you, they do very well here" and "I do enjoy it here, I've made friends".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "I just like knowing the residents, they are wonderful" and "I enjoy my role here. I have very good relationships with residents, it's about knowing them well".

People's independence was promoted. One person said, "In a way, they do what they can and I do what I can but it's hard sometimes and they help". One relative said, "My mum is encouraged as she's allowed to walk around on her own, sometimes with staff, and they give her small tasks to do". Care plans guided staff to support people to remain independent. We spoke with staff about promoting people's independence. One staff member said, "Again this is about knowing the individual. This is their home and they can do what they want. I encourage that and try to get them to do what they can for themselves". During our inspection we observed staff encouraging people to be independent. For example, when mobilising or when eating their meals. People responded positively to this approach.

People were involved in planning their care and the day to day support they received. Records showed people were involved in reviews of their care and staff told us they involved people in their support. One staff member said, "I always explain to residents what we are doing. That involves them".

People were treated with dignity and respect. When staff spoke about people with us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion. One person said, "Yes they do treat me with respect".

People received emotional support. Care plans highlighted emotional support needs and staff told us how they provided this support. One staff member said, "Some people get tearful and sometimes just need a hug. We are here for them". Care plans provided staff with guidance on how to support people. For example, one person was described as 'generally happy' but could feel down due to their condition. Staff were guided to support the person and 'ensure [person] is comfortable'.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality policy was in place and gave staff information about keeping people's information confidential.

Good

Is the service responsive?

Our findings

The service was responsive. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person liked music and another liked hand massages. Staff were aware of, and respected people's preferences.

Staff treated people as individuals. For example, one person's care plan highlighted they liked to be 'dressed smartly and wearing jewellery'. Staff were aware of this person's individual preferences and we saw this person, very well presented wearing their jewellery. One staff member said, "They are all individuals, everyone is different".

People's diverse needs were respected. Discussion with the deputy manager showed that they respected people's differences so all people could feel accepted and welcomed in the service. The provider's equality and diversity policy supported this culture. Staff echoed these sentiments. One staff member said, "People are all individuals, so that is how we treat them".

People had access to information. People were able to read their care plans and other documents. Where people had difficulty, we observed and were told staff sat with people and explained care plans to ensure people understood. Where appropriate, staff also explained care plans to relatives and legal representatives. Staff were aware of people's individual methods of communication. For example, one person could not verbalise. The care plan noted the person could respond with gestures to express their needs. Staff we spoke with were aware of this persons communication methods.

Care plans and risk assessments were reviewed to reflect people's changing needs. For example, one person's condition changed and new medicine was prescribed. The serviced worked closely with the person's GP and records were updated to reflect the person's current support needs.

People were offered a range of activities they could engage in. These included; puzzles, games, music, arts and crafts and trips out of the home. For example, trips to garden centres and places of interest. Special events, such as Halloween and Christmas were celebrated as were people's birthdays. We also saw that a local farm brought animals to the garden area so people could interact with them and we saw plans for a local children's nursery group to attend the home. The deputy manager told us, "We intend to build a playground in the grounds, the residents and children will love it".

The service had systems in place to record, investigate and resolve complaints. Two complaints were recorded for 2018, both had been dealt with compassionately, in line with the policy. The complaints policy was displayed in the reception area and included in the 'service user guide' provided to people and their families.

We asked people about complaints. Their comments included; "Never needed to complain, it's good here", "Not sure as I've never made one" and "Never made one, not needed to, but I would tell the staff". One

relative said, "I'd be amazed if there weren't any altercations (between people) but the staff are doing an exceptional job as it is not easy to deal with them. I don't have any complaints with the staff as they deal with them fantastically".

People's advanced wishes were recorded. Care plans recorded people's end of life wishes. For example, where they wished to die and funeral arrangements. Staff told us people's wishes were always respected. One person was approaching end of life and their care plan was regularly updated to reflect their changing needs. For example, the person required their dressings to be changed by the district nurse and this had become painful for the person. The care plan highlighted the need for 'increased pain relief' when their dressings were changed. This meant the person could remain comfortable.

Good

Is the service well-led?

Our findings

At the last inspection in December 2016 we found a breach of Regulation 18 CQC (Registration) Regulations 2009. The service did not ensure all the required notifications were made to CQC. Notifications are certain events that providers are required by law to tell us about. At this inspection we found action had been taken and improvements made.

The service submitted appropriate notifications in a timely manner. For example, where people were injured and required hospital treatment, details were sent to CQC informing us of the event. Records of notifications were complete and up to date and the deputy manager was knowledgeable as to what events required a notification.

The service was well led. 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.

People knew the deputy manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear positive relationships had been formed between people and the deputy manager. One person spoke about the registered manager and deputy manager. They said, "They are (nice) and they come talk to me regularly, I don't have a lot of concerns but it's nice to talk if I needed to". We asked if people would recommend the service. One person said, "Definitely, no complaints". Another said, "I would, everyone is so friendly".

Staff told us they had confidence in the service and felt it was well managed. One staff member said, "[Registered manager] is good, she listens and is supportive". Another member of staff said, "Both the manager and deputy manager are really good. They deal with issues and they are there as our back up".

The service had a positive culture that was open and honest. Staff were valued and people treated as individuals. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The deputy manager spoke openly and honestly about the service and the challenges they faced. One staff member told us, "This place is open and honest, we talk openly and deal with things as they come up. There is no culture of blame here".

The registered manager monitored the quality of service. For example, audits were conducted and action plans arising from audits were used to improve the service. One action plan noted the need to improve community links and we saw that local schools and churches had been contacted. Another audit identified specific staff training was required and records confirmed this training had been completed.

The registered manager looked for continuous improvement. Surveys, 'resident meetings' and staff meetings were used to improve the service. We saw the latest survey results which were very positive. People had commented in the survey that the home refurbishment was taking a long time. We saw the registered

manager had acknowledged this and provided people with regular updates on progress and estimated timescales. Healthcare professionals were also surveyed. One healthcare professional responded and commented 'Always a pleasure to come to Chesham Bois Manor, keep up the good work'.

Staff told us learning was shared at staff meetings, briefings and handovers. One staff member said, "We have regular staff meetings which are useful. We also have handovers and we get updates on our phones. We are kept informed".

The service worked in partnership with local authorities, healthcare professionals, GPs, district nurses and social services. One visiting healthcare professional said, "The staff are great and I do think we have very good communication with the home and management. It's a really nice, well run home".