

Lions Meadow Ltd

Bollingbroke House

Inspection report

Common Road
Brierley
Barnsley
South Yorkshire
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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?

Requires Improvement ●

Summary of findings

Overall summary

Bollingbroke House is a residential care home providing personal care to up to 30 people. The service provides support to older people, some people were living with dementia. At the time of our inspection there were 24 people using the service.

People's experience of using this service and what we found

Systems in place to monitor the service were not always effective. Some audits had identified areas to improve and appropriate actions were taken. However, some issues identified during our inspection, had not previously been highlighted. Audits had not identified issues relating to infection control and inconsistencies recorded in people's care plans. Issues related to menu choices and support around dementia care had also not been identified through audits and governance systems.

People felt safe living at the home and told us staff cared for them well. Staff were knowledgeable about safeguarding people from the risk of abuse and knew what actions to take if required. People received their medicines as prescribed, by staff trained to administer medicines. Risks associated with people's care were managed safely. Maintenance and servicing of the building and equipment was done in a timely way.

People were supported by staff who knew them well and understood their needs. Staff were kind and considerate in their interactions with people. People received enough food and drink to maintain a healthy diet. Staff felt supported by the management team and received appropriate training to carry out their role.

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

Care plans we viewed were informative but sometimes lacking in person-centred information such as likes and dislikes. Care tasks were not always being recorded and therefore did not always accurately reflect care provided. However, interactions we observed were positive; people were offered choices and staff respected their decisions.

The provider had a complaints procedure and people felt comfortable to raise concerns and were confident appropriate actions would be taken.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 10 June 2021, and this is the first inspection.

The last rating for the service under the previous provider at the previous premises was good, published on 3 May 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Bollingbroke House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 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.

Service and service type

Bollingbroke House is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bollingbroke House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post who had applied to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 5 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, care workers and ancillary staff. We reviewed a range of records including 3 people's care plans and multiple medication records. We looked at 3 staff files in relation to recruitment and supervision. We also reviewed a variety of management documents.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Systems in place showed appropriate actions were taken to keep people safe
- Staff told us they had received training in safeguarding and knew what actions to take if they suspected abuse.
- People told us staff made them feel safe. One person said, "The staff look after us really well. I'm alright living here."

Assessing risk, safety monitoring and management

- Risks associated with people's care had been identified and assessments were in place to help mitigate risks.
- Staff we spoke with were knowledgeable about risks and took appropriate actions to keep people safe.
- Statutory checks on equipment and the building were maintained.

Staffing and recruitment

- There was a system in place to recruit appropriate staff. We saw evidence of per-employment checks such as Disclosure and Barring Service (DBS) certificate numbers at the front of each file. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We noted some employment gaps had not been explored by the provider and employment history contained the year but not the month of employment. We raised this with the manager who told us they would take action to address this concern.
- People were supported by sufficient staff to meet their needs in a safe way. One person said, "When I pull the cord [call system], staff come quickly." Another person said, "Everyone seems happy. There's plenty of staff on [duty]."

Using medicines safely

- People received their medicines as prescribed by staff who were trained to administer medicines.
- One person said, "I do get them [medications] on time, they're always accurate, they [staff] bring them to me."
- Some people were prescribed medicines on an 'as required,' basis, often referred to as PRN. PRN medication records had clear guidance in place to ensure staff administered them safely.
- Medicines are stored safely and securely, and temperatures were taken daily of the medicine room and fridge to ensure they were stored at the correct temperature.

Preventing and controlling infection

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises. However, we found the laundry required attention due to worn units and buildup of dust and debris. During the inspection we found some minor concerns in regard to storerooms and deep cleaning which were promptly addressed by the manager.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was supporting people to maintain contact with family and friends by facilitating visits to the home.

Learning lessons when things go wrong

- The manager had a system in place to monitor and review accidents and incidents. The system identified any trends and patterns and action was taken to mitigate future risks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care documentation showed people's needs had been assessed and support was provided in line with guidance.
- People's needs were assessed, and care was provided in line with people's choices and preferences.

Staff support: induction, training, skills and experience

- Staff were supported to carry out their roles and responsibilities.
- Staff told us the management team supported them and they received one to one support with their line manager.
- Staff told us they had received training, and this was refreshed on a regular basis to keep their knowledge up to date.

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

- People were supported to eat and drink enough and maintain a balanced diet.
- We observed lunch being served and found people were not always offered a choice of meal. However, one person said, "It's excellent, you always get a choice."
- Generally, people enjoyed their meals and told us, "Food is good," and "It's nice [food], you get good variety of meals."
- Following our inspection, the manager confirmed they had menus in place and people were offered choices at the time of the meal.

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

- The management team took appropriate actions to ensure people received timely and appropriate support.
- People received support from healthcare professionals when needed.

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

- The provider had identified the home was in need of a refurbishment and was in the process of this. However, this could have been managed better to minimise disruption to people.
- People had access to outside space and pleasant garden areas.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The manager and staff received training in MCA and DoLS and understood their responsibilities.
- People's care plans referred to the support they required to make decisions about their care and support.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff interacting with people and found they were kind and caring.
- People and their relatives spoke highly of the care they received. One person said, "Yes [feels respected], because of the way they [staff] treat me." Another person said, "They [staff], always knock on my door before entering."
- Relatives told us they were happy with the care their family member received. One relative said, "

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

- Staff were kind and patient when supporting people, respecting people's views and including them in the decision-making process.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people appropriately when they required personal care. People's privacy and dignity were respected.
- We observed staff knocking on doors prior to entering and maintaining confidentiality when speaking with people.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People were supported by staff who knew them well and were aware of their preferences. However, care documentation was not always person-centred, and people's interests were not always documented.
- Following our inspection, the manager confirmed they had invited people and their families to be involved in developing life stories to assist with care planning.
- Staff told us they had received training in end of life care and were knowledgeable about how to support people with compassion.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and be involved in social activities.
- During our inspection we saw staff engaging people in making Christmas cards, watching a film and listening to music. One person said, "I'm happy as I am, I'm never bored."
- People told us there were plans to visit various places of interest, and they were looking forward to a trip to a local shopping centre.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans included information about effective communication. We saw staff responding to body language and recognised when people required their support.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure and the manager kept a record of concerns received and actions taken.
- People told us they would speak with staff if they wanted to complain and felt they would be listened to. One person said, "I think it's run very well really, I've no complaints."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had systems in place to monitor the quality of the service. However, some audits had not identified the issues we found during our inspection.
- Audits had not identified some concerns such as items stored on floor in storerooms, some recording issues within care planning documentation, menu choices and support designed for people living with dementia.

We recommend the provider reviews monitoring systems to ensure issues are identified and actioned in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Improvements were required to ensure people living with dementia received appropriate support. For example, people could benefit from the use of picture menus and signage to navigate around the home.
- The manager explained the refurbishment would improve the environment for people. The refurbishment process needed to be more co-ordinated to minimise the impact on people living at the home.
- Following our inspection, the manager devised a plan to assist better management of the refurbishment programme.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team consisted of the manager, deputy manager, and senior care workers.
- The management team were aware of their legal responsibilities and duty of candour.
- The manager was relatively new in post but had begun making changes to improve the home for people.
- People commented positively about the manager saying, "[Manager] has done a lot now, [manager] is trying to make it better and is very good at organising things." Another person said, "[Manager] has got time for me. If you've got a problem, any concerns, it's dealt with."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in the home and asked their opinions. For example, the manager had involved people in the refurbishment and helped people choose their own colours for their bedrooms. One person

said, "The dining room has been done [decorated] and they [staff] came around asking what wallpaper we would like."

- The manager was in the process of sending out questionnaires to gain feedback from people and their relatives. Relatives told us communication was good and they felt involved.

Working in partnership with others

- The provider and registered manager worked in partnership with other professionals and took notice of their advice. Care plans included advice from healthcare professionals.