

Anchor Hanover Group

Borrage House

Inspection report

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Date of inspection visit:
19 December 2019
23 December 2019

Date of publication:
11 February 2020

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

About the service

Borrage House provides accommodation and care for up to 40 older people and people living with dementia. Accommodation is provided in a detached building, which has been adapted and extended. At the time of this inspection the service was providing care for 32 people.

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

Staff were not consistently completing monitoring charts when these were required. For one person, a positive behaviour support plan had not been put in place in a timely manner. This meant staff did not have the necessary guidance and support to ensure the care they offered was consistent and safe.

We have made a recommendation around the assessment, monitoring and management of risk.

Good systems were in place to protect people from abuse, to manage the potential spread of infection and manage people's medicines safely. There were enough, suitable staff employed to make sure people received prompt care and support. Staff reported incidents, and these were investigated, and lessons learned.

The premises and equipment were generally maintained to a good standard of repair. Suitable adaptations had been made to support the specialised care needs of people living with dementia.

Staff received appropriate support and training to fulfil their roles effectively. 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.

Staff cared for people with compassion and kindness and treated them with dignity and respect. People were involved in decisions about their care and were asked for ideas and suggestions on the running of the service.

Staff treated people as individuals. Emphasis was given to promoting social inclusion and integration and this was a feature of the service. We heard of numerous examples when people had attended local events or of shared activities with schoolchildren and visitors. Relatives commented positively on the quality of care provided and said they knew who to speak with if they had any concerns or issues they wished to raise.

Despite suggesting improvements regarding the monitoring and management of health conditions overall the service was well managed and organised. The registered manager fostered positive relationships between people who used the service, relatives and staff. We were impressed with the relaxed atmosphere and staff kindness, warmth and patience throughout the inspection.

For more details, please see the full report which is on the Care Quality Commission website at

www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 27 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Borrage 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 Care Act 2014.

Inspection team

One inspector and an inspection manager carried out the inspection.

Service and service type

Borrage House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a provider information return before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spent time with the registered manager and spoke with a district manager, team leaders, care staff, a

housekeeper and the chef. In total we spoke with 10 staff. We spoke with six people regarding their experience of care and we observed staff practice and interaction throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with several visitors including relatives of one person recently admitted, relatives of people who had lived in the home for several years, a visitor from the local church and healthcare professionals. In total we spoke with nine visitors. We looked round the service and spoke with a health and safety manager by telephone.

We reviewed a range of records. We reviewed care records for three people and checked one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed including training data and quality assurance records.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at staff rota schedules, menus and activities.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. Some monitoring systems and care plans regarding people's health conditions would benefit from more detail to promote consistent, safe care.

Assessing risk, safety monitoring and management

- Staff did not always maintain appropriate monitoring charts, or document escalation and actions in response to identified issues. For example, bowel monitoring charts were not kept for one person who had recently required hospital treatment for a bowel condition. The registered manager agreed to implement these immediately.
- Staff had not always completed positive behaviour support (PBS) plans when needed. For example, one person had experienced distressed behaviour on nine occasions over a one-month period. Staff had made a referral to the community mental health team (CMHT) however a PBS plan was not in place. On the second day of our inspection this had been done. An occupational therapist from the CMHT had also visited and was advising staff on positive strategies.
- The premises and equipment were generally maintained in good repair though one of two available hoists was out of order. The registered manager told us arrangements were in hand for this equipment to be repaired. They said they could bring one in quickly from another service if needed at short notice.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and staff were clear in their responsibilities to safeguard people.
- People looked comfortable and at ease with staff. Relatives told us their loved ones were safe. One said, "I am confident they [staff] look after [name] really well."

Staffing and recruitment

- There were enough staff to meet people's needs effectively. The registered manager kept staffing under review to keep people safe and to provide the right care and treatment.
- The registered manager followed safe recruitment processes and procedures to employ staff.

Using medicines safely

- Staff followed systems and processes to safely administer, record and store people's medicines.
- When administering medicines staff were patient and kind with people; staff spent time to explain what people's medicines were for.

Preventing and controlling infection

- Managers controlled infection control risks well.
- People told us the service was always clean. Visitors told us there were never any unpleasant odours. One relative said, "It's always clean and fresh."

Learning lessons when things go wrong

- The registered manager reviewed incidents and accidents for any emerging themes and trends.
- Staff reported incidents appropriately. The registered manager investigated incidents and shared lessons learned with the staff team to improve staff practice. They encouraged all staff to reflect upon and learn from any incidents and events.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff provided care based on national guidance and evidence-based practice. For example, they were completing oral health care assessments in line with current guidance. Managers checked to make sure staff followed best practice guidance.
- Relatives confirmed they were involved in assessments and reviews of people's care. Regular conversations were held with staff, relatives and people to ensure their views were considered.

Staff support: induction, training, skills and experience

- Comprehensive induction and training programmes were in place. Staff completed specific training to meet people's care needs. Some had done additional training to act as champions and promote best practice. For example, some staff had undertaken additional training to be dementia care champions in the service. This enabled them to advocate for people living with dementia and provide information and support to the whole staff team.
- All staff received regular supervision sessions and appraisals.

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

- People told us the food was good and people had a nutritious diet. One relative said the food provided was, "Excellent."
- Staff made sure people had enough access to drinks throughout the day in their rooms and in communal areas.
- Staff completed food and fluid charts for people at risk of malnutrition and dehydration. They consulted with the GP and speech and language therapy team (SALT) and implemented their advice. For one person, who was at ongoing risk of malnutrition staff had not completed food and fluid charts longer term. Staff could clearly describe how they positively supported the person to eat. This included offering food at quieter times and providing smaller portions. When we visited we saw staff followed these strategies and gently coaxed the person to eat their meal.

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

- Although monitoring and recording systems could be developed further staff generally supported people to access healthcare services in a timely way. For one person, their oral health assessment indicated a dentist appointment should be booked. Staff agreed to arrange for this to be done.
- Healthcare professionals were positive about staff and told us they were regularly consulted. One said, "Staff are on the ball here, they know what they are doing."

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

- The service design and layout met the needs of the people who lived there.
- The provider considered people's specialist dementia care needs when making adaptations.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people to make decisions about their care. They knew how to support people who lacked capacity to make their own decisions on what they wanted to do and how they spent their time.
- Staff gained appropriate consent and understood people's right to have control over their lives.
- Staff recognised when people's liberty was potentially being restricted and sought appropriate authorisation when needed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Good personal and professional relationships existed between staff, relatives and people who used the service.
- People were positive about staff and said they treated them with kindness and compassion. Relatives confirmed this was the case and said they were always made welcome. One said, "It's lovely here, so welcoming."
- Staff understood people's personal, cultural and religious needs. They had received training on equality and diversity and applied this in practice. Staff spoke positively about their work and said they enjoyed making a difference for people. One told us, "I love it. It's more than just a job."
- Relatives told us staff showed a genuine interest in people's life story and interests. They told us staff knew people well and were respectful and caring towards them. One said, "Staff are lovely. They are 100%."

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

- People could make choices and decisions about their care and support. Where needed, staff involved relatives or advocates to help people understand and support decision making.
- People told us staff couldn't be more helpful. For example, people could choose where they took their meals.
- Communication between staff and relatives was good. Relatives said staff could be relied upon to keep them updated on their loved one's health and general welfare and progress.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and provided them with emotional support. We observed staff offered discreet help and support when needed.
- Staff supported people to maximise their independence and without applying undue restrictions on people's freedoms.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Staff worked collaboratively with other professionals and considered individual care preferences when planning people's care.
- Staff kept people's care under review and involved them, together with their relatives and relevant professionals in reviews.
- Although some assessments would benefit from more detail as we have discussed in safe people mostly received care promptly.
- Staff knew people's care preferences and understood how to meet these. For example, one person preferred a plant-based diet. Staff supported this person to visit a supermarket to pick their own meals.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had communication care plans in place, which included the level of support people required.
- Staff considered any adaptations or specialist support people needed to access information in a way they could understand.
- Systems were in place to enable information to be produced in different formats to suit people's individual care needs including in an easy read format.

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

- The service was embedded in the local community and took part in local events such as the annual procession in honour of Ripon's patron saint.
- Staff had developed several initiatives to further encourage a sense of social integration and inclusion. This included regular visits to and from local schools and shared activities such as painting and the planned café.
- Several areas were adapted as reminiscence areas with the aim to engage and stimulate people. For example, people could sit in one of two areas designed to resemble a railway carriage and watch footage from real journeys. The registered manager told us people enjoyed watching the countryside go past.
- Managers encouraged staff to think of ways they could benefit other people living in the area and reduce social isolation. For example, they offered people living alone the opportunity to visit and share a meal over the festive period.

Improving care quality in response to complaints or concerns

- Staff encouraged people to give feedback on their care. Relatives told us they had not needed to complain but they knew who to speak with if they wanted to do so.
- Managers took concerns and complaints seriously, investigated them and shared lessons learned when needed with staff.

End of life care and support

- Effective, safe care was provided for people approaching end of life. People's care plans included details of how they would like to be cared for and significant areas such as funeral planning and future wishes.
- Staff liaised with community health professionals to make sure people had the right medicines and equipment to promote their comfort and dignity at this important time.
- The registered manager told us relatives often remained in close contact and visited the service after their loved one died. Staff had supported people to make a fruit cake based on a favourite family recipe of one person. Their relative said they thought the idea was, "Very touching."
- People's lives were celebrated in special events and tributes. For example, the recent balloon release, which gives participants the opportunity to remember their loved ones.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People were positive about the management of the service. A relative told us, "We are very satisfied. I would give it 5-stars."
- Managers and team leaders undertook monitoring checks to make sure people were safe and happy with the service they received. Action plans were developed in response to any identified shortfalls.
- Any incidents or concerns were communicated to the provider and to relevant parties such as CQC and the local authority.
- We identified some shortfalls regarding ongoing assessment, monitoring and management of health conditions.

We recommend the provider review record keeping in relation to risks associated with health conditions and how these are managed.

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

- The atmosphere in the service was warm and welcoming. The registered manager told us, "The atmosphere is vital and rubs off on the residents. "A healthcare professional commented, "It [Borrage House] is a nice, calm place. Everyone is contented and happy."
- Managers and staff demonstrated a shared vision to provide the best care for people. The senior management team were visible and approachable for people living at Borrage House, relatives and staff.
- Staff told us they felt respected valued and supported. They said the registered manager was approachable, provided opportunities for them to progress and listened to them. One said, "We are all working together for a common goal."

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

- Senior managers understood their responsibilities including duty of candour responsibilities to be open and honest with people when something goes wrong.
- Managers fostered a 'no blame' culture and encouraged staff to look for every opportunity to reflect and improve their practice.

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

characteristics; Working in partnership with others

- Senior managers and staff proactively engaged with people living at Borrage House and their relatives. People were asked for their views and ideas; managers and staff gave feedback on any action taken and information was displayed in the service.
- The service had well established links with the local community and placed an emphasis on offering people opportunities to go out of the service to local events and for people to visit.
- Staff worked co-operatively with partnership organisations including local schools and health and social care professionals.