Magicare Limited

Bollingbroke House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 17 October 2016 and was unannounced, which meant the provider did not know we were coming. At the last inspection, in January 2014, the service was judged compliant with the regulations inspected.

The service has a manager who has been registered with the Care Quality Commission since July 2013. 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.

Bollingbroke House is located on the edge of Brierley village close to the border with West Yorkshire. The home is a large detached property, which was formerly a private residence. The home provides personal care for up to 33 older people. At the time of the inspection the home was providing residential care for 27 people. Some people living at the home had been diagnosed with a dementia type illness. The service had several communal areas and dining room and limited accessible secure gardens. The home is close to local amenities of shops and healthcare facilities.

CQC is required by law to monitor the operation of the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The members of the management team we spoke with had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

The environment could be improved to make it more dementia friendly. We have recommended that the provider finds out more information based on current best practice, in relation to the specialist needs of people living with dementia. In particular about the environment including, signage in the dining area in relation to meals, flooring and the use of contrasting colours on the corridors.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms, so appropriate referrals to health professionals could be made. For example, we saw evidence that the home regularly makes contact with district nurses, community nurses for mental health issues, and peoples own doctors. Other health professionals such as dieticians, dentists, occupational therapists and opticians were also requested as needed.

Our observation of medication being administered, together with our review of records, provided evidence that medicines were safely stored and administered.

There were robust recruitment procedures in place. On the day of our inspection there were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Staff told us they felt supported by the registered manager, and they confirmed that they had received formal supervisions and appraisals of their work.

Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked. We observed people being offered a second helping of the main course during lunch. Snacks of biscuits and drinks were also available for people throughout the day.

People were able to access activities. We spoke to the activity co-ordinator about forthcoming events which included Halloween and Christmas.

Staff and relatives we spoke with were positive about the registered manager and the way in which she led the service. They told us that the registered manager was always around and was approachable and proactive in trying to make the service as good as possible. The registered manager had clear goals for the service and spoke about future developments for the home.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. Relatives told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that one formal complaint had been received. The investigations were on-going and the area manager was involved in meetings with the complainants.

There were systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. However, we saw action plans were not time limited so we were unable to judge the progress of some of the actions. We spoke with the area manager and asked that she send us a revised action plan with timescales for completion by the 5 November 2016.

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

We found there were enough qualified, skilled and experienced staff to meet people's needs on the day of our inspection. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. We saw staff administering medication to people safely.

Is the service effective?

Requires Improvement

The service was effective, although we identified some areas where improvements were required.

The environment could be improved to make it more dementia friendly. We have recommended that the provider finds out more information based on current best practice, in relation to the specialist needs of people living with dementia.

Each member of staff had a programme of training and was trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw provided choice and ensured a well-balanced diet for people living in the

home. We observed people being given choices of what to eat and the amount they wanted to eat.

Is the service caring?

Good

The service was caring.

Staff had a kind approach to their work. People and their relatives were complimentary about the care provided. People using the service told us that staff were very caring and respected their privacy and dignity.

People were supported to maintain important relationships. Relatives told us there were no restrictions in place when visiting the service and they were always made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had access to activities which were geared around people's likes and interests.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

Is the service well-led?

Good

The service was well led.

There was an emphasis on promoting and sustaining the improvements already made at the service. Staff told us that the registered manager was supportive and fair.

The registered manager continually strived to improve the service and their own practice. Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that the registered manager took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Bollingbroke 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 checked 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 17 October 2016 and was unannounced. This meant the provider did not know we would be visiting. The inspection was undertaken by an adult social care inspector. At the time of our inspection there were 27 people using the service. We were only able to speak with five people who used the service. This was because most of the people living at the home were unable to communicate with us in a meaningful way as they had limited mental capacity. We spoke with five relatives who were visiting at the time of this inspection they gave positive comments about the care provided.

We spoke with the registered manager, the deputy manager and the senior care worker. We also spoke with three care staff, the activities co-ordinator, the cook and a general assistant. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager.

We spent time observing care throughout the service. 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 had received a provider information return (PIR) from the provider which helped us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care. We also looked at the

systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement. The registered manager and area manager received feedback in relation to this inspection.

Good

Is the service safe?

Our findings

We spent time observing how staff related to people who used the service. We found interactions between staff and people who used the service were kind, considerate and respectful. Relatives we spoke with told us they thought the care provided was safe. They said staff knew their relative very well and always provided a safe environment for their family member to live. The registered manager told us that many of the staff had worked at the home for a good number of years so they knew people's needs very well.

We found that people were protected from the risk of abuse. This was because the provider followed safeguarding procedures to protect people from abuse. The registered manager told us appropriate referrals to safeguarding had been made and she understood her responsibility to report any incidents to the relevant agencies. For example, the local council safeguarding team, CQC and where required the police.

Staff were able to demonstrate a good understanding and awareness of the different types of abuse and how to respond appropriately where abuse was suspected. Staff were confident that the registered manager would act appropriately on people's behalf.

Risk screening tools had been completed for each person and these covered distinct topics, such as health and physical wellbeing and medicines management. Where risks were identified to people's health and wellbeing, for example, the risk of poor nutrition, poor mobility and the risk of developing pressure ulcers; staff were aware of people's individual risks and acted appropriately. For example, the senior care worker told us how they had obtained specific equipment to help prevent pressure areas developing, for one person who was cared for in bed. She said where people needed specific equipment to keep the person safe the provider had purchased it. For example, specialised beds which could raise the person up into comfortable positions.

Assessments were in place to guide staff on the measures to reduce and monitor those risks during delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. The registered manager showed us records used to analyse accident and incidents. This was used to identify any trends. We saw evidence that appropriate agencies were contacted if a person had frequent falls.

We saw people had a personal evacuation plan in place which would be used in the event of any emergency. The registered manager told us that these were easily accessible if required in the event of an emergency. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements.

Risks in relation to the building were well managed and the registered manager told us that a list of tradesmen and a maintenance person were available if required. We saw hoists and equipment used to keep people safe were regularly maintained so they were safe to use.

We found the recruitment of staff was robust and thorough. Application forms had been completed, two

written references had been obtained and formal interviews arranged. The registered manager told us that they were looking to recruit new staff in the near future. She confirmed that all new staff would complete a full induction programme that, when completed, would be signed off by herself. The registered manager told us that new staff would complete the 'Care Certificate'. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by the service. The registered manager was fully aware of their accountability if a member of staff was not performing appropriately.

We looked at the number of staff that were on duty and checked the staff rosters to confirm the number were correct. The registered manager told us they used a dependency tool to assist with the calculation of staff needed to deliver care safely to people. The registered manager told us staffing ratios were based on the occupancy and dependency of people who used the service. We observed staff working throughout this inspection and found that they were able to meet the needs of people who used the service. Staff responded quickly when people asked to use the bathroom and when people called out for assistance staff offered support.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the medication administration records (MAR) for people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed safely and in line with current legislation.

We found records were kept for the temperatures of the store room and the medication fridge. However, we noted that the temperature of the room was over the recommended 25 degrees on many occasions. This meant that the medications could be affected by the increased temperatures and may not be as effective. We discussed this with the registered manager and the area manager who told us they were looking to move the medication to a different store room.

Staff involved in the administration of medication had received appropriate training, and had their competency reviewed. Regular audits had been completed and where these highlighted areas for corrective action, a record was maintained of the actions taken. The medication administration record (MAR) sheets used by the home included information about any allergies the person may have had. This helped to make sure that staff trained to administer medicines, were able to do so safely.

We saw the senior care worker followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required' (PRN), for example painkillers and medication used for low moods. The senior care worker we spoke with knew how to tell when people needed these medicines and gave them correctly. We saw protocols were in place in the care plans which gave brief details of when these medicines would be required.

We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves were available throughout the building. We spoke with one of the general assistants who told us they had worked at the home for a number of years and took pride in knowing they helped maintain good standards of cleanliness. We looked around the home and found the home was clean and smelt fresh. Relatives we spoke with confirmed they found the home to have good standards of protecting people from the risk of infection.

We also found an outbuilding was used as the laundry. This was accessed via a very steep slope. In the winter this could present as a slip hazard and cause injury to staff if they were to fall. The laundry area itself did not have a clear passage from dirty to clean and we saw several bags of washing was on the floor next to the washers. The staff member responsible for the laundry told us that one of the washers was out of order which had led to an accumulation of dirty washing. We discussed this with the registered manager and the area manager who told us this had been identified on their action plan for the home. The out of use washer had been reported and they were awaiting a visit from the company to make the repairs needed.

Requires Improvement

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. From our observation we judged that the staff knew the people they cared for very well. Relatives we spoke with were extremely complementary of staff working at the home. One relative said, "The staff here work really hard but they always have time to speak to me when I visit." Another relative said, "The staff are very professional but kind and considerate. We looked at other newer homes but felt this home had a warm atmosphere so we chose this one for our [family member]."

People's healthcare needs were carefully monitored and detailed care planning ensured care could be delivered effectively. Information on health profiles and health procedures were detailed to enable staff to make the necessary referrals to dieticians, chiropodist, speech and language therapists and their own doctors.

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at four people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

We joined a group of people eating their meals at lunchtime. We carried out a SOFI to help us understand the dining experience for people who used the service. We saw that where people needed support to eat their meals it was provided with care and in a professional and sensitive manner. The meal was served from one hot trolley which was in the entrance area next to the dining room. We only saw one person having an alternative to the main choice. The cook told us that people could have jacket potatoes, an omelette or chips and egg as an alternative, but this was not displayed on the menu board outside of the dining area. The cook told us that they did not routinely plan menus but knew what people liked and disliked.

People we spoke with told us they enjoyed all of the meals provided at the home. They told us they liked good traditional meals and were satisfied with the portion size and variety of food provided.

Given that the home accommodated people living with dementia there was little evidence of signage in the main dining area to inform people of the meals they were served. Staff did not offer the choice of meals available at lunch time. However, were heard the senior care worker going around people asking them if they wanted a choice of hot and cold food for their tea.

We looked at the care records for three people who used the service and there was evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example, we saw people had consented to the use of photographs on care plans and medical records. We saw care records were evaluated monthly. We saw care records also contained their 'preferred preferences of care'. This record sets out how the person wanted to be cared for if they became seriously ill or approaching the end of their life.

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. The application procedures for this in care homes are 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 were being met. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. At the time of the inspection the registered manager told us that they had received several standard DoLS authorisations for people who used the service. We looked at the records for the DoLS and found the service was acting according to the stipulations of the DoLS. They had also made several other applications to the local council's supervisory body for a number of other people living at the home. Those applications were still awaiting decisions.

Records stated, and speaking with staff confirmed, that a wide range of training was available for all staff to ensure they had the skills required to carry out their role effectively. Staff told us they had received training in areas such as; safeguarding of adults and mental capacity and deprivation of liberty safeguards. The staff training matrix, used to record the training staff had completed, showed the majority of training was up to date. The registered manager told us that most training was accessed via the local council and the remainder was completed using on-line training. Staff confirmed to us that they received adequate training to enable them to fulfil their roles and responsibilities.

Staff were encouraged to undertake external professionally recognised qualifications such as diplomas (previously NVQ's) in adult social care. The continued development of staff ensured the care they provided was effective and in line with current best practice guidelines. The registered manager confirmed most staff held qualification at either level two or three.

Systems to support and develop staff were in place. The registered manager told us that formal supervisions and yearly appraisals were taking place. We spoke with staff about the support they received. They told us they had very good relationships with the registered manager and deputy manager and they felt supported in their roles. They told us they felt able to discuss any issues either work related or on a personal level without fear that information shared would be dealt with in confidence.

The design and layout of the main entrance area was not dementia friendly. General floor covering on the corridors showed very little regard for the needs of people living with dementia. People living with dementia may mistake patterns as litter and may attempt to pick up what they are seeing. This may result in the person falling. We recommend that the service explores the relevant guidance on how to make environments used by people with dementia more 'dementia friendly'. Communal areas and corridors were not dementia friendly, signage needed improvements to enable people to orientate around the home.

There were gardens to the rear of the building but these could not easily be accessed by people who used the service. There was a small seating area outside of the dining area which was used by people and their relatives. We noted that the guttering at the front of the building had weeds and moss which would prevent any heavy rain from flowing down the drain pipe. This could prove hazardous in the winter, making paths

slippery near the entrance to the building.

Good

Is the service caring?

Our findings

People told us they were happy with the care and support they received. We saw staff had a warm rapport with the people they cared for. People were treated with respect and their dignity was maintained throughout. We observed numerous kind and caring interactions throughout the day. Staff and people who used the service clearly have a good rapport. It was very clear that staff knew people well and were able to tell us about individual people and their life histories. People's needs and preferences were recorded in their care files.

We saw that staff spoke kindly to people, and made time to talk to them, providing reassurance where necessary and were not patronising or over familiar. Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was written in care plans and discussed at staff handovers which were conducted in private.

We asked relatives if they thought staff were respectful. They all told us that were and gave examples. One relative said, "Staff are always respectful and they are welcoming and spend time telling us how my [family member] has been." Another relative said, "Staff always respect our privacy when we visit. They make sure that we are offered a drink and show us to where my [family member] is sitting." A third relative said, "They [the staff] speak to us discretely so not to upset anyone sitting close by."

Staff were attentive to people's needs. We saw that staff communicated well with people living at the service. For example, staff were seen to kneel down beside the person to talk to them or to sit next to them and staff provided clear explanations to people about the care and support to be provided. We observed staff transferring people from wheelchairs to lounge chairs by explaining they wanted to make them more comfortable.

People's needs were responded to quickly and if a person became distressed or upset, staff offered them reassurance in a kind, caring and supportive way. We observed staff offering a reassuring hold of a hand, or arm around the shoulder when needed. People responded positively to this.

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction. We observed relatives visiting people throughout the day. The relatives we spoke with told us they were able to visit their family member at any time of the day or night and especially if they were ill. The activity co-ordinator told us relatives were encouraged to attend when there was entertainment or a coffee morning.

Posters were displayed which informed people living at the home and their visitors about care provided and we saw a notice board that showed pictures of people who used the service joining in activities.

We saw people's bedrooms were personalised to meet their needs and preferences. This included family photos, mementos and small items of furniture. One person had a larger bedroom which enabled them to

bring their own bed and sofa and other small items of furniture.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff.

The activity co-ordinator told us that one person was able to continue to go to their preferred church on Sundays. She told us that family members escorted their relative, but staff would make other arrangements if they were not available. Other people who used the service were happy to receive visitors from other faiths who came to the home to sing to them.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The relatives we spoke with told us the standard of care people received was very good. We looked at copies of four people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities. Relatives told us they had been involved in providing some information about their family member including things like life history. They told us they had also been involved in reviews of their family members care.

We found that people's care and treatment was regularly reviewed to ensure it was up to date. We saw on care plans how staff evaluated the progress on the plans. Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were presenting each day. We observed the handover taking place on the day of the inspection. Staff were able to ask for clarification about the wellbeing of people and any specific care that was needed for individuals during their shift.

People were able to access activities. The activity co-ordinator told us that they worked five days at the home each week and she had responsibility to organise events and activities that were suitable for the people who used the service. The co-ordinator told us that every two weeks there was an exercise activity which was facilitate by 'Pulse'. On alternate weeks the co-ordinator would do a similar activity. The activity co-ordinator showed us some of the art work which people had done. Some of the work was displayed on the wall in the dining area.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw these were displayed in the home. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service. We were informed that one formal complaint was being investigated by the area manager.

Relatives we spoke with told us they were aware of the complaints procedure and they had confidence that the registered manager would take any complaints seriously and would look into the issue swiftly. One relative said, "I know the staff would listen to me if I raised any concerns." Another relative said, "I have raised issues about my [family member] losing their hearing aids. The staff have responded and got a replacement but the new one was also lost."

Good

Is the service well-led?

Our findings

The service was well led by a manager who has been registered with the Care Quality Commission since July 2013. She demonstrated a clear vision for the service and spoke with passion about the proposed plans to develop the service. This included plans by the provider to build a new property in the grounds of Bollingbroke House.

From our observations and discussion with staff we found that they were fully supportive of the registered manager and their vision to provide good person centred care. Relatives told us that the home was well run and the registered manager and the rest of the staff team ensured good care standards were maintained.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

People benefited from staff that felt supported, valued and listened to because they were confident in their roles and responsibilities and delivering good care to people. For example, staff understood how to raise any concerns both with the provider and to external organisations such as the Care Quality Commission and local commissioners. Staff received regular supervision and had regular team meetings. We saw minutes of team meetings and noted there were opportunities for staff to discuss any issues or concerns such as changes to people's support needs and care practices. Staff told us they were able to put forward ideas for improving the service as well as providing their views on any proposed changes to the service.

The service worked in partnership with health and social care professionals to continually improve the care people received at the service. The registered manager continually sought feedback about the service through surveys, formal meetings, such as individual service reviews with relatives and other professional's and joint resident and relative meetings. This was supported by informal feedback via day to day conversations and communication from the staff team. Relatives we spoke with told us there was a positive atmosphere in the home. They also agreed that the registered manager was available to talk with them and would be happy to discuss anything which was troubling them. We saw formal surveys were also used to obtain feedback from people who used the service and their relatives.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to raise the standard of care provided throughout the home.

The registered manager showed us a detailed action which was developed recently with the area manager. Some actions had already been completed but others showed no date for expected completion. We have asked the area manager to send us a further action plan with proposed dates so that we can continue to monitor improvements.