Holsworthy Health Care Limited

Bodmeyrick Residential Home

Inspection report

North Road
Holsworthy
Devon
EX22 6HB
Tel: 01409253970
Website: www.example.com

Date of inspection visit: 28 & 30 September 2015
Date of publication: 20/10/2015

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**

Overall summary

We carried out a comprehensive inspection on 28 and 30 September 2015.

We last inspected the home in October 2014 to follow up on a breach of regulation found at an inspection carried out in June 2014. We found at the October inspection that staff support had increased and so the breach had been met.

Bodmeyrick Residential Home provides accommodation and personal care for up to 28 older people. It is not a nursing home. There were 25 people using the service at the time of the inspection; two of them were in hospital.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff had not acted to gain authorisation to deprive people of their liberty. This is where a person was subject to continuous supervision and control, such as monitoring people's movements. This was because the provider was not aware of a Supreme Court judgement which had widened and clarified the definition of deprivation of liberty. However, staff were knowledgeable and effective when people did not have capacity to make decisions and so those decisions had to be made for them in their best interest.

People were protected through the arrangements for staff recruitment, training and supervision. Staff said their training equipped them for their work. Staffing numbers ensured people's physical, emotional and social needs could be met. People said it was "not long" between using their call bell to ask for staff support and the staff member arriving to help.

Staff understood their responsibilities to protect the people in their care. They were knowledgeable about how to protect people from abuse and from other risks to their health and welfare.

Medicines were handled safely for people. Medicines management was very well organised.

People received a nutritious diet and their likes and dislikes were well catered for. Where concerns about diet were identified these were followed up quickly, such as protecting people from choking and ensuring they had plenty to drink.

People were treated with respect, dignity and their privacy was upheld. A visiting health care professional told us, "Staff are really nice here and treatment is always in private." Staff were very attentive and quick to check people were alright, and respond when needed. One person told us, "We are well looked after."

People's needs were assessed and their care planned with their involvement when possible. Regular meetings with community nurses ensured care and treatment options were properly considered. A district nurse said, "(The staff) do anything we ask. I can't fault them".

A strong management ensured the quality of the service was under regular review. This included looking at people's experience of being at the home and all aspects of safety. The service ethos was to provide people with a "home from home"; this expectation was led from the top and clear for staff to follow.

There was one breach of regulation. You can see what action we told the provider to take at the back of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from abuse.

Staffing arrangements ensured people's individual needs could be met in a timely manner. Staff recruitment protected people from staff unsuitable to work in a care home.

Individual and general risks were assessed and reduced to protect people.

Medicine management was robust and ensured they received the correct medicine when needed.

Good

Is the service effective?
The service was not always effective.

People were fully involved in decisions about their care but the staff did not understand how to protect people from having their liberty restricted without authorisation.

Staff received training, supervision and support in their roles, which they carried out with knowledge and expertise.

People received a nutritious and varied diet and any concerns about their diet were followed up in a timely manner.

People's health was promoted through timely contacts with health care professionals.

Requires improvement

Is the service caring?
The service was caring.

Staff engaged with people with kindness, friendship and a caring attitude. People were treated with respect and dignity and their privacy was upheld.

People's views were frequently sought about their care and support.

Good

Is the service responsive?
The service was responsive.

Staff knew people well and understood how to meet their needs. People's care was planned with their involvement where possible.

Staff were very responsive to people's changing needs.

There were arrangements in place should a person wish to complain and complaints were investigated.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

A strong leadership approach ensured staff knew the standards to be achieved and how to achieve them.

There were effective systems in place for checking the quality and safety of the service provided.

Bodmeyrick Residential Home

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 28 and 30 September 2015 and was unannounced. The inspection team consisted of one inspector.

Before the inspection visit we reviewed the information we held about the service, including the Provider Information Return (PIR). The PIR 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 also reviewed information we received since the service was registered with CQC. This included notifications that the provider had sent us which showed they had been managed appropriately.

A number of people living at the service were unable to communicate their experience of living at the home in detail. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who not could not comment directly on their experience.

During our inspection we received information from three people who used the service and one person's family. We reviewed the records of three people using the service, three staff members and records relating to the management of the service, such as quality monitoring audits, servicing records and survey results. We received information from four health care professionals with knowledge of the care provided to people who use the service.

Good

Is the service safe?

Our findings

People using the service were protected from abuse and harm. They told us they felt safe at Bodmeyrick.

Staff demonstrated a good understanding of what might constitute abuse and knew where they should go to report any concerns they might have. For example, staff knew to report concerns to the registered manager, provider and externally such as the local authority, police and the Care Quality Commission (CQC). One said, "I would contact the safeguarding team straight away". Staff said they had received training in the safeguarding of people from abuse and records confirmed this.

The registered manager understood their safeguarding responsibilities. They provided detail about how to they had protected a vulnerable person by involving agencies and family members to make decisions about their welfare, which were in their best interest.

The home's policy on protecting people from abuse informed staff of the types of abuse and how to respond. The policy had been regularly reviewed and so contained current information for staff use.

People were provided with individual call alarms to call staff if needed. Asked how quickly staff responded we were told, "Not long"; "They're very good for that" and "They come." Staff had the time to meet people's individual physical, emotional and social needs. For example, they kept checking a person was alright when they were spending a long time sitting with a drink. The registered manager confirmed they were able to adjust staffing levels where there was a need. They had made changes to cover busier times of the day. The provider confirmed that any staffing shortfalls were covered wherever possible; they had come in when a night staff was unwell and could not continue working. Either the registered or deputy managers were on call at all times.

Staff during the inspection included the registered manager, deputy manager, care staff, cleaning staff, administrator and activities worker. Maintenance workers were shared with a local sister home and most of the laundry was also taken to the local sister home. A senior care staff was on duty for each shift.

There were individual risk assessments in place for people which were reviewed at least monthly. These included nutritional risk, falls risk, risks from poor mobility and the risk of pressure damage. A community nurse said the staff acted promptly if they had any concerns and "they keep an eye on pressure areas" to prevent pressure damage. Staff confirmed they had the equipment they needed to keep people safe, such as specialist mattresses, hoists and protective clothing.

The premises and equipment were maintained in a safe way because risks were assessed and managed and equipment was serviced. For example, there were monthly audits and where remedial action was required this was followed up by maintenance staff.

There were arrangements in place should an emergency occur. For example, staff had contact details for engineers and emergency services. Individual evacuation plans were in place. Equipment was available to assist people on the stairs in an emergency and the sister home was available should the home need to be evacuated.

There were robust recruitment and selection processes in place. Three staff files for the most recently recruited staff included completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. This demonstrated that appropriate checks were undertaken before staff began work with people using the service. A recently recruited staff member confirmed they had not been allowed to start working at the home until the checks were completed.

People told us they received their medicines when they expected them. The home had arrangements for monthly supplies of medicines. All medicines were checked into the home, and recorded when used or disposed of. This ensured an audit was available which showed what had happened to each medicine.

Medicines were stored safely, for example, the temperature of the room was monitored to ensure it did not exceed the manufacturer's instructions and they were locked for security.

Good

Is the service safe?

Senior care workers administered medicines in a safe way. Each person received their medicine individually and the care worker helped them take it. The staff member then signed to say it had been taken so that the records were accurate.

Staff had several ways in which medicine management was made as safe as possible. These included two staff signing any hand written entry to confirm the information was written correctly and the use of codes if a medicine was not taken for some reason. Where there was a variable dose of medicine prescribed the amount which was actually taken was recorded. Where 'as necessary' pain medicines were prescribed each of those people were asked if the pain relief was needed. We were given two examples of where the staff had concerns about a prescription and had checked that what was prescribed was correct.

Requires improvement

Is the service effective?

Our findings

Deprivation of Liberty Safeguards (DoLS) exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests. There had been no applications for DoLS authorisations for people living at Bodmeyrick. In light of the Supreme Court judgement of 19 March 2014, the registered manager had not assessed people who may be at risk of being deprived of their liberty. The Supreme Court confirmed that if a person lacking capacity to consent to the arrangements required to give necessary care or treatment, is subject to continuous or complete supervision and control and not free to leave, they are deprived of their liberty. There were people at the home subject to continuous or complete supervision. For example, being closely observed for their safety, such as not leaving the building without staff supervision.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safeguarding service users from abuse and improper treatment.

The registered manager was able to confirm that people had Lasting Power of Attorneys or Court of Protection deputyships for property and financial affairs and health and welfare in place. A Lasting Power of Attorney (LPA) is a way of giving someone a person trusts the legal authority to make decisions on their behalf, if they are unable to at some time in the future. This is similar for the Court of Protection, when someone becomes a 'deputy' to act on a person's behalf. There was a MCA policy to inform staff about how to protect people who do not have capacity. Staff had a good understanding their responsibilities under the Act. For example, where staff were concerned a person did not have the capacity to understand risk they had worked closely with health and social care professionals in the person's best interest. However, on admission a general capacity assessment was undertaken as part of the assessment process. This did not take into account the fact that a capacity assessment should be specific to the decision to be made and specific to the time the decision needed to be made.

Staff understood consent and provided no support or care without checking with the person this was what they wanted. The deputy manager said, "You allow people to make a decision where they can".

Newly recruited staff received an induction to their work. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. One said of their induction training, "It was really helpful". They said it was a structured induction which they felt it had equipped them to their work. They said the first week they spent reading people's care plans and there was "lots of DVDs" and answering questions". There was then two weeks of shadowing experienced care workers. The registered manager was aware of the new Care Certificate and said this was in use for newly appointed staff with no previous experience of care work.

Staff were complimentary about the training they received. One said the training was "very good" and included DVDs and training in the sister home. They said their training had included conditions often associated with older age, including pneumonia, urinary infections and preventing the risk of choking. We saw staff were very attentive when seating people for lunch, ensuring they were in a position where they were less likely to choke. Care workers were also well informed where people required thickener in their drinks to reduce the risk of choking, in accordance with the person's care plan.

The deputy manager said that training was very much encouraged. Information from the registered manager stated that half of the permanent care staff have qualifications in care. Training methods included distance learning and face to face training, for example, from a care homes team nurse educator and district nurses. One of the deputy manager's roles was mentoring staff in moving people safely and first aid. She said it was recognised that staff needed different methods of training available to them as people learned in different ways. Staff were also given different scenarios to help them learn through the use of examples.

The organisation recognised the importance of staff receiving regular support to carry out their roles safely. A staff member who had been at the home for six months said they had already had two supervision sessions to

Requires improvement

Is the service effective?

discuss their work. Staff received on-going supervision and appraisals in order for them to feel supported in their roles and to identify any future professional development opportunities.

People were complimentary about the food at the home. They told us, "There is plenty of food – too much - and there is a choice"; "It's fine" and "It's very nice but sometimes not hot enough. I am happy with the choices and they ask if you want something different."

The menus included many fish options and salads. There was a daily choice of a main meal but some of the days the choice appeared minimal. For example, one day the choice was liver and bacon or sausage and bacon. However, the cook was able to demonstrate that people actually had many more choices and their likes and dislikes were taken into account. For example, one person wanted a very limited diet, although they were encouraged to try different options. The cook said food and drinks were available 24 hours a day.

Specialist diets were understood and met, for example, some people required their food to be softened or liquidised for their safety. Some people required increased fibre or low sugar diets. Records showed that people's weight was monitored and 'build up' drinks had been prescribed where there were concerns.

Staff understood the importance of people having enough to drink. People had drinks available to them at all times and care workers were seen encouraging people. For example, at lunch time there were four drink options and when people had a hot drink most had a cold drink near them as well.

Some people had equipment to help them eat without assistance. Care workers assisted people with their meals where necessary. They did this in an unhurried way, sitting next to the person and taking the time required.

Records and discussion with staff and health care professionals showed that health care needs were well met. For example, there was a monthly discussion between a district nurse and staff to check all that could be done for people's health was being done. Records showed that foot, eye, dental and hearing needs were met, mostly through visiting professionals. A visiting chiropodist/podiatrist told us the home communicated well with them and staff followed up on any concerns she identified.

Good

Is the service caring?

Our findings

Care workers demonstrated a warmth and concern for people's well-being. They made eye contact when engaging with people and used gestures, such as holding a person's hand or putting their arm around a person's shoulder. The people responded positively to the attention. A care worker provided reassurance to a person with repetitive behaviours who was unable to relax. The deputy manager explained how staff were considering different ways in which to engage the person and calm them. One person was sneezing and a care worker went over and helped them find their tissues. Each person at the dining table was assisted to sit comfortably in preparation for their meal.

Another person was observed leaning over a drink for many minutes. Different staff members checked the person was alright. They asked if they felt unwell. They asked if the person wanted to move to another seat. Did they want their drink replenished? One person was asleep and their tea went cold. As soon as they woke a care worker brought them another cup of tea. Without exception care workers were observed checking what people wanted, giving them choices and providing them with information. For example, one person chose "the pink biscuit" with their coffee.

People confirmed that staff always knocked before entering their room and this was observed. Bedroom locks were being changed so people were more able to lock their doors. One person locked their door before they left their room as this was their choice. Asked if they were treated with respect and dignity they said, "Yes, they always knock" and "It couldn't be better". People told us it was their decision what time they got up, went to bed and what they did during the day. One person said, "They don't wake you".

Personal care was provided discreetly and people were addressed in appropriately respectful terms. A visiting health care professional told us, "Staff are really nice here and treatment is always in private." People's care plans included people's rights to respect and dignity. For example, one included, "(The person) has her own way of doing things and staff are to respect this".

The home provided end of life care to people with the support of the district nursing service. A district nurse told us, "They look after palliative people beautifully. They do anything we ask. I can't fault them. They're a good team."

Good

Is the service responsive?

Our findings

People were complimentary about the care they received. One said, "You're well looked after." Care workers said, "The standard of care here is really good" and "We always put the residents first."

Health care professionals said people were well cared for; their personal hygiene needs were met and any concerns were followed up promptly. One described the registered and deputy managers as being "on the ball" and "definitely prompt enough "if there were any problems." Another felt the staff "sometimes struggled" with the management of people's challenging behaviour. The registered manager recorded in their PIR that training was planned in 'Non Abusive Psychological & Physical Intervention' to help staff understand and manage people's behaviours. This showed the management team recognised this was an area for improvement.

Care plans are a tool used to inform and direct staff about people's health and social care needs. Each person using the service had an assessment of their needs prior to admission and this was translated into a plan of how their care was to be delivered. The registered manager said when care plans were reviewed this was always done with the person. This had been documented in each person's plan and where able the person had signed their agreement. It was clear where a plan had changed as the change was documented, dated and signed.

People's care plans were based on the person as an individual. For example, stating how the person preferred to have any support with their personal care needs. The amount of detail in the plans also helped to protect the person from risks. For example, describing how to protect the person from choking. We saw that staff were following the plan. There was a 'Handover and communication board handover sheet' completed after every shift to ensure that any changes throughout the day were communicated effectively to the care workers.

The attitude of staff, layout of the home and arrangements for activities provided people with interesting ways to spend their time. For example, one of the two lounge areas overlooked an attractive garden with bird tables and seating.

An activities worker was employed. A care worker told us, "She makes cakes etc. and people have lovely outings in the minibus". We saw people chatting; reading and some were able to leave the home with only limited support. A calendar of events was displayed so people knew what was on offer. This included bingo and musical entertainment, which took place during our visit. One person chose to help lay the tables before taking their newspaper into the garden to read. The registered manager said people had chosen the pictures for the dining room and she was planning "themed walls", with people's input.

People told us they felt able to raise any concerns or complaints. One said they would complain "to the head one" if necessary. The main office is adjacent to the home's entrance and one of the lounge rooms and so the person in charge had a visible presence. The complaints policy was clearly displayed and there was also a suggestion box at the entrance to the home. People had information in their rooms including the complaints procedure. The registered manager said there had been only one recent complaint. This was still under investigation by the provider.

Good

Is the service well-led?

Our findings

There was clear leadership by the registered manager who was supported by a deputy manager and the provider. Health care professionals spoke positively about the home's management and most of the staff were positive about the way the home was run. Their comments included, "The (registered manager) is very good. If there are problems she gets right to the point and doesn't tip toe about" and "She is a good manager who pulls us all together."

The quality of the service was monitored through the use of surveys "at least yearly" to people using the service, their family members, staff and 'Stakeholders'. This included health care professionals. Examples of how comments were followed up included, cleaning a person's windows and purchasing a 'music station', which we saw was in use. Surveys included questions about the food provided and staff attitude. There was also a suggestions box at the entrance to the home.

The registered manager personally checked what people experienced at the home. For example, they had audited call bell response times by using the bell themselves and waiting to see what happened. There were regular audits, which included checking care plans and how medicines were being managed. They told us, "I want the home to be a home from home and as least restrictive as possible."

Safety was managed through contracts to ensure servicing of equipment was kept up to date. Review of the quality of service had led to changes, which included a new call bell system. People were able to use pendants to call staff and staff had 'walkie talkies'. We heard these in use between staff to make sure every person had been invited to the entertainment.

The registered manager said "Management is on call 24/7". Care staff confirmed this. Staff received support through regular supervision of their work, appraisal of their work and staff meetings. Innovative ways were used to encourage staff to think about their role and how to respond to possible events. For example, staff were asked how they would respond to finding the registered and deputy managers forcing a person to receive personal care. The registered manager was checking their knowledge about safeguarding vulnerable adults.

The registered provider was in daily contact with the home and visited "at least" weekly. They were knowledgeable about events at the home, such as the replacement of a carpet. The registered manager said she had a weekly meeting with the manager of the sister home. The organisation had appointed a compliance manager and training coordinator to cover Bodmeyrick and the sister home. They said this was to further improve staff knowledge and to ensure the provider was meeting their legal responsibilities.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **People must not be deprived of their liberty without lawful authorisation.** Regulation 13 (5)