Mr & Mrs A J Metalle

Bonaer Care Home

Inspection report

17 Station Hill, Hayle, Cornwall. TR27 4NG
Tel: 01736 752090
Website: Not applicable

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

Bonear is a care home which provides accommodation for up to 31 people who require nursing or personal care. At the time of the inspection 31 people were using the service. Most people who lived at Bonear required general nursing care due to illness. Some people also had dementia, physical or sensory disabilities.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

We inspected Bonear Care Home on 21 and 22 September 2015. The inspection was unannounced. The service was last inspected in May 2013 and was found to be meeting the requirements of the regulations.

People told us they felt safe at the service and with the staff who supported them. People told us, “It is a home from home…It’s handsome, absolutely beautiful, I could not be happier wherever I was,” “Staff fit in with the people” and “Couldn’t be better; very good.” A relative told us; “We consider ourselves lucky (person’s name) is here...” and “I have never seen anything which has caused us disturbance or alarm.”

Staff had been suitably trained to recognise potential signs of abuse and subsequently take suitable action.

Summary of findings

Staff received other suitable training to carry out their roles. Recruitment processes were satisfactory; for example pre-employment checks had been completed to help ensure people's safety.

The medicines system was well organised, and people said they received their medicines on time. People had access to a general practitioner, and other medical professionals such as a dentist, chiropodist and an optician. However records of some medical support were not always consistently kept. This made it difficult to check whether people wanted or needed to see practitioners such as a dentist or an optician.

There were satisfactory numbers of staff on duty. The majority of people and all of the staff who worked at the home, said there were enough staff provided. Some people and some visitors said staffing could be "stretched" at times. This appeared to be due to staff needing to attend to specific individuals who had higher care needs, or if there were staff holidays. We have made a recommendation about staffing levels.

People who used the service told us staff were caring, worked in a respectful manner and did not rush them. For example people said "I can't fault them," (the staff), and "They are brilliant, they answer to every need." People said they could spend their time how they wanted, were provided with a range of choices, and were able to spend time in private if they wished. Activities were available for people each day. Some people said activities could be improved if more external trips were offered.

Staff were suitably trained and supported to provide end of life care. For example there were well established links with specialist community services such as MacMillan cancer care. The service had signed up and achieved the Gold Standard Framework. This aims to provide optimal care for people approaching the end of life.

Care files contained suitable information such as a care plan, and these were regularly reviewed. Suitable systems were in place for ensuring people's capacity to consent to care and treatment was assessed in line with legislation and guidance for example the Mental Capacity Act (2005).

People said they enjoyed the food. For example: "It's lovely food……..I can't fault it. If you don't fancy it they ask you (what else you want) and they will do it," People had a choice of eating their meals in the lounge or their bedrooms. People said a choice of meals was offered. People said they were regularly offered, a hot or cold drink throughout the day..

Nobody who we met raised any concerns about their care. Everyone we spoke with said if they did have concerns, they would feel confident discussing these with staff or with management. People said they were sure that staff and management would resolve any concerns or complaints appropriately.

People felt the home was well managed. For example we were told by a relative: "It is very well run". The owners are heavily involved in the day to day running of the home. There were satisfactory systems in place to monitor the quality of the service.

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 generally safe

There were satisfactory numbers of suitably qualified staff on duty to keep people safe and meet their needs. However, some people felt there were not always enough staff available. We have recommended the service regularly reviews staffing levels in order to meet peoples' changing needs.

Staff knew how to recognise and report the signs of abuse.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Management ensured suitable checks were completed when staff were recruited.

Good

Is the service effective?
The service was effective.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Staff received on-going training so they had the skills and knowledge to provide effective care to people.

People had satisfactory access to doctors and other external medical support, although the quality of recording of some medical input was sometimes inconsistent.

Good

Is the service caring?
The service was caring.

Staff were kind and compassionate and treated people with dignity and respect.

People's privacy was respected. People were encouraged to make choices about how they lived their lives.

Visitors told us they felt welcome and could visit at any time.

Good

Is the service responsive?
The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People told us if they had any concerns or complaints they would be happy to speak to staff, the manager or the owners of the home. People felt any concerns or complaints would be suitably addressed.

Activities were available. The service had two part time activities co-ordinators.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

People and staff said management ran the home well, and were approachable and supportive.

There were suitable systems in place to monitor the quality of the service.

The home had a positive caring culture which put caring at the centre of the service's ethos.

Bonaer Care 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.

We visited Bonear on 21 and 22 September 2015. The inspection was carried out by one inspector. The inspection was unannounced

Before visiting the home we reviewed previous inspection reports and other information we held about the home and notifications of incidents. A notification is information about important events which the service is required to send us by law.

During the two days we spoke with fifteen people who used the service and three visiting relatives. We also spoke with the provider and seven members of staff. Prior to the inspection we had written contact with three external professionals such as GP's and specialist nurses. We inspected the premises and observed care practices on both days of our visit. We looked at four records which related to people's individual care. We also looked at six staff files and other records in relation to the running of the home.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments we received from people included; “Yes I am safe, they look after me well,” “I feel as safe as I have felt anywhere,” and “Yes I feel very safe, nobody is abusive or threatening.” Relatives told us: “The care is excellent and the staff are approachable,” and “I have never seen anything which has caused us disturbance or alarm.”

The service had a satisfactory safeguarding adult’s policy. All staff had a record of receiving training in safeguarding adults. Staff demonstrated they understood how to safeguard people against abuse. Staff told us they thought any allegations would be fully investigated and suitable action taken to ensure people were safe. Senior staff informed us there had been no safeguarding concerns since the last inspection. Staff told us “I have not witnessed anything wrong here. If I did I would report it to the manager.”

Satisfactory risk assessments were in place for each person. For example to prevent poor nutrition and hydration, falls and pressure sores. Risk assessments were reviewed and updated as necessary. Staff were observed suitably assisting people to get up and walk around service. Staff ensured people were not rushed or placed at risk of accident. Suitable equipment was provided, such as a passenger lift, hoists and stand aids.

Incidents and accidents which took place were recorded by staff in people’s records. Events were audited by the registered manager to identify any patterns or trends which could be addressed, and subsequently reduce any apparent risks. Staff liaised with relevant external professionals if individuals had repeated falls, a person’s health needs had changed, and/ or additional equipment was required.

Suitable systems were in place to handle any monies or personal possessions on behalf of people. We checked the monies, receipts, and financial records for three people. Records were accurate, and monies tallied with what had been recorded..

There were sufficient staff on duty to meet people’s needs. For example rotas showed six care staff on duty during the morning shift, three staff in the afternoon and evening, and two staff on waking duty overnight. These were supported by one registered nurse throughout the 24 hour period, and one care supervisor during the day. Ancillary staff such as kitchen and cleaning staff were also employed. Most people said there was enough staff to meet their needs, and the staff we spoke with said staffing levels were satisfactory. However, some people did feel staff could be “stretched” and the service “short staffed” at times. One person said “Sometimes they are a bit rushed with the bells going. ” Another person said “the staff are really nice but sometimes it can be a bit short staffed.” One external practitioner said “They have had some very challenging (people) in terms of emotional /psychological needs that need time and one to one care, and I feel they probably are quite short staffed at times, as a result of this.” Overall we felt the staffing levels were satisfactory although we recommend they are kept under review based on the changing needs of the people using the service.

The registered manager told us the staff group were sub divided to work in three separate areas of the home. This meant people would receive support from a smaller group of staff, and the staff concerned would get to know the people they worked with better.

People told us call bells were answered promptly For example a person who used the service told us people told us “There is always someone on call if you press the button,” and “You buzz them and they come quickly.”

Recruitment checks were in place and demonstrated people employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks ,such as two references and a Disclosure and Barring Service (DBS) check.. This showed staff were were suitable and safe to work in a care environment.

Medicines were stored and administered safely by either supervisory or nursing staff. Where people self-administered their own medicine suitable processes were in place. Medicines were stored in a designated clinical room. Medicine Administration Records (MAR) were completed correctly. A suitable system was in place to return and/or dispose of medicine. Medicines which required refrigeration were appropriately stored, and the temperature of the refrigerator was checked daily. Training records showed that staff who administered medicine had received suitable training. The pharmacist had checked the system, and their report said its operation was satisfactory. People said their medicine was “Always on time,” and there was always satisfactory stocks of their medicines.

Good

Is the service safe?

The environment was clean and well maintained. Suitable cleaning schedules were in place. Suitable laundry procedures were in place, for example there was a satisfactory system to deal with heavily soiled laundry. A satisfactory number of cleaning and laundry staff were employed.

The boiler, electrical systems, gas appliances and water supply had been tested to ensure they were safe to use. There were records that showed passenger and stair lifts, specialist beds, and manual handling equipment had been serviced. There was a system of health and safety risk assessment. There was a policy, and system in place to minimise the risk of Legionnaires' disease which included monitoring of the risk by an external contractor. There were smoke detectors and fire extinguishers on each floor. Fire alarms and evacuation procedures were checked by staff, the fire authority and external contractors, to ensure they worked. There was a record of regular fire drills.

We recommend that the service keeps staffing levels under review based on the needs of the people who use the service

Good

Is the service effective?

Our findings

People told us the service met their needs. We were told "I feel very much at home," "I can't fault nothing," and another person said "We get everything we want."

Staff worked in a professional manner. The registered persons ensured staff were equipped with suitable information and skills to look after people. New staff had a full induction to introduce them to their role . When staff commenced working at the service, they were designated a nominated senior carer to work alongside them. Initially they worked only with a designated group of people. Inductees were also required to complete various training courses. A record was kept of induction. The service had not recruited any new care staff recently, but the registered persons said they would in future use the recently developed Care Certificatre induction framework. This framework enables staff to obtain the Care Certificate. The Care Certificate is an identified set of national standards that health and social care workers should follow when starting work in care. The Care Certificate ensures all care staff have the same introductory skills, knowledge and behaviours to provide suitable care and support.

Staff had received suitable training to carry out their roles. For example people had received training required by the service. These included manual handling, food hygiene, infection control, safeguarding, medicine administration and first aid. Staff had also received training to assist people with specific care needs for example dementia. Most staff had completed a diploma or a National Vocational Qualification (NVQ's) in care. Nursing staff told us they had satisfactory opportunities to update their knowledge and skills.

Staff were supported in their roles by receiving individual formal supervision with a manager. Supervision sessions were documented. Staff also said they felt confident approaching senior staff if they had any query or any concern.

People told us there were no restrictions imposed upon them living at the service. People's capacity to consent to care and treatment was assessed in line with legislation and guidance. People said they felt involved in making choices about how they wanted to live their life and spend their time. For example people told us staff involved them in how people wanted their personal care, there was a choice of meals, and people said they were able to choose when they got up and went to bed. A relative said "My mother can go where she likes such as into the garden."

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make specific decisions, at a specific time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. A service needs to consider the impact of any restrictions put in place for people that might need to be authorized under the Deprivation of Liberty Safeguards (DoLS). The legislation regarding DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. A provider must seek authorisation to restrict a person for the purposes of care and treatment.

There was evidence of systems in place to assess people's mental capacity in line with the requirements of the MCA. The registered manager said she sought advice from the local authority whether DoLS applications were necessary, and had put in applications as appropriate. We saw records that 'Best interest' meetings had occurred, where people had limited capacity, and important decisions needed to occur about a person's wellbeing or care. Staff had received training about the Mental Capacity Act (2005). Staff we spoke with demonstrated a basic awareness of the legislation.

People were very happy with their meals. People said they always had enough to eat and drink. Comments received about the meals included "It's lovely food: roast, cottage pie, stew, liver and onions. I can't fault it. If you don't fancy it they ask you (what else you want) and they will do it," and "They are very good at making a pasty." People received suitable support where they needed assistance with eating or drinking. For example we saw staff providing people with individual assistance at lunch time, helping people to eat at their own pace, and speaking with them to make the occasion as pleasant as possible. People who were very unwell had suitable care plans in place so they received suitable nutrition and hydration. Where appropriate charts to monitor nutrition and hydration were in place, they were being fully completed.

Good

Is the service effective?

People told us one of the registered nurses would see them promptly if they felt unwell. People could also see a GP if requested. For example one person said “They will get the doctor right away if they are needed.” Other medical practitioners such as a chiropodist, dentist or an optician visited the home. GP consultation notes were comprehensive. Records about other professional visits, such as by a dentist or an optician were not always kept, and it was not clear if this was in error, or the person did not want or need to see these practitioners. We did however receive positive feedback about the standards of the home from a dentist who said “They care a lot about their clients….and always accommodate me.”

We received very positive feedback from other external medical professionals. GP’s from one surgery told us, “We have nothing but praise for the staff. We feel our patients are well looked after.” A nurse told us “Staff seem very caring and they seem to meet the individual needs of their patients by thinking outside the box.”

The home had appropriate adaptations for people with physical disabilities such as hand rails, stair and passenger lifts. There was a specialist bath, designed for frail people, on each floor. There was also a ‘walk in’ shower facility which could be used for someone who used a wheel chair. We received many comments about the home having a “homely feel,” however some areas inside the home were beginning to look in need of decoration. For example paintwork in corridors was in some areas badly scuffed, and some carpets looked worn or stained.

People said they could choose to spend time either in their bedrooms or in one of the lounges, and they could go out into the garden if they wanted. The external door was not locked from the inside so people did not need to ask if they wanted to go outside. There was seating in the garden if people wanted to sit outside.

Good

Is the service caring?

Our findings

People were very positive about the care they received from staff. We were told "They (the staff) are grand, they look after us well. There is no trouble at all," "They seem to care a lot. It's very good," "They are very pleasant and caring," and "They are alright, we have a laugh and a joke." A relative told us "I feel very relaxed (about leaving) mother here…they are very on the ball with everything, " and another relative said "It is very relaxed here…it is like visiting people at home rather than a nursing home. It is like one big family." Comments from staff were also very positive. For example "The care is excellent. Our staff are good and knowledgeable. It is very friendly," and "Every day is different…. everyone gets cuddles."

People told us care was provided in a kind and caring manner. For example "They are very nice….lovely." People said the staff were very patient; "The staff will help me on and off the commode, none of them have ever complained." People said they did not feel rushed and care was provided in a respectful manner. The people we met were all well dressed and looked well cared for.

Care plans contained suitable detailed information so staff were able to understand people's likes, dislikes and needs. The registered manager said where possible care plans were completed and explained to people and their representatives. A concise version of an individual's care plan was kept in their bedrooms. People told us staff involved them in day to day decisions such as when to get up or what to eat.

We observed staff working with people in a friendly and caring manner. For example we observed staff helping people in the lounge area, and having friendly conversations with them. When staff were assisting people we observed them talking through what they were doing, working with them at the person's pace, and enabling the person to do as much as they could for themselves. People's bedroom doors were always shut when care was being provided.

People said their privacy was respected for example staff always knocked on their doors prior to entering and they did not believe their care was discussed in front of others. To help people feel at home their bedrooms had been personalised with their own belongings, such as furniture, photographs and ornaments.

Visitors told us they were made welcome and could visit at any time. One relative said they had never had any concerns about people's care, (I visit) "twice a week at various times. We consider ourselves lucky X is here." People could choose where they met with their visitors for example in one of the lounges or in their rooms. Most relatives said staff communicated well with them, although one person told us some staff were better at communicating than others.

The service provided end of life care for some people. The registered manager said there were well established links with the local hospice and with the MacMillan cancer service (a specialist community palliative care service). The service had signed up and achieved the Gold Standard Framework . This aimed to provide optimal care for people approaching the end of life.

People needing end of life care had an individual 'Advanced Care Plan' written with them when they moved into the service. This was developed, where possible with the person and their representatives. Copies of these we inspected were comprehensive. People were encouraged to make as many choices as possible for example if they wanted any specific support from religious leaders, friends or family. The service had suitable equipment such as syringe drivers (a method of delivering medicine) to provide pain control. There were good links with the local GP and pharmacist to ensure anticipatory emergency medicines could be obtained swiftly. We received positive feedback from specialist palliative care services. For example we were told staff were "very caring," and the service worked "very well with people referred to it".

Good

Is the service responsive?

Our findings

Records demonstrated people had their needs assessed before they came to live at the service. This assisted the service to check it could meet the person's needs, wishes and expectations. Some people we spoke with told us somebody had met with them to discuss their needs before they moved into the service, although others could not remember this occurring. Some of these people said their move into the service was arranged by the hospital, whereas others said a family member arranged for them to move in.

Each person had a care plan in their individual file. Files were stored securely in the office. Care plans contained appropriate information to assist staff to provide the person with suitable care. Most people's care plans contained a profile outlining the person's social history. Care plans also contained suitable assessments for example regarding the person's diet, continence, physical health, and behaviour. Risk assessments were also completed with the aim of minimising the risk of people having inadequate nutrition, falls and pressure sores. Care plans were regularly reviewed, and updated to show any changes in the person's needs. A summary care plan was placed in each person's bedroom. All staff we spoke with were aware of each individual's care plan, and told us they could read care files at any time.

Throughout the two days of the inspection, we observed staff working in a kind and supportive manner. People who spent most of their time in their bedrooms told us staff would call, on a regular basis, to check if they needed any assistance. People told us, if they preferred to be on their own, they did not feel under any pressure to spend time with other people in the lounges.

The majority of people had call bells in their rooms and staff responded to these quickly.

The service employed two part time activities co-ordinators. Activities were offered between Monday to Friday. We spoke with one of the activities co-ordinators. Each day a group activity was provided. These included group games such as hangman, bingo or quizzes; a knitting circle; a tea dance, arts and crafts and exercises. There was also a gardening group, fundraising activities and parties for special occasions. We were told some individual or small group shopping trips took place. For people who did not want to take part in group activities, the activities staff offered individual sessions in people's bedrooms. Entertainers were also visited into the service. Most people told us they were happy with the level of activities provided. A relative said "There is always something going on. There is never a day which goes by without something happening." Two people did say there could be more trips offered to people. Unless people had relatives, they felt there was limited opportunity to go out.

Staff told us there were occasional staff meetings. There was a staff handover each day which helped staff to discuss any concerns about people's welfare and ensure staff worked consistently.

People we spoke with said if they had any concerns or complaints they would feel confident discussing these with staff members or management, or they would ask their relative to resolve the problem. People said they felt confident suitable action would be taken if they raised a concern. We were told there were no formal complaints on record.

Good

Is the service well-led?

Our findings

People, their relatives, and the staff had confidence in the management and senior staff at the service. We were told "I can't fault them," and "I could go somewhere more expensive but I don't think it would be better." People said if they had any concerns they could ask to speak with senior staff or management, and they found them approachable.

People and staff said there was a positive culture at the service. One person said "People work with the staff and the staff work with the people," and " The registered manager has created a homely atmosphere which concentrates on people." The culture among the staff group was seen as positive. One member of staff told us "It is very friendly and we work well together as a team. You can make your own decisions. (the manager) never puts us down. She will try and support you." Another member of staff told us: "It is a good place, relaxed…. There is a good team, no whispering or backbiting.. None of us are in it for the money. We all enjoy it and actually 'care' "

There was a clear management structure. Staff told us the owners were approachable and 'hands on' in their approach. The registered providers were based at the service full time and the registered manager worked some shifts giving care. The owners were described by a relative as "very nice people," and the service (to the owners) was described by a member of staff as "like a baby, they have their heart in it." There was always a nurse on duty to lead the shift. There was also a 'supervisor' during office hours Monday to Friday, who had the responsibility of co-ordinating the care staff.

We observed the owners working with less senior staff in a constructive and professional manner. Staff members we spoke with said morale was good within the team. Most of the staff had worked at the service for many years and felt committed to it. Staff told us that if they had any minor concerns they felt confident addressing these with their colleagues. They felt more major concerns would be addressed appropriately by the owners.

The registered manager monitored the quality of the service by completing regular audits such as of accidents, falls, furnishings and pressure relieving mattresses. There was a suggestion box in the hallway by the front door. A 'residents' satisfaction' survey was completed on an annual basis. The results for the 2014 survey were very positive. The 2015 survey was just being completed.

We were told there was a 'residents committee.' This had historically been used to raise funds for social activities but was now having a broadened remit to address issues such as menu planning.

The registered manager said she also monitored the quality of the service through "a lot of talking with people" in order to gain suitable feedback from how people, their relatives, and staff experienced the service. One person told us "The manager) is always asking if there is anything she can do for you." Another person said " They (the owners) are beautiful people, they help the staff out and come and see me and ask if everything is ok."

A registered manager had been in post for several years. The registered persons have ensured CQC registration requirements, including the submission of notifications, such as deaths or serious accidents, had been reported to CQC.

We asked people, their relatives, staff and external professionals if there could be any improvements to the service. Most people said they did not think there could be any developments.