Bosworth Care Home (Dorset) Ltd

Bosworth Care Home

Inspection report

6 Southdown Avenue
Weymouth
Dorset
DT3 6HR

Tel: 01305833100
Website: www.bosworthcarehome.com

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23 December 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection took place on the 19, 21 and 23 December 2016.

Bosworth Care Home is registered to provide accommodation and personal care for up to 20 people in a residential area of Weymouth. At the time of our inspection there were 17 older people living in the home.

There was a registered manager in post at the time of our inspection. 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.

Care plans did not reflect that care was being delivered within the framework of the Mental Capacity Act 2005 when people did not have clear capacity to make decisions for themselves. However, staff showed they understood the importance of enabling people to make their own decisions wherever possible. They also understood the need to provide care that is in a person's best interests when people could not make decisions for themselves. The registered manager started work to rectify this omission during our inspection. Deprivation of Liberty Safeguards had been applied for where a person who needed to live in the home to be cared for safely did not have the mental capacity to consent to this.

People told us they didn't have enough to do and we found that they did not have access to meaningful activity as described by Bosworth's Statement of Purpose. We spoke to the registered manager who assured us they would resume active recruitment for an activities coordinator after the festive period. We have made a recommendation about ensuring people have access to meaningful activity.

We identified that issues identified during our inspection were not covered by the quality assurance processes and discussed this with the Registered Manager. They made immediate changes to their auditing process to ensure these areas were checked regularly. Other quality assurance had led to improvements being made and people, relatives and staff were invited to contribute their views to this process. Where improvements were identified as necessary following feedback action had been taken. Staff, relatives and people spoke positively about the management and staff team as a whole.

People felt safe. They were protected from harm because staff understood the risks people faced and how to reduce these risks. They also knew how to identify and respond to abuse. People also told us they saw health care professionals when necessary and were supported to maintain their health by staff. People's needs related to on going healthcare and health emergencies were met and recorded. Staff did not keep accurate records related to the creams people were prescribed and this meant it was not possible to know if the creams had been administered. People received their other medicines as they were prescribed.

People received support and care from staff who had been safely recruited. The staff were consistent in their knowledge of people's care needs and spoke confidently about the support people needed to meet those

needs. They told us they felt supported in their roles and had undertaken training that provided them with the necessary knowledge and skills. There was a plan in place to ensure staff received the training they needed to stay up to date with the care needs of people living in the home.

Everyone described the food as good and there were systems in place to ensure people had enough to eat and drink.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was mostly safe. There were enough staff to meet people's needs although people commented they sometimes had to wait for requests to be addressed.

People received their medicines as prescribed but the medicines were not always administered safely during our inspection.

People felt safe and were supported by staff who understood their role in keeping them safe.

People were supported by staff who understood the risks they faced and spoke competently about how they reduced these risks. People's involvement in planning to reduce risk was clear.

Is the service effective?

Requires Improvement

The service was mostly effective. The care provided to people who did not have capacity to consent was not recorded as having been decided within the framework of the Mental Capacity Act 2005. This was addressed during our inspection. People were supported to make choices and staff understood the importance of enabling this.

Deprivation of Liberty Safeguards (DoLS) had been applied for people who needed their liberty to be restricted for them to live safely in the home.

People were cared for by staff who understood their needs and felt supported. Staff training was up to date.

People had the food and drink they needed and people told us the food was good.

People had access to healthcare professionals when they needed them and staff followed guidance effectively.

Is the service caring?

Good

The service was caring. People received compassionate and kind care.

Staff communicated with people in a friendly and warm manner

People were treated with dignity and respect by all staff and their privacy was protected.

Is the service responsive?

Requires Improvement

The service was mostly responsive. People told us they received care that was responsive to their individual needs and staff shared information to ensure they were aware of people's current needs. People also commented that there was not enough to do and they did not have enough meaningful activity.

People were confident they were listened to and changes were made in response to feedback and complaints.

Is the service well-led?

Requires Improvement

The service was mostly well led but the governance processes had not picked up the issues we identified during our inspection.

People and staff had confidence in the management and were satisfied with the support they received.

Staff were committed to the ethos of the home and were able to share their views with each other and their managers.

Bosworth 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.

This inspection took place on the 19, 21 and 23 December 2016 and was unannounced. The inspection team was made up of one inspector.

Before the inspection we reviewed information we held about the service. This included notifications the home had sent us and information received from other parties. The provider had also completed a Provider Information Record (PIR). A 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.

During our inspection we observed care practices, spoke with eight people living in the home, three relatives, five members of staff, and the registered manager. We also looked at eight people's care records, and reviewed records relating to the running of the service. This included two staff records, quality monitoring audits, policies and training records.

We also spoke with two healthcare professionals who visited people in the home and three social care professionals who had worked with the home.

Requires Improvement

Is the service safe?

Our findings

Medicines were not always stored and managed safely. A cupboard containing medicines was left unlocked for more than an hour during our inspection at a time when people were up and moving around the home. There were creams in the cupboard that had been delivered in October and not yet opened alongside repeat prescriptions of the same cream that had been ordered and delivered since then. This demonstrated that the auditing and management of medicines was not effective or safe. We discussed this with the registered manager and they explained that there had been an overlap in orders made by a visiting nurse practitioner and that this had now been addressed. We observed people receiving their medicines as prescribed. People were reminded what their medicines were for and asked if they wanted medicines that were prescribed if they needed them (PRN) such as medicines for pain relief. Temperatures in medicines storage areas were recorded and were within safe levels. People living in the home took a medicine that was covered by the Misuse of Drugs Act. This meant the medicine required additional security to be in place. We saw that this medicine was stored appropriately.

People told us they felt safe. One person said: "I feel safe." Another person told us: "I feel safe… I just call and they are here." People who could not tell us how they felt due to the impact of their dementia smiled with staff and were confident when they spoke with them, indicating they were relaxed in their company .

There were enough staff to meet people's needs safely however some people told us they often waited for any requests they made such as a cup of tea or help at a time of their own choosing on that day. One person said: "You will wait for tea if it isn't the time for tea." Another person said "They come quickly if you ring the bell but if you ask them to do something it may be half an hour." We spoke with the registered manager about staffing levels and they explained that they had been covering a vacancy which they now offered to a successful candidate. The new member of staff had not yet taken up their post. They told us that sometimes due to sickness they had a minimum safe level of staff rather than the full complement in the afternoon. Staff told us they were able to meet people's needs and were aware that recruitment was underway for the vacant post. Staff were recruited in a way that reduced the risk of people being cared for by people who were not suitable to work with vulnerable adults.

People were at a reduced risk of harm because staff were able to describe the measures they took to keep people safe. For example they described how they reduced risks relating to people's skin integrity, eating and mobility. The support people needed to reduce risks was recorded in their care plan and had been reviewed regularly. During the inspection we observed this care being delivered as described. For example, people were using equipment to assist their mobility and staff understood how to use this safely. Staff described other risks people faced and how they reduced these risks confidently and people told us they received this support. The records reflected individual involvement in the on going assessment of risks. For example a person had decided not to follow the guidance of a Speech and Language Therapist regarding a safe diet. They had discussed this and records reflected that they had weighed up the risks and benefits.

Staff were confident they would notice indications of abuse and knew how to report any concerns they had. Staff told us they had received training on how to whistle blow about poor care practice and were confident

to do so if needed.

Accidents and incidents were reviewed and actions had been taken to reduce the risks to people's safety. For example when people had fallen, actions had taken place including seeking input from health professionals. Where staff actions had put people at risk this was investigated, addressed and recorded appropriately. This meant that people were at a reduced risk of reoccurring accidents.

Requires Improvement

Is the service effective?

Our findings

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 and hospitals 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.

People received care that was designed to meet their needs and staff supported people's ability to make choices about their day to day care. Most people living in the home were able to make decisions about their care and they did so throughout our inspection. Staff had a clear understanding of the need to enable people to make choices and who they would involve if it became clear that someone was no longer able to make decisions with capacity and was putting themselves or others at risk. People's consent to their care had been recorded. However, where people could not make the decision to give consent for themselves there was not a record that the principles of the Mental Capacity Act 2005 (MCA) had been followed. This recording omission put people at risk of receiving unnecessarily restrictive or inappropriate care and was an area for improvement. We spoke with the registered manager about this. They told us they would ensure that they would seek appropriate guidance and update their process. They had begun this work before our inspection concluded and we saw that assessments had been undertaken that were decision specific and where necessary best interest decisions had been recorded.

Whilst people's ability to decide where they lived had not been recorded, the home had applied for Deprivation of Liberty Safeguards (DoLS) to be authorised for people who were not able to consent to their care being provided in Bosworth Care Home. DoLS aim to protect the rights of people living in care homes and hospitals from being inappropriately deprived of their liberty. The safeguards are used to ensure that checks are made that there are no other ways of supporting the person safely. One person had an authorised DoLs in place at the time of our inspection; there were no conditions on it.

People told us the staff knew how to do their jobs. Staff told us they felt supported to do their jobs and told us how guidance from senior staff and their colleagues ensured they were kept up to date with people's needs. They spoke competently about the care and treatment of people living in the home and told us that their training was appropriate for their role. There was a system in place for ensuring that staff training was kept up to date and training was reviewed in respect of the changing needs of the people living in the home. For example a training course had been sourced to improve staff understanding of sight problems and this had led to the development of individual sight care plans for people. Staff told us that they received

informal and formal supervision and gave examples of how they had been offered training and professional development opportunities. We saw that their supervisions and appraisals were recorded and provided an ongoing process to review their development. They told us they enjoyed their work and felt valued by the management. One member of staff said: "I most definitely feel supported."

People and staff told us that the food was good. One person told us that: "The food is really very good indeed.", another said it was "always good". Lunchtime was a social event for those that wanted to eat together. The tables were set with attractive place settings and condiments and people chose who they sat with. People who needed special diets or support to eat and drink received this and those who chose to eat in their rooms were able to do so. The menu offered a choice of starter, main course and dessert and alternatives could be made available if people did not want these. People's weights and other indicators of adequate nutrition and hydration were measured regularly and there were systems in place to make sure that action would be taken if anyone became at risk of malnutrition.

People told us they were supported to maintain their health and that they saw medical professionals whenever this was appropriate. One person told us they wanted the nurse to see them about a new ailment and we saw that this happened between two of our visits. Records indicated that changes to people's health were addressed quickly and input was sought in a timely manner. We spoke with a health professionals who worked in the home. They told us that the staff raised new concerns with them and followed guidance competently when plans were put in place.

Good

Is the service caring?

Our findings

People told us the staff were kind and that they felt cared for. One person told us, "The staff couldn't be better." Another person told us the staff were "lovely". Another person focussed on this being an attitude across the home and identified the role of the manager saying: "The manager is kindness itself." Staff took time to build relationships with people in an individual way and spoke of, and with, people with affection. They spoke confidently about people's likes and dislikes and were aware of people's social histories and relationships.

Appropriate humour was a feature of communication and staff spoke respectfully to people living in the home, visitors and each other. Staff sought to understand people as individuals and communicated with them in a way that reflected this. For example we heard some people and staff laughing together throughout our inspection, while other people were spoken with more formally. One member of staff described the importance of understanding how people liked to communicate: "We can get on and have a laugh; we know who we should be more formal with." Staff used touch appropriately in their communication in both day to day greeting and to offer reassurance.

People were supported to make choices throughout the day and care provided reflected this. People were encouraged to choose their food and drinks and day to day decisions such as when they got up. One relative described how they could visit at any time and always supported to make plans with their family member. Relatives also commented on how welcome they were made to feel and valued the support they received from staff and management.

Staff focussed on people's abilities when describing their support and this ethos of care ensured that people's independence was respected and promoted. For example one person could not see their food and a member of staff made sure they knew what was on their plate before they started to eat.; this meant they could eat independently. One member of staff told us: "I like it independence is encouraged here." This ethos was promoted by the registered manager; records reflected that promoting independence was discussed at team meetings.

People's privacy and dignity was respected with people being offered support quietly when in communal areas. Bedrooms were respected as personal areas and people had personalised them to their taste.

Requires Improvement

Is the service responsive?

Our findings

People told us that there was not enough to do. Comments included: "There is nothing to do except fall asleep."; "I wouldn't recommend people live here for a long time. I think they would get bored. I am a bit bored."; "There isn't enough mental stimulation. I think you vegetate." And "You can go a week between activities." One person also commented to us that the activities were not scheduled and this meant they didn't know when they were happening and so may miss them if they were running. We observed people in communal areas spending most of the time sitting and sleeping and spoke with the registered manager and staff about this. Staff told us they tried to do activities with people whenever possible. We reviewed people's records and saw that in December there had been some festive activities such as Carol singers visiting and an entertainer came during our inspection. However, the people who had told us they wanted more activity had gaps of four days without any activity input recorded in their care delivery records. The registered manager told us that they were trying to appoint an activities coordinator who would work up to 20 hours per week, the previous activities coordinator had left earlier in the year. They told us that when they were fully staffed care staff could cover these hours but at the moment they were covering a vacancy. They had recently recruited to this post and they assured us they would resume active recruitment of an activities coordinator after the festive period. Research has supported that physical, mental and creative activity are important to support people's well-being. This is particularly important for people with dementia. Bosworth Care Home's statement of purpose reflected the need for activities stating that there were a wide range of in house activities available in the home alongside weekly trips out. This did not reflect people's experience.

We recommend that you review people's access to meaningful activity against current good practice guidance.

People told us that they received the care they needed in ways that suited them. They said they felt cared for, one person told us: "Oh the staff are kind, they help you." Staff reviewed and discussed people's current care needs and ensured they were kept up to date through planned handovers. This ensured that people experienced continuity of care. Staff knew people and were able to describe recent changes in their support needs with confidence.

People were involved in developing the care and support they received. People's needs were assessed and these were recorded alongside personalised plans to meet these needs. Records showed that these were usually reviewed monthly and reflected changes. For example, records indicated people's views on risk management and where changes to support were required due to deteriorating health these were recorded. Care plans were written to ensure that physical, emotional, communication and social needs were met.

Records indicated that relatives were kept informed and their knowledge was valued and sought out. Relatives also told us that this was the case explaining that they always felt they were informed and consulted appropriately. Staff kept records which included references to personal care people had received; how they had spent their time and physical health indicators. These records related to people's care plans and as such could be reviewed to ensure personal care was appropriate.

People told us they felt listened to and were able to approach all the staff. We heard from people about how they were asked what they thought in a survey. We saw that this information had been gathered from relatives and people living in the home. The majority of feedback was positive but where areas for improvement were identified changes had been made or were planned.

People and relatives told us they would be comfortable raising concerns and complaints. One person told us "I can talk to the staff" There had not been any complaints recorded in the year prior to our inspection but information was available to people and relatives about how they could make complaints. Staff, relatives and people described a culture where small grumbles could be raised without difficulty and would be addressed.

Requires Improvement

Is the service well-led?

Our findings

There were systems and structures in place to ensure that the quality of service people received was monitored and improved. These included checks on medicines, health and safety and care plans. These audits had been mostly effective in ensuring change. For example a review of incidents and accidents had led to input from appropriate health professionals. Care delivery records were checked alongside these plans and where staff had not completed accident records appropriately this had been highlighted to them. This had made the home safer and more responsive for people living there. The issues picked up during our inspection relating to the implementation of the MCA had not been picked up by internal quality assurance. We also highlighted some equipment that needed replacing as it could not be cleaned effectively and noted that the audit process had not picked this up. We spoke with the registered manager who made changes to the auditing tools during our inspection to ensure these areas would be identified.

Bosworth Care Home was appreciated by the people living there, relatives, and staff. People and relatives described it as "homely". Staff told us they liked working there, one member of staff described it as: "the best care home" they had worked in. The majority of the staff team had been working in the home for a number of years and told us it was because they felt part of a strong team.

People told us the deputy manager was "very good" and people also commented on the kindness of the registered manager. Both the deputy and registered manager provided personal care both to ensure continuity of care and to observe practice. This ensured they knew people living in the home showed their flexibility and understanding of the needs of the home.

The registered manager worked with the deputy manager to ensure ongoing improvement to the quality of care people received and the support available to staff. Staff meetings provided a record of team discussions about the care people received and afforded staff the opportunity to share ideas. We saw that these provided a forum for staff to share things that they found challenging in a safe environment.

Staff had a shared understanding of the ethos of the home and understood their responsibilities. One member of staff told us: "We work as a team to make sure people feel at home." They described both individual and a team commitment to ensuring that this was the outcome for people. Staff, people, relatives and visiting professionals told us that the management team were accessible and that they were confident that issues raised would be dealt with.