

Givecare

Bosworth Court Care Home

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Bosworth Court Care Home is registered to provide accommodation and nursing care for up to 42 older people over two floors, some of whom are living with dementia. The service was purpose built to meet people's needs. At the time of the inspection there were 37 people using the service.

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

People living at the service told us they were happy and felt safe in "Their home". Relatives were very positive about the care and experiences people were getting, and felt well informed, even during the periods of lockdown. End of life care was particularly praised by one relative for the way in which the home managed to combine care with compassionate, safe visiting.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice and were seen to be very comprehensive for people with regard to COVID19 testing.

We recommend the provider implements a process to review forms including ReSPECT forms to ensure that information is accurate, current and reflects people's wishes. The process should include, where appropriate, escalation and discussion with partners such as the General Practice where such forms are in place.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 29 October 2019).

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The inspection was prompted due to concerns received about a concern over a potential disparity in records held by the home and the local general practitioners for forms relating to end of life care and treatment. These were the "Do not Attempt Cardio Pulmonary Resuscitation" (DNACPR) and the "Recommended Summary Plan for Emergency Care and Treatment" (ReSPECT) forms. This could have impacted negatively on people's care if found to be correct. A decision was made for us to inspect and examine for that potential risk. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were still at risk of harm from this concern. Please see the safe section of this report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection together with the ratings from the previous comprehensive inspection for those key questions not inspected this time.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bosworth Court Care home on our website at www.cqc.org.uk.

Follow Up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bosworth Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people living in the home about their experience of the care provided. We spoke with eight members of staff including the registered manager, receptionist, the administrator, the activities coordinator, nurses, a senior care worker, a care worker and a maintenance worker. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records held both electronically and paper documents. A variety of records relating to the management of the service, including policies, procedures and relatives' meetings were reviewed along with staffing rotas.

After the inspection

We spoke with or had contact from six relatives about their experience of the care provided. We also spoke with an additional member of the housekeeping team, two nurses, a senior care worker and a care worker.

Is the service safe?

Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- We found staff knew how to recognise abuse and understood when the risk of abuse might occur. Systems and processes were robust, staff had been trained in these and knew where and how to raise concerns. They were passionate about providing safe care at all times.
- Three relatives who had experience of poor care for their relative before coming to Bosworth Court were keen to tell us how much safer they felt their relative was here. One person said: "In this year of COVID19 it is such a relief to know that he is as safe as can be".
- Staff had developed particular expertise in putting people and their relatives at ease when they had moved there due to difficult circumstances.

Assessing risk, safety monitoring and management

- Risk assessments were comprehensive, with clear prevention plans in place. People who required hoists to be transferred were seen to be sensitively moved, with dignity being maintained.

Using medicines safely

- Medicines were seen to be stored and administered safely and in accordance with their prescribed regimes. People who had specific times to take their medication were seen to have these adhered too. There were protocols in place for those people who required additional medication on an as required basis.

Preventing and controlling infection

- There were infection control measures in place to prevent visitors from catching and spreading infections immediately upon entry to the building. All visitors were required to fill in a contact sheet. Hand sanitiser and masks were available. Staff took the temperatures of anyone entering the building, before guiding them to a washroom for hand washing and sanitising. Staff were seen to be wearing appropriate PPE at all times.
- People were living on separate floors following shielding and social distancing rules as far as was practicable. Some rooms had deliberately been kept vacant to allow for isolation if required. This meant the provider was making sure infection outbreaks could be effectively prevented or managed.
- People were admitted safely into the service, with testing beforehand and a period of isolation once they had been admitted. Staff and people living at the home were tested regularly in line with government guidance.
- We saw staff were using Personal Protective Equipment (PPE) effectively, with the ability to safely change and refresh this when necessary. PPE was freely available, with safe disposal in place.

- We were assured the provider's infection prevention and control policy was up to date and was being reviewed as required in line with government guidance.

Learning lessons when things go wrong

- When concerns had been identified the registered manager and staff were able to engage and work with wider healthcare professionals to address the concerns.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good with the areas of concern highlighted in the last report, including those about oral care, addressed and remedied.

This meant people's outcomes were consistently good, and feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples needs were assessed prior to admission and reviewed in a timely manner. Needs and choices were identified and respected in line with guidance, so they could be met. One relative told us: "It doesn't matter who I speak too, all the staff know my relative and everyone can tell me how they are and what they are doing that day. It's so friendly and reassuring."
- Oral care assessments and plans were now incorporated into people's electronic care plans and were an integral part of assessment and daily care. The home was still struggling to find a peripatetic dental team but had been able to access appropriate dental care when required. Staff had been trained in delivering oral care.
- People who had variable mental capacity had clear "best interests" decision making processes in place. These were also in place where the capacity to consent for COVID19 testing was required, with records of discussions taking place with relatives or representatives.

Staff support: induction, training, skills and experience

- Relatives told us the staff were well trained, and they had confidence and trust in them to provide safe and effective care
- Staff told us the support and training available to them had improved significantly since the registered manager had been in post. Staff we spoke with told us the support from the registered manager had never been better. They went on to say they could go to the registered manager and talk openly about any issues and concerns troubling them.

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

- People said they enjoyed their meals, and the mealtime experience. Staff were seen to offer choices.
- Assistance when required, was offered in a dignified and supportive manner. Records were kept when people's food and fluid intake needed monitoring. Special diets, including softer foods were well catered for.
- People and relatives said they were happy with food provided and the support which people received.

Staff working with other agencies to provide consistent, effective, timely care

- People were well supported to access a range of appropriate healthcare needs as required, including appropriate oral care. Staff worked well with a wide range of other agencies, enabling good access to effective and appropriate care.

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

- The decoration and layout of the premises met the needs of people living at the service. Clear signage helped people to navigate through the building and was tailored to the needs of people living there, including those living with dementia. People had participated in the re-decoration programme, and corridors had person-centred photographs that included people's specific likes or hobbies.
- Accommodation was arranged over two floors. A passenger lift between floors, enabled people to access all areas of the service.
- The environment was fully accessible and well-maintained with a variety of communal areas people could access.
- One person told us their room, "Has all my treasures" in it and "It felt really homely, I love it here."

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people with their health needs and were alert to any changes. We saw that people had been seen by dentists, opticians, dieticians, audiologists, chiropodists and speech and language therapists. Other healthcare services such as tissue viability specialist nurses were accessed as required.
- Oral care assessments were now an integral part of the care plans, and for those without capacity included best interest assessments to ensure a healthy mouth was maintained.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where there were conditions on authorisations, staff had a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. They demonstrated how they put these into practice effectively, to ensure people's human and legal rights were respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff had a shared understanding of the key challenges, achievements, concerns and risks. They all worked together to enable people to live the best life they could.
- Staff and relatives told us they could raise any issues and they would be listened too. This was particularly important for relatives who had been, by reasons of government restrictions or distance, not able to physically see their relatives. One relative said, "I'm happy my relative is safe now, it's absolutely lovely at Bosworth Court".
- Staff were complimentary in their praise for the registered manager. One staff member said: "I love being here now, our home goes above and beyond and it's because we feel appreciated and it's because (registered manager) cares about us so we can go the extra mile." Another staff member said "They have changed the atmosphere, so all staff are at ease now and we all pull together".
- End of life care was particularly commended; A relative said: " it was my relative's home and they made us all feel like family. Whenever we went, they always us welcome, I was able to be with my relative at the end. The registered manager has done so much since she has been in charge, the carers are happier since (registered manager) has been there, you couldn't ask for anything more at the end of someone's life".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities under the duty of candour. The manager promoted an open-door approach and a non-blame culture within the home. There was a willingness to accept responsibility when required.
- The provider and registered manager have demonstrated their ability to react to and address concerns in an open and transparent manner, and then after a period of investigation to deal with and appropriately address these.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was open and knowledgeable about the service and the people using it. They understood their responsibilities in terms of quality performance, risks and regulatory requirements. As part of the on-going monitoring of the quality of care provided audits were carried out. Any

improvements required were actioned.

- Records showed legally required notifications were being submitted to the CQC as required, in a timely manner.
- Managers and the management team were available, consistent, and lead by example. Staff felt respected, valued and supported. Their voices were heard and acted on. Staff received constructive feedback about their performance, were motivated, and had confidence in their leaders.

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

- Staff, people, and relatives were all engaged in their experience of the service through residents and relatives meetings and surveys.
- People living in the service, relatives and staff all told us they felt they were listened too, and concerns were acted upon. The last relatives meetings had been held in March 2020, just before the restrictions were put in place and relatives told us this had been very valuable.
- One relative told us they particularly valued the help the manager and staff provided their relative with so that they could use technology to speak to and see the family.

Continuous learning and improving care

- Opportunities were sought to find ways to improve care, and where face to face learning had not been possible, e-learning had been put in place. The service had a dedicated member of staff who was a qualified "Train the Trainer" for all staff training.

Working in partnership with others

- Recent concerns over the quality of DNAR or CPR forms in the case of seven residents found that no review of these had taken place within the home, on a routine basis, after people had been admitted with one in place.

We recommend the provider implements a process to review forms including ReSPECT forms to ensure that information is accurate, current and reflects people's wishes. The process should include, where appropriate, escalation and discussion with partners such as the General Practice where such forms are in place.

- Staff and the Manager worked well with external agencies and the wider community for the benefit of people.
- The service has demonstrated, especially over the past months, a willingness and desire to work openly and honestly with a variety of agencies in order to address and resolve areas of concern and take these forwards. This has resulted in good links to local community resources which reflected the needs and preferences of the people who use the service.