Givecare

Bosworth Court Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

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. 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:
Systems in place to ensure people's oral and dental healthcare needs were met needed to be strengthened. There were no plans of care for people's oral health care needs and oral health assessments were not completed on admission or throughout peoples' stay at the service.

We have made a recommendation about the management of people's oral and dental healthcare needs.

The environment had not been sufficiently adapted to help meet the needs of people living with dementia. For example, there was a lack of clear dementia friendly signage making it difficult for some people living with dementia to find their way round and maintain their independence.

We have made a recommendation about guidance on how to improve the environment for people living with dementia.

There was an acting manager who had been in post for 10 weeks. We found that some systems needed to be strengthened such as gaining feedback from people and their relatives, about how the service was run. Quality monitoring checks had been introduced but needed time to become embedded in practice to ensure they were effective.

People received safe care and were protected against avoidable harm, neglect and discrimination. Risks to people's safety were assessed and strategies were put in place to reduce any risks. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they went to live at the service, to ensure their needs could be fully met. Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People were supported to eat and drink enough to maintain their health and well-being. Staff supported people to live healthier lives and access healthcare services.

The service had a vibrant and welcoming atmosphere where visitors were welcomed and encouraged. 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.

Staff provided care and support in a very caring and meaningful way. They knew the people who used the service very well and had built up kind and compassionate relationships with them. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was always maintained.

People were encouraged to take part in a variety of activities and interests of their choice, but some people wanted to see more variety in the range of activities. There was a complaints procedure in place and systems in place to deal with complaints effectively. The service provided appropriate end of life care to people.

Everyone without exception praised highly the acting manager who was approachable and had an open-door policy. The service worked in partnership with outside agencies.

Rating at last inspection. The last rating for this service was Good (published 31 January 2017) At this inspection the service was rated as Requires Improvement.
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.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

Requires Improvement

The service was not always effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always 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.

Inspection team
The inspection was undertaken by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had experience of caring for older people who use regulated services.

Service and service type
Bosworth Court is a care home. People in care homes receive accommodation and nursing or personal care as 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 an acting manager in post, but they had not yet registered with the Care Quality Commission.

Notice of inspection
This inspection was unannounced.

What we did before the 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 (PIR). 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 this information to plan our inspection.

During the inspection-
We spoke with seven people who used the service and six relatives. We had discussions with seven staff members that included the manager, and six care and support staff. 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 looked at the care and medication records of four people who used the service; we undertook a tour of the premises and observed information on display around the service such as information about safeguarding and how to make a complaint. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Good

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 remained Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe when staff provided them with care and support. One person told us, "I feel safe when they hoist me into my special chair. They always talk to me and take my mind off it." Another person explained why they felt safe and commented, "I sleep like a baby here because I know there is help not far away if I have to call someone."
- Discussions with staff demonstrated they were skilled at recognising when people were at risk of harm or felt unsafe, and they felt comfortable to report unsafe practice. One staff member said, "I would one hundred per cent report anything I wasn't happy about."
- All staff we spoke with were aware of the providers safeguarding and whistleblowing procedures and records confirmed they had relevant and up to date training in this area. One commented, "I have completed safeguarding training. I know how to report concerns." Records showed the provider reported safeguarding concerns as required to the relevant agencies.

Assessing risk, safety monitoring and management

- People had risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a risk management plan was put in place to reduce the likelihood of any falls.
- Staff understood when people required support to reduce the risk of avoidable harm. For example, we saw staff support people to walk safely.
- Staff we spoke with knew about people's individual risks in detail. For example, staff told us how they used equipment to help people to mobilise safely and when they needed additional support to bathe.

Staffing and recruitment

- There were enough staff to ensure that people's needs were met safely. A relative said, "We have always found there to be enough staff."
- We saw that staff had time to spend with people throughout the day and to respond promptly when assistance was requested.
- There were systems in place to plan staffing levels according to individual's needs.
- The provider followed safe recruitment procedures to ensure people were protected from staff that may not be fit and safe to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started their probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People continued to receive their medicines safely. They told us they had their medicines on time. One

person said, "I get my medication in my hand with some water to swallow them. I can't remember what they are all for, but I trust them." We saw one person being given their medication. The staff member was friendly and didn't rush them.

● People's care plans included details of the support they needed to take their medicines, which included any preferences about how people took their medicine.

● Staff had undertaken training so that they could give people their prescribed medicines safely.

● Regular medicines' audits informed managers of any issues which were rectified in a timely manner.

Preventing and controlling infection

● People were protected by the prevention and control of infection because staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.

● Staff told us, and records confirmed they received infection control training and there was an infection control policy in place.

● The environment was clean and hygienic, and people told us the service was always clean. One person said, "They are always cleaning."

Learning lessons when things go wrong

● Lessons were learnt when things went wrong, and actions taken to reduce the risk. For example, when people had falls these were recorded and analysed. There were actions taken for each person; from referral to other professionals for specialist advice to maintenance checks on equipment.

Requires Improvement

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 Good. At this inspection this key question has deteriorated to Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

● Staff supported people with their health needs and were alert to changes in people's health. For example, we saw that people had been seen by opticians, audiologists and chiropodists. However, we found that systems in place to ensure people's oral healthcare needed to be strengthened. The manager told us there were no specific plans of care for people's oral health care needs but said that staff would support people to maintain good oral health. Oral health assessments were not completed on admission or throughout their stay at the service. The manager told us they used to have a domiciliary dental practice visit the service to ensure people had regular dental checks. However, this service had been stopped and the manager was going to look for another domiciliary service.

We recommend the provider consider current guidance on Improving oral health for adults in care homes and take action to update their practice.

● Following the inspection, the manager informed us they had been in contact with the local dentist to ask for a meeting with their practice manager to see what they could offer the service with regards to yearly check-ups and training for staff about oral health care.

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

● Overall the service was suitable and accessible to the people living there. However, there were some areas that needed attention. Two bathroom/toilet areas on the lower floor needed new flooring.

● The environment had not been sufficiently adapted to help meet the needs of people living with dementia. For example, there was a lack of clear dementia friendly signage. Some rooms only had small numbers on them, others had no numbers and it appeared difficult for residents to identify their room. In addition, toilets, bathrooms and communal areas were not well signed to ensure that people were supported to be as independent as possible.

We recommend the provider consider current guidance on how to adapt the environment for people living with dementia and take action to update their practice.

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

● People had an assessment of their needs before they went to live at the service. This was to make sure people's needs could be met and they were happy with the support that was available. The assessment

included understanding people's backgrounds, histories and what was important to them. One person said, "I had a full assessment before I came in here and they know how to look after me."
● Assessment documentation considered the characteristics identified under the Equality Act and other equality needs. The assessments process also considered compatibility with other people using the service.

Staff support: induction, training, skills and experience
● Staff were sufficiently qualified, skilled and experienced to meet people's needs. One person told us, "I think the staff are well trained to do their job."
● We saw an ongoing schedule of training was in place, to ensure staff kept up to date with good practice.
● All new staff went through a comprehensive induction period, which included shadowing more experienced staff to get to know people, as well as covering the basic training subjects.
● Staff told us that prior to the acting manager taking up post they had not received regular supervision. We saw that the acting manager had addressed this and was in the process of completing supervisions with all staff, who confirmed this during discussions. The acting manager had also completed a supervision matrix with dates for staff supervisions up to 2020.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they liked the food that was served to them and they could choose alternative foods if they did not want what was on the main menu. One person said, "The food is very good, and the girls offer to help me cut things up because I struggle with it."
● Special diets were catered for; including for people who had been recommended softer meals to manage a risk of choking.
● Records showed when people were at risk of dehydration, they were regularly offered and supported with drinks. Their intake was monitored to ensure they met their daily recommended minimum amount.
● Staff worked with the dietician and speech and language therapists if people needed support with their nutritional needs.

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 people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with relatives and appropriate others in people's best interests. We spoke with a paid representative who was visiting people during our visit. Their role was to visit people being deprived of their liberty on a regular basis. They said, "The manager and staff are on the ball. They will follow through on any concerns or recommendations."
● DoLS applications had been made to the relevant Local Authority where it had been identified that people

were being deprived of their liberty. These had been kept up to date when an authorisation had expired.
● Throughout the inspection we observed staff obtaining people's consent before providing support to them. The manager and staff were aware of their responsibilities under the MCA and the Dols Code of Practice.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were caring and treated them with kindness. One person told us, "I never feel uncomfortable when the staff are helping me, even in the shower. The girls are good and very kind." Another person said, "The carers are so kind to us and there is always someone in the lounge to talk to." A relative commented, "Staff are really kind and patient with [family member] and they are on the phone to me straight away if they are worried about anything or need a decision. [Family member] is in the best place."
- We saw caring interactions between staff and people throughout the inspection. For example, we observed two staff using a hoist to move a person. They were gentle and moved at a slow pace, reassuring them and chatting throughout the procedure. There was friendly banter and one staff stayed with them for a few minutes after the procedure, crouching down at their level and making sure they were comfortable.
- Staff had the information they needed to provide individualised care and support. They knew people's preferred routines and the people who were important to them. They were knowledgeable with regards to the people they were supporting and knew their likes and dislikes and personal preferences. For example, we saw there were various newspapers available for people to read and there was conversation about politics during lunch.
- People were relaxed in the presence of staff; they smiled and joked with staff members. Staff always responded well to these displays of affection, giving people eye contact, recognising the importance of touch and showing by their response how they valued the person's attention.
- Staff were consistently attentive and recognised when people needed additional reassurance or one to one support.

Supporting people to express their views and be involved in making decisions about their care

- We observed people's opinions being sought for day to day tasks. For example, staff asked people what they wanted drink and eat or where they would like to sit. People also told us that staff supported them to decide what to wear and how-to co-ordinate clothing so that they looked 'smart' which people told us was important to them.
- Care plans were in place to guide staff on how to support people to make choices about their care and support. For example, people were able to decide on the activities they wanted to take part in and staff supported them with this.
- We saw that people could have access to an advocate who could support them to make decisions about their care and support. Advocates are independent of the service and who support people to raise and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

● People's privacy and dignity was respected. One person said, "The staff always knock on my bedroom door and they call out when they want to come in." A relative told us, "They do respect [family member's] privacy and dignity. They talk with them in a respectful manner and always treat them with great care and dignity."

● People were encouraged to maintain their independence and do as much as they could for themselves. One person said, "They let me do as much as I can do for myself, but I do need a lot of help for some things and they know that." People's care plans included information on things people could do for themselves and those that they needed staff support with.

● People were supported to maintain and develop relationships with those close to them, social networks and the community. Relatives were regularly updated with people's wellbeing and progress.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan.
- The initial assessment and people's care plans considered their preferences about how they wished to be supported, which included any cultural or religious requirements. Staff we spoke with knew people well, and the care they wished to receive.
- People told us they received good quality care that met their needs. One person said, " I used to have baths but now I prefer a shower just before I go to bed, so the carers have sorted that out for me. I can't fault the care here."
- The provider was in the process of changing the care plans to a new electronic system and most of these were detailed, and up to date. However not all care plans had been fully moved onto the new system and updated. One file we examined had not been updated to reflect changes in the person's current situation. The manager ensured this care plan was updated before the inspection had been completed.
- Care plans were personalised and contained information about people's likes and dislikes. For example, favourite television programmes, previous hobbies and interests and who their friends were within the service.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified so information about the service could be provided in a way all people could understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People were supported to follow their interests and take part in activities. On the day of our inspection we saw the local children's nursery visiting the service to take part in activities. One person told us, " I enjoy it when the children come in every week. They are so bright and cheer us up!"
- Some people told us they would like to see more activities on offer. One said, "I used to love knitting and crocheting, but I can't do that now. It would be nice to have a go at craft as I might manage that." Another commented, "The activities are okay, but we don't have too many."
- People were supported to develop and maintain relationships with people that mattered to them. One

person told us, "My relative doesn't live far away and can visit whenever they want."
● The service had a vibrant and welcoming atmosphere and visitors were warmly greeted by staff. People's relationships with their family members were encouraged and promoted. Relatives told us, they were invited to join their family members at mealtimes, for activities and social events.

Improving care quality in response to complaints or concerns
● There was a complaints procedure which was accessible to people using the service and was easy to use. One person told us, "If I am worried about something, I just call the Duty Nurse and they will sort it out." A relative told us, "I haven't had to complain about anything but would be happy doing so if I needed to."
● We saw the service had received one complaint in the last 12 months. The provider had dealt with the complaint in line with the providers complaints policy with the outcome, any actions taken, and lessons learned recorded and shared with staff.

End of life care and support
● People's care plans included information about how they wanted to be supported towards the end of their lives and their funeral arrangements if they wished to share this information. A relative told us, "We could not speak more highly of the treatment and compassion that [family member] got in the last weeks of their life. [Family member] was happy here anyway, but they excelled then."
● At the time of our visit one person was receiving palliative care. Their care plan was detailed so that staff were able to follow the guidance and meet the person's needs.
● The provider had policies and procedures in place to meet people's wishes for end of life care and staff had completed training to ensure they could meet people's needs at the end of their life.

Requires Improvement

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 Good. At this inspection this key question has deteriorated to Requires Improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- People and relatives had not been engaged in the service and how it was run. One person said, "I know there have been some changes here (staff) but I haven't been invited to any meetings." Another person commented, "I haven't heard of any meetings, but they keep my [relative] informed of anything that is happening with me."
- The acting manager confirmed that at the time of our visit there were no meetings taking place for people using the service and their relatives to express their views about how the service was run. They told us this was part of their plan for future improvements and we saw this in their improvement plan.
- The acting manager told us that service satisfaction surveys had not been sent out regularly to people and their relatives. However, following the inspection they sent us confirmation they had sent out surveys to people and relatives.
- Staff told us they had a staff meeting recently that proved to be very successful. One staff member told us, "It was the most productive staff meeting we have ever had. The manager put a suggestion box out and we were able to add any items for the agenda and discussion. It was really positive."
- The provider had strong links with the local community, for example there were regular weekly visits from the local children's nursery to the service. The manager was also arranging for a local school to attend the service every two months. The service worked with local services such as the local church, so people could follow their chosen faith.
- The manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the speech and language therapists and peoples GP's.
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- At the time of the inspection there was a manager who had been in post for 10 weeks. They had not yet registered with the Care Quality Commission.
- Records demonstrated that prior to the appointment of the acting manager quality monitoring checks had not been completed regularly. The new manager had introduced a range of audits from August 2019 that included medication, accidents and incidents, wound care analysis, infection control and

environmental checks. We saw that where issues had been found, action plans had been put into place to address the areas of concern.

● Staff told us, and records demonstrated that prior to the appointment of the acting manager staff supervision had not been carried out. The acting manager had implemented a system to ensure staff received the support they needed through one to one meetings and appraisals of their performance.

● Without exception everyone spoke highly of the manager and felt encouraged by the improvements the acting manager had implemented. One relative told us, "The new manager is very approachable and has already made some changes for the better." Another relative commented, "The manager seems to have an open-door policy here and I know if I am concerned about anything, I can talk to her. Even the ancillary staff are very kind and knowledgeable and the teamwork with local authorities has been excellent."

● Staff were clear about their roles and responsibilities towards the people they supported and felt listened to and well supported. One staff member said, "[Name of manager] is very supportive. I'm excited about the changes and enthusiasm she brings." Another commented, "I don't feel that I can't raise any issues or ideas. She lets me use my initiative."

● The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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 manager ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

● Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.