

Oaktrees Healthcare Ltd

Bonehill Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bonehill Lodge is a residential care home providing accommodation for persons who require nursing or personal care for up to 26 people. The service provides support to older people in one adapted building. At the time of our inspection there were 23 people using the service.

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

People were supported to stay safe from the risk of abuse by staff who had received relevant and appropriate training to do so. Staff were aware of people's needs and risks assessments were in place to help guide staff to protect people from avoidable harm. There were enough staff to meet people's needs and staff were recruited safely. Effective infection prevention control measures were in place and systems were in place to enable the registered manager and the staff team to learn lessons when things went wrong.

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.

The registered manager promoted a positive culture at the home where people, their relatives and staff were encouraged to be engaged with the day to day running of the service. Staff were clear about their roles and responsibilities. There were systems in place to assess and maintain the quality and safety of the service.

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 good (published 26 April 2018)

Why we inspected

The inspection was prompted in part due to concerns received from the Local Authority. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remains good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bonehill Lodge

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two Inspectors 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.

Service and service type

Bonehill Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bonehill Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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 annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service about their experience of the care provided. We spoke with two family members of people who received care. We spoke with eight members of staff including the provider, registered manager, deputy manager, one senior carer, three carers and the cook. We reviewed a range of records including support plans and multiple medication records. We looked at four staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service including risk assessments, quality assurance records, training data and policies and procedures. We continued to seek clarification from the provider to validate evidence found.

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.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for 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 we spoke with told us they felt safe at the service. One person said, "I feel safe because I have good people around me to protect me."
- The registered manager and deputy manager worked with people and other professionals to identify actions to keep people safe which were implemented and reviewed regularly.
- Staff were supported to attend training to develop their knowledge and understanding of safeguarding and were confident if they reported a safeguarding then managers would take appropriate action. One staff member told us, "I would report (concerns) to the senior or directly to safeguarding myself."
- There were appropriate policies and systems in place to protect people from abuse. The registered manager understood their responsibilities to safeguard people from abuse.

Assessing risk, safety monitoring and management

- Policies and processes were in place to mitigate environmental risks and there was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, or loss of essential services. People also had personal emergency evacuation plans (PEEPs) in place.
- Staff demonstrated their knowledge and understanding of people's needs and how to support them to manage their individual risks. For example, staff were aware of people's dietary needs and ensured people's nutritional risks were mitigated. Records we viewed, and staff confirmed, people's needs were met through the use of detailed risk assessments.
- The registered manager had implemented clear processes and protocols to support anyone involved, or present, during any incidents. The registered manager and deputy manager confirmed staff followed these protocols and showed us evidence that processes were reviewed following an incident. These protocols included notifying relevant authorities, such as the local authority.

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Staffing and recruitment

- There were safe staffing levels throughout the inspection; staff were available and responsive to people's needs. Staff we spoke with said there was enough staff on duty and felt there was no risk to people due to shortages of staff.
- Safe recruitment processes were in place. Staff files contained all the information required to aid safe recruitment decisions, such as, evidence that pre-employment checks had been carried out. This included references and evidence of the applicant's identity.
- All staff had Disclosure and Barring Service (DBS) checks in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely, in line with their preferences, and by staff who knew them well.
- All staff received medication training during their induction, as well as receiving competency checks and annual updates. Not all staff administered medication on a daily basis. However, they were all trained to ensure that they were aware of the signs and symptoms when people may need medicines prescribed 'as required' (PRN).
- PRN protocols were in place to guide and support staff. This meant staff had access to information to assist their decision making about when such medicines could be used, for example if people were in pain.
- The provider had systems and processes in place for the safe storage, administration and use of medicines. There was one issue identified during the inspection in relation to some medicine counts which was discussed with the registered manager and the deputy manager immediately. The Deputy Manager promptly addressed the issue and put measures in place to mitigate the risks of this happening in the future.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were supported to maintain contact with their family members and friends. The provider facilitated visits in accordance with government guidance.

Learning lessons when things go wrong

- A system was in place to record, monitor and investigate accidents and incidents with action taken to prevent a reoccurrence. This was overseen by the deputy manager to ensure appropriate actions were taken to support people safely.
- Lessons learned were shared with the whole staff team during supervisions and team meetings.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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; Continuous learning and improving care

- The registered manager was well-established at the home and was committed and dedicated to improving the quality of care at the service. They told us, "We all talk to one another; get everyone involved and we work well together. I operate an open-door policy. I am very visible, and we work as a team which creates a positive, open culture."
- People and their relatives told us the registered manager and the deputy manager were approachable and were visible within the home. One person told us, "[Registered manager] is here every day in the week. They always take the time to say hello to me and check I am alright." A relative said, "[Registered manager] is devoted! They keep me informed of change in my relative's care. I get a weekly call; monthly review and I feel totally involved with my relative's care."
- Staff agreed with what people and relatives had told us and we received comments including, "The registered manager is good. They lead by example and Bonehill Lodge is a great place to work," and "The manager is brilliant; I would have no hesitation going to them in confidence about anything."
- The registered manager was keen to develop the service further and had been involved in new initiatives to provide quality outcomes for people. For example, Bonehill Lodge had just been awarded the Gold Standards Framework (GSF) accreditation. The GSF is an industry recognised kitemark of excellence awarded for end of life care.
- Both the registered manager and the deputy manager had worked with the Local Authority to improve the quality and safety of care at the home following a recent quality assurance visit.

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

- Staff were clear about their duties and responsibilities. There was a scheme of delegation in place across the whole of the management and staff team to share accountability and responsibility. This enabled the management team to achieve a greater oversight of the service.
- There were mechanisms in place to monitor the quality and safety of the service. Internal and external audits took place to assess and manage the effectiveness of the service.
- The registered manager understood their registration and regulatory responsibilities. For example, the previous inspection rating was on display in the home and on the provider's website. Statutory notifications of key events, such as death and safeguarding concerns were notified to us, as required by law.

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 the registered manager had a sound knowledge of duty of candour and what this meant for people living at Bonehill Lodge. The provider said, "It's about openness and honesty. We complete investigations when things go wrong and following any investigation, we figure out why things happened that way and apologise."

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

- People, where possible were actively involved in their care and were asked to contribute to their own care planning, as well as the day to day running of the service. Meetings were held with residents to allow them to contribute and feedback.
- Relatives were asked for their feedback through questionnaires and surveys and relative's meetings had been held regularly prior to the pandemic. The registered manager told us relative meetings would be incrementally reintroduced in a safe way. The deputy manager told us, "We collate all the feedback we can and action where we can."
- Staff had regular supervisions with management to feedback any concerns or ideas, and to discuss their practice and development. A staff member said, "The managers listen to you, they are always available and are responsive when I make a suggestion." Another staff member said, "The registered manager is very good, they are supportive, both personally and professionally. They have encouraged me to complete more training to progress in my career."
- Team meetings were also held as an opportunity for staff to come together to discuss ideas and share practice in a group style forum.

Working in partnership with others

- The home worked with different organisations, agencies and professionals to ensure people received a good standard of care. Professionals involved in people's care included GP's, district nurses and social workers.
- The registered, and deputy manager had forged community links to enable people to participate in socially and culturally relevant opportunities. Community organisations also visited Bonehill Lodge to further build relationships and promote positive outcomes for the people living there.