

Marton Care Homes Ltd

Botham Hall

Inspection report

Botham Hall Road
Milnsbridge
Huddersfield
HD3 4RJ

Tel: 01484646327

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Ratings

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

Summary of findings

Overall summary

About the service

Botham Hall Care Home is a residential care home providing personal for up to 40 people. The service provides support to people with a range of needs, including those living with dementia. Botham Hall accommodates 40 people across two floors, accessible via a lift. At the time of our inspection there were 37 people using the service.

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

People felt safely supported and enjoyed good relationships with consistent staff who understood their individual needs. Recruitment practices were robust to help ensure staff were suitable to work with vulnerable people. Individual risk assessments were clearly detailed to ensure people had safe care and this information was known by staff. Medicines were managed safely although we made a recommendation about improving recording where people needed medicines 'as required'.

The home was clean, with infection prevention and control measures in place. Clear information about COVID-19 was available in line with current guidance.

Staff felt fully supported through supervision and there was effective teamwork to support people's needs. Staff training was regularly completed, and staff were confident in their roles. Mealtimes were sociable occasions and people enjoyed the quality of the food and drinks overall.

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.

People enjoyed the friendly, homely atmosphere within the home. Staff were kind and caring in their approach and treated people with respect. Staff knew people's individual preferences and personalities. People's care records were person-centred and detailed.

People were supported to enjoy meaningful activities and staff engaged in plenty of conversation throughout the day. Families were confident the service met the needs of their relatives and they gave positive feedback about the quality of care and staff interaction.

Staff spoke confidently about the management team and felt well supported, listened to and valued. Families were kept informed and felt included through communication with staff.

There was close oversight of the quality of the service. Quality checks were consistently carried out, and the management team were involved in people's care. There was evidence of close working with other professionals to meet people's needs.

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 the service under the previous provider was Good, published on 15 March 2018.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 effective?

Good ●

The service was 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?

Good ●

The service was well led.

Details are in our well led findings below.

Botham Hall

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.

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 service was inspected by two inspectors and an 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

Botham Hall in 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. We sought feedback from the local authority

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 10 people who used the service and 6 relatives about their experience of the care provided. We spoke with 5 members of staff, including the deputy manager. We carried out observations of care.

We reviewed a range of records. This included 4 care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested some documentation to be sent for us to review remotely.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risks to people were individually assessed and monitored and staff understood how to care for people safely. People said they felt safe. One person said, "It's OK here, I feel safe all the time. There's enough staff." One relative told us, "I feel [my relative] is safe, it's so homely. If there's anything they will ring us".
- Safe systems and processes ensured care delivery in line with people's assessed needs and preferences. Staff used equipment safely, such as for moving and handling people, and the equipment used matched with individual risk assessments and care plans. People's care was safe in relation to their specific health needs, such as skin integrity, repositioning and mobility.
- Staff understood how to identify and act upon information of concern. They were confident in the internal safeguarding procedures to protect people from the risk of abuse, although some staff were less confident with where to report matters further.

Staffing and recruitment

- Robust recruitment procedures were followed to help ensure staff were suitable to work within the home.
- Staffing levels were appropriate to meet the needs of individuals. People did not have to wait for their care needs to be met. We discussed ensuring effective deployment of other staff at such times as when senior staff were attending a short flash meeting.
- People and their relatives told us staffing levels were acceptable. One relative said, "There seems to be enough staff. They take the time to tell us what sort of day [our relative has] had." Another relative said, "[My relative] is definitely safe as [they are] fed and cared for. There always seems to be enough staff."
- Staff told us they had completed relevant training and received good support and formal supervision. Staff competency was monitored to provide assurance about safe care.

Using medicines safely

- People were safely supported with their medicines when they needed them. Clear procedures were followed in line with current legislation and guidelines for safe medicines management.
- Medicine records were mostly well maintained, although handwritten medicine records were completed by only one member of staff. This meant there was no second check recorded to ensure the medicine information was correct. We discussed the need to record the exact times of medicines where these were time specific or minimum time between doses.
- For medicine needed 'as directed' or 'as required' it was not always clear about the directions or exact dose to be given. For example, 'one or two tablets as required' did not give clear guidance for staff to know how many. The deputy manager assured us this was already being addressed.

We recommended the provider review the detail of their medicines recording to ensure staff have clearer information when supporting people.

- Staff were confident in their abilities to support people with their medicines and they understood when people might need referrals to a district nurse or GP. Where people had difficulty expressing themselves verbally, staff were alert to non-verbal signs of pain or discomfort.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely. We discussed the very occasional observation where face masks were not worn securely and received assurance this would be addressed.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visitors were welcome in the home and had become accustomed to adopting stringent infection prevention and control procedures since the COVID-19 pandemic.

Learning lessons when things go wrong

- The management team were receptive to feedback and maximised opportunities to identify lessons learned from accidents and incidents.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and individual preferences were assessed and delivered in line with good practice. Where people needed specialist equipment or advice to support individual care, timely referrals were made to relevant health professionals.
- The management team regularly reviewed people's individual needs, their dependency and staffing levels. Where reassessments were needed, these were promptly completed.
- People's individual support and care plans contained good levels of detail for staff to be able to support them as they would prefer.

Staff support: induction, training, skills and experience

- Staff felt supported and valued through induction, regular training and supportive discussions.
- Staff were clear about their roles and responsibilities and confident any further training needs would be supported.
- The management team worked alongside care staff to share their skills and experience, and model good practice.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's nutritional needs were discussed with them and they had opportunities to state their preferences verbally. Where people were living with dementia, their choices would have benefited from being shown the meals on offer. People enjoyed the meals in the home overall. One person said, "The food is very good. You only have to ask, and the cup of tea is there." Another person said, "They'll be bringing me a cuppa in a minute and the food is good. I get up at 6.30 and they bring me a cuppa."
 - A minority of people were not so satisfied with the meals. One person said, "The food's moderate, some is not very good. I like the ice cream." Another person said they enjoyed the food but had had difficulty chewing their meal that day because they did not have any teeth. We brought this to the attention of the deputy manager who gave assurances this would be reviewed.
 - Where people needed support with their meals, staff encouraged and assisted them as appropriate. Staff provided good support and made sure people had plenty to eat and drink. People were asked if they required assistance and were offered additional portions.
 - There was strong evidence of referrals for routine and specialist healthcare, for example through local GP and nurse services, as well as specific health professionals.
- Adapting service, design, decoration to meet people's needs

- The environment was clean and homely with a welcoming calm atmosphere. The home offered a dementia friendly environment with colourful signs for the date and activities and textured artwork on wall.
- Communal lounges were accessible as well as people's own rooms, which were highly personalised with their belongings.
- Some areas of the home were in need of refurbishment and the management team were aware of this; with work in progress discussed at staff meetings.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were consulted and supported to make choices for themselves. Staff understood people's rights and they worked within the principles of the MCA to ensure these were upheld.
- People's mental capacity was regarded and recorded, with evidence of best interest decision making where necessary.
- The service had an effective system to monitor authorised DoLS. This ensured the provider could monitor they stay in date and monitor they were meeting and specific conditions.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff recognised people's individual needs and capabilities.
- There was full appreciation for Botham Hall as being people's home, rather than staff's place of work, and staff maintained a respectful approach whilst engaging in happy banter.
- People enjoyed friendships with others who lived in the home, and there was a good rapport with staff. People's families and visitors were welcomed and involved. The home had a very calm relaxing atmosphere, which visitors commented on.
- One person said, "They [staff] are friendly and lovely" and another person said, "They are very helpful and very kind."

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

- People were involved in their care, both routinely and more formally, such as through feedback. Staff asked people about their preferences, such as what they wanted to eat or drink, or how they would like to spend their day.
- The activity co-ordinator was enthusiastic and engaged people well. People enjoyed taking part in a quiz, as well as individual conversations. People and relatives spoke highly of the activities, although one person said they would prefer more sport than music based options.
- Staff knew people well and they were very patient when speaking and listening with them, allowing time for people to respond and communicate in their own time. Staff patiently supported people to mobilise at their own pace and decide where they wanted to be. Where people could not communicate verbally staff knew their non-verbal cues. One member of staff told us, "You can tell by [person's] eyes [their] mood, [person] hears well and loves music."

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity independence was promoted well.
- Staff supported people to maintain smart personal appearance, with neatly cared for clothing and tidy hair. One person told us, "The hairdresser came yesterday. I can have a bath or shower when I want one."
- Records showed people's preferences were not always met in relation to frequency of having a shower. We discussed this with staff who assured us people's hygiene needs were met daily and if not a shower, then always a wash. People's oral health care needs were well detailed.
- People were encouraged to maintain their independence and do as much for themselves as they were able.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- Care plans and records were maintained well with details about how people preferred to be supported.
- Staff knew who mattered to people and who their family members and special connections were. Staff spoke with people about their family members and who might be coming to visit.
- People's care needs were met through supportive relationships with staff who knew them well. Staff knew people's religious and cultural preferences. Church services were held in the home and people said they enjoyed these. People celebrated their birthdays and staff helped them enjoy the occasion. One person proudly showed us their birthday cards.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of their responsibilities to communicate in individually accessible ways. Information was accessible in different formats if required.

Improving care quality in response to complaints or concerns

- Complaints were appropriately recorded and responded to, with acknowledgement for concerns and assurances about actions taken.
- People and their relatives told us they did not have any reason to complain because they were happy with the quality of care. Relatives told us all staff were very approachable should they need to raise a concern, and they were confident concerns would be acted upon quickly.
- One relative said "I've met the manager, she's very nice. I could certainly go to her with a problem. I've had no problems. [My relative's] dentures got lost and [staff name] was a star helping us get an impression for new ones. Honestly, I can't fault it here." Another relative said, "The home is well run, and I wouldn't be afraid to complain. My [relative] is happy here."

End of life care and support

- Staff were sensitive to people's needs and feelings when discussing end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home had a consistent management team. During the inspection, the registered manager was on leave and the deputy manager was in charge. They facilitated the inspection very well in the manager's absence.
 - Staff, people and relatives spoke positively about the management team and provided positive feedback about their experience of working at Botham Hall Care Home. One staff said, "It's a nice place to work, we could go to [the management team] with any issues we have."
 - Staff said the management team were supportive they were comfortable approaching the manager and felt confident they would take action if concerns were raised.
 - There was a clear governance model and defined roles and responsibilities. Quality checks were consistently carried out and there was close oversight of the service. Where family members worked together in the home, professional boundaries were maintained.
- Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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
- There was a positive culture of person-centred care in an inclusive and homely environment.
 - Staff were happy and engaged in their work, which helped to create a jolly, caring atmosphere throughout the home.
 - The provider understood their responsibility under the duty of candour.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Continuous learning and improving care

- The provider encouraged and welcomed feedback and used comments to help improve the service.
- Families said they felt included. "We had a family meeting last week and we had a lovely cake. They have a little show when they can buy sweets."
- The management team had been dedicated to ensuring high standards of care throughout the COVID-19 pandemic and they had maintained a consistent and stable staff team.