

The Boyne Care Home Limited

The Boyne Residential 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

The Boyne Residential Care Home is a residential care home providing personal care to up to 30 people. The service provides support to older and younger adults and people living with the experience of dementia. At the time of our inspection there were 30 people using the service.

People's experience of the service and what we found

People and their relatives told us people received safe care. The provider had risk assessments and risk mitigation plans in place to help reduce risks and keep people safe. Safe recruitment practices were followed to help ensure suitable people were employed.

Staff received relevant training, so they had the right skills to meet people's care needs. There were enough staff to provide appropriate support to people. We observed staff were kind and caring when interacting with people.

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.

Care plans included information about individual care needs and people's preferences. The service supported people to participate in activities and maintain their interests.

People using the service and their relatives told us they knew how to raise concerns with the registered manager. The provider had procedures for managing incidents, accidents, safeguarding alerts and complaints. Quality monitoring processes were in place to help monitor and improve service delivery.

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 15 December 2017).

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Boyne Residential 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 1 inspector and 2 Experts by Experience, who spoke with people during the inspection and made calls to relatives after the inspection to ask for feedback. 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

The Boyne Residential Care Home 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. The Boyne Residential Care Home 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications of significant events. We contacted the local authority to ask for feedback. 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 the registered manager, head of care, 7 staff, 6 people who used the service and 1 relative. We reviewed a range of records. This included 6 people's care records and 3 staff records. A variety of records relating to the management of the service, including audits were also reviewed. After the inspection, we spoke with 7 relatives to gain their views of the service provided. A healthcare professional and 2 social care professionals emailed us their feedback of the service.

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. At this inspection the rating 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 were safeguarded from abuse and avoidable harm.
- The provider had policies and procedures in place to help safeguard people from harm or abuse. People using the service said they felt safe. Relatives told us, "I think that [person] is happy there, therefore I do believe that they are safe living there" and "[Person] is well cared for and clean, that is why I know they are safe."
- Records confirmed staff had relevant training and staff we spoke with knew how to respond if they had concerns about abuse.
- When concerns had been raised, the provider had worked with other agencies, such as the local authority, to investigate these and protect people from further harm. The provider analysed such events and identified actions to take to prevent reoccurrence.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks. Risk assessments covered various identified needs including falls, medicines, swallowing and skin integrity. They provided guidance for staff to help reduce risk and promote people's wellbeing and safety.
- The provider completed regular audits of health and safety. These assessments included personal emergency evacuation plans (PEEPs) for how each person should be evacuated and the assistance which was required to ensure people could evacuate safely in an emergency.
- Records showed that a range of maintenance inspections had been carried out to help ensure people lived in a safe environment. These included inspections of fire equipment, fire alarms, lifts, hoists and call bells.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- We observed staff attending to people's needs and providing support as required. People agreed there were enough staff and told us, "Yes, there are enough staff. I don't need to wait long for anything" and "Yes, I can always get help if I need it."
- The registered manager told us the service had a full staff team and they never had to call in agency workers as the permanent staff team members were always able to cover.
- The provider operated safe recruitment processes. Staff recruitment records included completed application forms, references, identity checks and confirmation that Disclosure and Barring Service (DBS) checks had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.
- Staff completed an interview and received an induction when they began working at the service.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff received relevant training and medicines competency testing to help ensure they were administering medicines safely. The provider had appropriate policies and procedures for staff guidance.
- Medicines records we reviewed were completed correctly. This included medicines administration records (MARs), controlled drugs, and as required medicines (PRN) protocols.
- The provider had procedures for the safe receipt, storage and disposal of medicines.
- Medicines audits were carried out to help ensure procedures were followed, and improvements were made as needed.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The provider had appropriate guidance in place. There were a number of infection control signs around the home to remind people about good hand hygiene and good infection control practices.
- Staff had completed relevant training and were provided with personal protective equipment (PPE) including gloves and masks to help protect people from the risk of infection.
- The service was clean and well maintained. People and relatives told us the home was always cleaned to a good standard. One relative said, "The home is clean and fresh. It is spotless and so is [person's] room. In fact all areas of the home that I have seen are spotless."
- The management team completed audits to help ensure the service maintained a good level of cleanliness.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- There was a process in place for reporting incidents and accidents. These were investigated, recorded and the learning from them was used to improve practice and the care and support given to people.
- Additionally, the provider maintained a diary of falls for all people which recorded the nature of the incident, any injury, triggering factors, action taken, mitigating factors, lessons learnt and confirmation records had been updated to help prevent future falls.

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 our last inspection we rated this key question Good. At this inspection the rating has remained 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 were assessed and care and support was delivered in line with current standards to achieve effective outcomes.
- People and their relatives were involved in the assessment and care planning process, to help ensure care was delivered according to their identified needs and wishes. Relative commented, "They know that [person] likes music. Staff do know their likes and dislikes" and "The staff know what [person's] hobbies are. Staff know that [person] likes football and when it is on they let [person] watch the matches."
- Care plans were person centred, so staff had the relevant information to support people with their choices.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- People and their relative thought staff were competent and supportive. A relative said, "I do think that they know what they are doing whilst looking after [person]. People told us, "I'm looked after very well" and "Yes, I am taken care of."
- Training records confirmed staff had training that reflected the needs of the people they were caring for. For example, diabetes, epilepsy, catheter care and dementia training.
- There were daily handovers with a manager to ensure staff were up to date with information around peoples' needs, and monthly team meetings where staff had the opportunity to share information and good practice with each other. Staff were also supported through regular supervision and told us the managers were approachable if they required any further support.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People were satisfied with the meals they received and confirmed, "It's very good and we are offered a choice", "Yes we get a balanced diet" and "Nothing to complain about the meals."
- Care plans recorded any specific dietary needs, such as the risk of choking or pureed food requirements, and people's food likes and dislikes.
- When required, people's nutritional needs and weight were assessed and monitored for changes.
- People who required assistance or encouragement at mealtimes were supported appropriately by staff who knew people's needs and how to support them.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.

- Records we viewed confirmed the provider worked with other professionals including the mental health nurse, district nurse, dietician and the GP, to help ensure people received effective and timely care.

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

- People were supported to live healthier lives, access healthcare services and support. One person confirmed, "They would always call a doctor if I needed one."
- The registered manager told us they had a good relationship with the care home support team for the local authority. They also had a good working relationship with the GP surgery which they believed led to reduced hospitalisations.
- One health care professional told us, "We are very satisfied with the care and service provision. The [named managers] provide outstanding care and are very involved in the care of all residents."

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

- People's individual needs were met by the adaption, design and decoration of the premises. A relative commented, "The lounge has character, there is a nice garden, and the home has a nice layout."
- Colourful corridors and communal areas were decorated with different pictures to help people to orientate themselves. There were themed walls that included local landmarks in the decor of the home. Communal areas had signs with pictures on them to help people know what was behind a door even if they could not read the sign.
- People's bedrooms were clean and personalised to individual tastes, so they had familiar things around them.
- The garden had ramps and raised flower beds for people to enjoy sitting in or to be involved in gardening.
- Activity boards provided information around arts and crafts, gardening, cooking and outings. Throughout the building there were notice boards that had relevant information on topics such as what to do if someone had a safeguarding concern.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

The provider was working in line with the Mental Capacity Act.

- People, or where appropriate their legal representative, consented to the care and support they received at the home.
- When people had the mental capacity to make decisions about their care, their consent was sought, and they were given the opportunity to make everyday decisions about their care. One relative said, "I know that they do ask [person's] permission before they care for them."
- Where people did not have the mental capacity to make specific decisions, these had been made in their best interests by staff following the best interest process.
- Where necessary, the manager had made applications for DoLS authorisations, so people's freedom was not unlawfully restricted. Any conditions made as part of the authorisations had been met.
- A social care professional commented positively on how the service had supported a Court of Protection

application noting, "The Boyne has consistently demonstrated their competence in managing legal frameworks and ensuring that everything is up to date and available in a timely manner."

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

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

- People were well supported and treated kindly. People and their relatives confirmed this with comments such as, "Yes they are very good at caring for us", "Yes they do everything that they can for us", "The staff are very respectful. [Person] speaks well of the staff" and "Staff seem to have good relations with the residents, they speak to them."
- Interactions between people and staff was positive and indicated staff knew people well. We observed staff were happy to stop and listen to people. For example, we saw one person say to a manager they needed help with something, and the manager responded immediately and cheerily and supported the person to go with him to resolve the issue. We observed another person living with dementia talking while a staff member listened and responded compassionately to the conversation. Another person and staff member were discussing how the person took care of their therapy doll which clearly helped them to actively engage in the conversation.
- Staff completed training in equality and diversity and were aware of people's cultural and religious needs. This was supported through people being able to access their places of worship, food choices and information on various events, such as Pride, being available to people. A relative commented, "This home definitely respects residents with cultural differences. They have asked if [person] needs any special cultural foods."

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

- People were supported to express their views and make decisions about their care. Relatives told us, "They do ask [person for their] opinion, or they message me for advice" and "[Person] can explain what they need and want, and staff understand."
- The registered manager told us this started with an in-depth pre-assessment with people and, if appropriate, their families and previous carers. This was built on to create an up to date care plan which included information about people's choices and preferences so that the staff were aware of these and could support people safely and appropriately.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff addressed people politely by their preferred names. When people were sitting, staff were consistent in dropping down to people's eye level to speak with them.
- We observed people were encouraged to maintain their independence. During lunch we saw staff continually encouraging people to eat and drink without extra support. One staff member sitting beside a

person supported them at their pace, each time gently reminding the person to pick up their spoon and put it in their mouth, which enabled them to eat independently.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained Good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences.
- Staff understood the different needs of people and provided support in a way that met these needs.
- Care plans were written in a person-centred way that included information about people's needs and preferences and how they preferred staff to meet their personal, social and health care needs.
- Care plans were regularly reviewed and relatives told us they were kept appropriately informed about any changes. One relative confirmed, "I do know of [person's] care plan and have been invited to reviews. Mainly if there is a problem."

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 meeting the Accessible Information Standard. People's communication needs were understood and supported.
- Care plans included people's identified communication needs and guidance for staff about how to support people. For example, supporting people to use glasses or hearing aids.
- The registered manager confirmed staff used communication boards, tablets to help translate and some staff spoke the same languages as people using the service. When visiting medical professionals, the provider requested a translator for people to help ensure they were able to communicate effectively.
- Menus and safeguarding information had been translated into different languages which helped to ensure everyone had access to those pieces of information.

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 maintain relationships, follow their interests and take part in activities that were relevant to them.
- The provider employed an activity co-ordinator who arranged a variety of group and individual activities on a daily basis. We observed they had positive energy and enthusiasm when demonstrating the activities to people. During the activities they encouraged and complimented people which led to a good atmosphere and people participating in the activities. A relative confirmed, "They do activities there. They play

dominoes, cards, and many other activities."

- People's friends and family were free to visit as they wished. Relatives told us, "We are always made welcome, and they recognise us when we visit" and "We can visit at any time. We meet with our relative in the social room dedicated for visits. They make us feel welcome."

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- The provider had procedures in place for responding to complaints.
- People and their relatives told us they knew how to make a complaint and felt able to raise concerns.
- The provider kept a record of complaints. We saw these had been investigated, responded to appropriately and improvements made as needed.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death.
- The provider completed end of life care plans to help ensure people's wishes and preferences for care at the end of their lives was known in the event they required this support.
- The staff worked closely with external professionals to monitor people's needs. The registered manager told us as they had a good working relationship with the care home support team and the GP, all deaths were known about in advance and planned for. This meant people being cared for at the end of their lives were supported to be comfortable and pain free.

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 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

- There was a positive and open culture at the service.
- The provider had systems to provide person-centred care that achieved good outcomes for people. Regular audits of the service helped to ensure people's needs were being met.
- People and their relatives indicated they were satisfied with the care provided. Relatives commented, "The way that the staff know the residents without having to look them up in the files make me feel comfortable that the home is well managed" and "They are all hands on, and I would definitely recommend this home. There is nothing to change."
- The registered manager had an open-door policy and a manager was always available to staff and people in the service 24/7. The home was part of a family run business, and it was important to the registered manager it felt like a family home where people and staff were comfortable approaching the managers and confident any issues would be addressed.
- Staff confirmed they felt supported by the managers and told us, "[The registered manager] is very professional and goes by the book. She is very helpful. If you have any issues can go to her. She does listen." People said, "I think they are really on the ball" and "Yes, the manager is good, and I go and see them when I want to. The office is always open." A relative said, "The manager is very business-like. She is mainly visible and easy to deal with. She is approachable and so are the staff."

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 understood their responsibilities under the duty of candour.
- The registered manager was aware of their responsibilities and had systems in place to notify CQC about reportable events and informed other relevant agencies, such as local safeguarding teams when things went wrong.
- The registered manager told us they tried to build open and honest relationships with families. If something goes wrong, they admit it, apologise and learn lessons from what has happened.

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

- The provider had a clear management structure that monitored the quality of care to drive improvements in service delivery.
- There was a clear staff structure with the registered manager and the head of care present and involved in

the day to day running of the service. They worked well together to support people using the service and staff.

- There were systems in place to monitor how care was delivered and address any identified risks.
- People living in the home, their relatives, staff and health and social care professionals were positive about how the service was managed.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- People's protected characteristics such as culture and religion were identified in care and guidance provided for staff about how to meet people's various needs.
- The provider asked people and their relatives for feedback about their views of the service. This included a food survey and a more general resident survey. Resident and relatives' meetings were also undertaken to hear people's views on the service.
- Handovers between shifts were held daily to share any immediate concerns or changes. Team meetings were also held to share information and give staff the opportunity to raise any issues.

Continuous learning and improving care

- The provider had created a learning culture at the service which improved the care people received.
- Checks and audits were completed to help ensure continuous learning to improve service delivery. Checks were undertaken at various times including at night to help the registered manager have a good overall view of service delivery.
- Team meetings and staff supervision gave people the opportunity to reflect on their work and how improvements could be made.
- The service part of a pilot with the local authority to go paperless and implement a system that will allow access to relevant information for other named agencies such as the ambulance service.

Working in partnership with others

- The provider worked in partnership with others. Where appropriate they shared information with other relevant agencies, such as the local authority, for the benefit of people who used the service.
- The service maintained a good working relationship with relatives. One relative said, "The team works well together, and they greet us with a smile. The staff are friendly and approachable."