

Oaktrees Healthcare Ltd

Bonehill Lodge

Inspection report

62 Park Lane
Bonehill
Tamworth
B78 3HZ
Tel: 01827 280275

Date of inspection visit: 28 January 2016
Date of publication: 09/03/2016

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	

Overall summary

This inspection took place on 28 January 2016 and was unannounced. At our last inspection on 9 August 2013 the provider was meeting the legal requirements we looked at.

Bonehill Lodge provides personal care for up to 26 people. There were 26 people living in the home on the day of our inspection.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood their role in protecting people's risk of harm and assessing avoidable risks. There were a sufficient number of suitably recruited staff to provide care to people. People received their prescribed medicines to keep them well as there were processes in place to ensure medicines were administered, recorded and stored correctly.

Summary of findings

Staff were provided with training and support to enhance their skills and knowledge to improve people's care. The provider understood the principles of the Mental Capacity Act 2005 and supported people to make decisions which were in their best interest.

People were supported to eat a meal of their choice in a pleasant sociable environment. People's health and wellbeing was monitored and the support of healthcare professionals was sought whenever specialist advice was required.

People were treated politely by kind and considerate staff who knew them well. Staff ensured that people were supported to maintain their dignity and respected their right to privacy. People were able to stay in touch with people who were important to them as visitors could come to the home at any time.

People's preferences were considered and incorporated in to the plans for their care. There were regular reviews of people's care to ensure it accurately reflected their needs. People had opportunities to socialise together or independently inside and outside of the home.

When people or their relatives raised concerns or complaints there was an investigation followed by a detailed response.

People, their relatives, staff and external professionals were happy with the way the home was managed. The provider took an active interest in the home which they were refurbishing to improve the environment for people.

Summary of findings

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. People were cared for by staff who understood how to protect them from abuse and avoidable risks. There were sufficient numbers of suitably recruited staff to meet people's needs and keep them safe. People received their prescribed medicines at the correct time to keep them well.

Good



Is the service effective?

The service was effective. Staff were supported to gain the skills and knowledge they required to care for people effectively. Staff understood the principles of the Mental Capacity Act 2005 and supported people to make decisions. People were provided with a varied and nutritious diet in a convivial environment. Staff monitored people's health and involved other health care professionals to ensure their needs were met.

Good



Is the service caring?

The service was caring. There was a happy and positive atmosphere in the home. Staff provided kind and compassionate care to people they knew well. People were supported to maintain their privacy and their dignity was promoted by staff. People were able to maintain the relationships which were important to them as visitors were encouraged to visit whenever they wanted to.

Good



Is the service responsive?

The service was responsive. People's care was planned and reviewed regularly to ensure it met their needs and preferences. People were protected from social isolation as they had access to activities both inside and outside of the home. There was a complaints process in place which looked at people's concerns and responded appropriately.

Good



Is the service well-led?

The service was well led. People, their relatives, staff and external health care professionals were given opportunities to share their views on the care and support available in the home. There was an improvement programme in place to update the fabric of the home for people and staff. There were systems in place to monitor the quality and safety of the service.

Good



Bonehill Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 January 2016 and was unannounced. The inspection was undertaken by one inspector with the support of 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service,

what the service does well and improvements they plan to make. We reviewed the PIR and the information we held about the service including statutory notifications the provider sent us when we planned the inspection. A statutory notification is information about important events in the home which the provider is required to send us by law.

We spoke with five people who used the service, two relatives, three members of the care staff, a visiting health care professional, the registered manager and the provider. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service.

We looked at the care records for three people to see if they accurately reflected the care people received. We also looked at two recruitment files and records relating to the management of the home including quality checks, training records and staff rotas.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, “I wasn’t safe at home because I kept falling over but they make sure I’m alright here”. Another person said, “It’s safe alright. They look after you well”. A relative told us, “Yes definitely, I’m confident that they are safe”. Staff told us how they protected people from the risk of abuse. One member of staff told us, “We know people well and would spot if there was something wrong through their body language”. Staff were able to explain the categories of abuse people might be at risk of and the actions they would take. One member of staff said, “I’d report my concerns to the manager. I know they would take the right action”. Staff told us pre-employment checks were completed before they were able to work with people in the home. One member of staff said, “I had to provide references, have an interview and wait for my disclosure and barring [DBS] check to come back before I started”. DBS is a national agency which provides information about previous criminal records. We looked at the recruitment records for two members of staff which confirmed checks were in place. This demonstrated that there was a process in place to check and monitor if staff were of a suitable character to work in a caring environment.

People’s risk of avoidable harm associated with their care had been assessed. We saw that there were assessments in place to identify what support people needed to move around safely. People’s risk of falling had also been assessed to ensure suitable arrangements were in place for them to reduce their risks. We saw that staff sought support from the falls team whenever an increase in a person’s mobility risk was identified.

Some people presented with behaviour which challenged their safety and that of other people living in the home. We saw staff were provided with guidance about the best way to support the person. Staff we spoke with told us how they

supported people to provide them with a consistent approach designed to reduce their anxiety. A visiting health care professional told us, “The staff learn from past experiences. They always check people’s physical health to make sure there isn’t a health reason for the behaviour. The staff are very receptive to our guidance”.

People told us there were adequate staff to care for them. One person said, “There are always staff around when you need them. They look out for you”. Another person said, “The staff are around all day”. We saw that two members of staff sat with people in the communal rooms throughout the day and were available to provide care whenever it was requested.

People received their prescribed medicines at the right time and in the correct way. One person said, “I have medicine and the staff always bring it to me”. We saw that staff sat with people and explained to them what their medicines were for. Staff were kind and patient with people and checked that they didn’t have any pain or discomfort that they needed additional medicine for. Staff told us they had received training in the safe administration of medicines and we saw they had checks in place to ensure the medicines were recorded and stored correctly.

There was an on-going refurbishment programme in place to improve the environment for people. We saw bedrooms and communal areas were being decorated and new carpets had been laid. There were regular health and safety checks in place to ensure all of the equipment staff used to support people was safe and in full working order. People had been assessed to identify what support they would need to leave the building in an emergency. People had personalised emergency evacuations plans in place which were reviewed regularly to ensure their level of mobility was still recorded accurately. We saw that checks were made on all of the fire equipment in the home and staff had regular fire drills to practise their response to emergencies.

Is the service effective?

Our findings

Staff told us they were supported to learn new skills and update their knowledge to ensure they cared for people appropriately. One person said, “They know what they’re doing. They look after you well”. Staff told us that there were good arrangements in place for their training. One member of staff told us, “I’ve had plenty of training since I started here. I enjoy it, I find training interesting”. One member of staff explained to us what they had learnt at their training on caring for people living with dementia. They said, “I realised the importance of talking about people’s past lives. People will often ask for their Mother and this can indicate they feel anxious and need reassurance”. Another member of staff told us, “I was concerned about doing the ‘end of life’ training as I thought it would upset me. I was made to feel really comfortable about doing the training”. Staff told us that everyone working in the home, including the registered manager was completing the new Care Certificate. The Care Certificate is a national training programme which sets out the learning, competencies and standards of care that staff should meet to ensure they provide, safe, effective, compassionate which is responsive to people’s needs. A member of staff who had recently joined the staff told us, “When I first started here I shadowed the experienced staff first. I was able to read everyone’s care plans to learn about them, read the company policies and do my essential training”. There were arrangements in place to support the staff. Staff told us about the opportunities they had to discuss their wellbeing, performance and their personal development during regular supervision sessions and annual appraisals. One member of staff said, “When we have our supervision we can talk about anything we want”.

We heard staff offering people choices and gaining consent from them before providing care, for example where they would like to sit. A member of staff told us, “We encourage people to do as much as they can and make choices for themselves”. One person told us, “The staff are lovely and listen to what you want”. 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. A member of staff said, “If people can’t tell us about their choices we show them what they can choose and watch their faces for a reaction”. We saw that there were assessments in place for people who needed support with decision making. When people were unable to make their own decisions staff recorded decisions made on their behalf, in their best interest.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. Some people who used the service were unable to understand risks to their safety and that they were not safe to go out without support from staff. We saw that appropriate applications and permissions were in place to ensure that people were only deprived of their liberty when it was necessary to protect them from harm.

We saw that people were supported to enjoy a happy and positive mealtime. Whilst people were waiting for their meal there was old time music playing and we heard people singing along and doing the actions to the songs they were singing. People were laughing together and enjoying each other’s company. People told us they could choose what they wanted to eat. One person told us, “There is a choice”. A member of staff told us, “People can have what they want, for example [Name] has said they don’t want the hot choice today so they’re having cheese on toast”. We saw that people were provided with food that looked and smelt appetising and were offered second helpings if they wanted them. People told us they enjoyed their meal. One person said, “The foods good here”. People who specific dietary needs were catered for. Some people needed to have their food liquidised or mashed to make it easier for them to swallow. We saw that staff encouraged people to eat and provided kind and patient assistance to them. People were offered frequent drinks throughout the day to keep them well hydrated and had access to snacks including a choice of fruit to maintain their health and wellbeing.

We saw that people were supported by healthcare professionals whenever they needed additional care. We spoke with a visiting healthcare professional who told us, “The staff are great, very competent. When they ring me I know they’ve got real issues as they learn from past contacts and try to resolve things first”.

Is the service caring?

Our findings

Everyone we spoke with was complimentary about the staff. One person told us, "I've never been so happy. I didn't want to come here but I wouldn't go back to living on my own again". Another person said, "We're nice and comfortable here. It's better to be together than alone. The girls are nice and always looking out for you". A visiting health care professional told us, "This is a lovely home". We saw that staff treated people with kindness and consideration. Staff spoke politely to people and listened to their views with interest. One person said, "They're lovely and they do listen to you". When people were supported to move we heard staff reassuring them. A relative told us, "They're always asking if everything is okay. They are brilliant at everything from lifting [the person who used the service] and looking after them".

People told us the staff created a happy atmosphere for them. One person said, "It's home from home here". Another person told us, "We're laughing all the time". A relative said, "The staff seem so happy, so jolly. There's always laughter here although they are doing what must be a hard job". We saw that there was a good rapport between people and staff and we heard them laughing and joking

together throughout the day. We saw that staff were gentle with people. One person was sleeping in their chair and staff sat with them rubbing their hand and speaking quietly as they woke them to have a drink.

People's right to privacy was recognised and their dignity was promoted by staff. We saw some people went to their bedroom or to a quieter lounge area and staff acknowledged their choice, offering support whenever necessary. People told us staff provided personal support to them in a timely manner. One person told us, "The staff come quickly when I press my buzzer". Another person said, "They are always there to help you when you need it". We saw staff spoke with people quietly and discreetly when enquiring about their personal needs. We saw that they knocked on people's bedroom and bathroom doors before entering. People were supported to maintain their appearance and we saw staff reacted quickly to help people change when their clothing became soiled after they'd eaten.

We saw that visitors were welcomed into the home throughout the day. Relatives told us they could visit whenever they wanted. One relative said, "I come in whenever I want. The staff are doing a sterling job here".

Is the service responsive?

Our findings

We saw that people's care was planned to reflect their choices, likes, dislikes and their preferences. People told us the staff knew them and what was important to them. One person said, "They asked me and my family what sort of things I liked doing before I came here to live". People's care plans included information on their past lives including their work, special relationships and their likes and dislikes. We heard staff addressing people by their preferred name and talking knowledgeably with them about their families. We saw there were regular reviews of people's care to ensure it still met their needs. Relatives told us they were invited to be involved in the care reviews if they wanted to be included. A member of staff told us, "Several relatives came in yesterday to look at the care plans and to make sure they were happy".

People told us they were supported to take part in pastimes and activities, in and outside of the home. One person told us they had recently been on a shopping trip to a department store nearby with a member of staff. Another

person said, "The staff took me to a salon for a beauty treatment. It was lovely. I used to go regularly when I was at home". People told us that the staff helped them to pass their time as they preferred. One person told us, "I'm quite happy just sitting watching what's going on. It's lovely in the summer we can sit in the garden". Another person said, "We had lots going on over Christmas. I do like a sing song". During the afternoon people were visited by an entertainer who led them on an exercise session. We saw that everyone was encouraged to take part and saw that people enjoyed the time they spent exercising their bodies from their chairs and also their minds with a quiz. One person told us, "I like to join in, it's good". We saw staff encouraged people to take part but respected their decision if they didn't want to.

People told us they would speak with the staff or the manager if they were worried about anything. One person said, "I'd have a word with the girls but I have no complaints". We saw when concerns or complaints were received the registered manager or provider investigated the complaint and responded fully within a timely manner.

Is the service well-led?

Our findings

Everyone we spoke with told us the management arrangements at the home were good. People told us they knew who the registered manager was and spoke with her with familiarity. One person pointed the registered manager out and said, “There she is, she’s lovely”. Another person told us, “Everyone who works here is an angel”.

People who used the service, their relatives, staff and health professionals involved with the care of people had the opportunity to share their views on the service. We saw positive responses with everyone remarking on the positive atmosphere in the home. There were also meetings arranged for people and relatives to discuss the care on a more regular basis. We saw at the last meeting for relatives there was information provided about forthcoming events and the recruitment of new staff. The registered manager told us that attendance at the meetings wasn’t always as good as they hoped and therefore a quarterly newsletter was sent to all relatives. Staff told us they felt well supported by the management arrangements in the home.

One member of staff said, “I’d happily go and speak with the manager or the owner [provider]”. Staff said that the provider spent two days a week at the home and they felt empowered to approach them with any queries or concerns they had. One member of staff said, “The provider comes in regularly. He always asks how you are and asks about your family”. There was a refurbishment programme in place as the provider recognised that some upgrading was required. Staff told us that new equipment had been provided and they had seen improvements. One member of staff said, “Anything we need, the provider will get it”. The provider told us, “I’m committed to look after the staff”.

The registered manager had arrangements in place to monitor the quality of the care that was provided and used the results of the audits to drive improvement for people. For example, we saw that staff audited people’s reaction to the activities they provided to monitor the enjoyment they gained from the session. We also saw that an external audit of the medicine processes in the home achieved a high score from the pharmacist.