

# Greensleeves Homes Trust

# Borovere

## 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

Borovere is a residential care home providing personal care to up to 34 people. The service provides support to people aged 65 and over, some of whom are living with dementia. The care home accommodates people in 1 adapted building over 2 floors. At the time of our inspection there were 24 people using the service.

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

People told us they were happy and safe living at Borovere. Relatives told us their relatives felt safe, and the home was clean and well maintained.

We found the provider ensured people were supported safely. There were sufficient numbers of suitable, motivated staff. Recruitment files did not have all the safe recruitment checks at the time of inspection but the provider took immediate action to rectify this.

Processes and procedures were in place to store and administer medicines safely. Relatives told us they did not have any concerns regarding people receiving their medicines safely. We were assured appropriate infection prevention and control measures were in place to protect people against the risk of COVID-19 and other infections.

The service was well-led. The staff team were well supported by the registered manager. People who used the service and staff were involved in how the service was managed. The registered manager had processes in place to monitor and improve the quality of service people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was good (published 12 February 2019).

Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the key questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Borovere on our website at [www.cqc.org.uk](http://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.

# Borovere

## 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

One inspector and an Expert by Experience carried out this inspection.

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

Borovere 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. Borovere 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 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 that 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.

Inspection activity started on 26 April 2023. We visited the service on 26 April and 04 May 2023.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. This included notifications of events providers are required to tell us about, and information from members of the public about their experience of the service.

We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 people and 8 relatives of people who used the service about their experience of the care provided. We spoke with the registered manager and 4 members of staff.

We reviewed a range of records. These included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and policies and procedures were reviewed.

We sought clarification from the registered manager to validate evidence found. We looked at records sent to us by the registered manager.

# 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 who used the service were safe and safeguarded from abuse in the home. When asked if they felt safe, one person told us, "I am happy with how we are treated" and a relative said, "[Relative] feels safe and at home."
- Staff were aware of the risks of abuse and poor care, and what to do if they were to witness or suspect instances of abuse. Staff were confident if they were to raise a concern it would be dealt with appropriately.
- The provider had suitable policies and processes to keep people safe. These included procedures for safeguarding and whistleblowing.

Assessing risk, safety monitoring and management

- The provider had processes to identify, assess and manage risks to people's individual safety and wellbeing. These included risks associated with people's health, falls, skin integrity and medication. One relative told us, "They (staff) did a full body assessment when [relative] arrived. They saw [relative's] feet were in a bad state and acted on it immediately."
- Health and safety checks of the building were completed effectively with documented maintenance records. Maintenance and repairs were carried out by a named staff member at the home.
- Fire risk assessments were completed annually by an external company, with the latest being completed during the inspection. Fire extinguishers had been serviced and fire drills were taking place regularly. People had individual evacuation plans in the event of an emergency where they had to leave the home.
- There was a risk assessment in place for Legionella, a bacteria found in water systems which can cause a potentially fatal infection, which was completed by an external professional. There was ongoing work to replace a temperature valve and pipework. Regular checks were done to ensure this was maintained, however some temperature checks needed to be completed. The registered manager told us they would re-check these temperatures and follow up with maintenance. The provider ensured outlets were flushed and water quality was sampled twice a year.
- The provider assessed and managed risks associated with the environment in which people lived. These included infection control risks during the COVID-19 pandemic.

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. Any conditions related to DoLS authorisations were being met.

#### Staffing and recruitment

- There were sufficient numbers of staff to support people safely and in line with their needs. During the inspection we observed staff were available for people when needed. One relative said, "There always seem to be enough staff about."
- The provider had safe recruitment processes and policy in place. Disclosure and Barring Service (DBS) checks were completed before staff started employment with the provider. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Some recruitment files did not have all the required information at the time of inspection, but the registered manager took immediate action to rectify this.
- Staff had suitable training as part of their induction. This was regularly updated to ensure staff had the required knowledge to perform their job roles. The provider had a separate building on site for training which helped staff to concentrate on their training without distraction from the main home.

#### Using medicines safely

- People received their medicines safely and in line with their prescription. The provider used an electronic system for administering medication. Paper copies of the medication administration records were still available as a backup in case the electronic system was unavailable.
- Staff who administered medicines had appropriate training and their competency was checked. Medicines records were complete and up to date. We observed staff administering medication appropriately and safely. Staff we spoke to knew the medication needs of the people they supported well.
- Staff managed and stored people's medicines safely and securely. There were appropriate guidance and protocols, including for medicines to be taken "as required". Checks of stocks of controlled drugs were completed on every shift. One relative told us, "I am sure that whatever [relative] needs [relative] would get in a safe and regular way."

#### Preventing and controlling infection

- The provider managed the control and prevention of infection in line with government guidance, including regular audits in the home. Processes and procedures were updated in line with COVID-19 requirements.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- The provider allowed visits to the care home in line with government guidance. There were rooms available with outside access so visits could take place whilst reducing the risk of infection to people in the



rest of the home. When it was not possible for relatives to visit, people were supported to keep in touch via video and phone calls.

#### Learning lessons when things go wrong

- Staff understood the need to report accidents and incidents. The reports were followed up by the registered manager to identify any learning to improve people's care and support. This included analysis of falls to better understand and reduce the risks to people.

# 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. 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.

### Continuous learning and improving care

- The registered manager and provider carried out audits of various elements of the service. These audits helped to identify areas needing further action. For example, audits relating to maintenance had identified where work still needed to be done. Audits were also used to identify trends and these could be discussed as focus topics with staff.
- The provider had good oversight of the registered manager's work through their provider audits which highlighted areas for improvement. The registered manager had a quality improvement action plan to work through with any actions not completed from the last audit prioritised with appropriate dates. The provider gave regular updates to the registered manager. There were meetings with other managers and support was available from the provider's human resources and quality departments as needed.
- The registered manager kept up to date with current guidance and standards through local professional forums, online resources and the provider's line manager calls.
- The registered manager analysed incidents on a separate system. This was used to decide if others needed to be involved such as GPs or the falls team. Trend analysis was also completed on incidents to see if there was anything of high risk needing to have action taken.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives we spoke with were happy about the culture in the home. One relative said, "It is a fun and jovial home. Everybody is comfortable, well-attended, clean, and happy. We would recommend it." Relatives said the registered manager was accessible and they had no complaints about them. One relative told us, "[Registered manager] is pleasant and she is always willing to chat over any small problems with us."
- The registered manager worked closely with people and staff to create a friendly, open and comfortable atmosphere in the home. The provider had brought in a coach to give guidance to the registered manager to be better able to support staff if they did not feel supported. Staff were supported to deliver high quality care leading to good outcomes for people. One staff said, "I enjoy working here."

### 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 registered manager was aware of the need to be honest and transparent in the event of certain notifiable events. The registered manager had good relationships with people's relatives.

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

#### regulatory requirements

- Staff were clear about their roles, people's risk assessments and how to report issues. One staff member told us they would feel comfortable reporting any issues to the registered manager if they had concerns.
- There was a system of regular checks and audits to monitor the quality of service provided. The registered manager recorded the regular checks they carried out. This included reviews to ensure people's care continued to meet their needs.
- The manager was aware of reporting requirements to CQC and other organisations. These included making regular updates on the NHS capacity tracker, which enables providers to share critical information.

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

- The provider involved people who used the service and their families to express their views. Residents' and relatives' meetings were not as regular as the registered manager would like although those which took place were felt to be worthwhile. One person told us, "I always speak up and tell the staff what I want". A relative told us, "There have been two relatives' consultations, you do feel involved. It was at the end of summer. Our feedback was invited." The registered manager planned to have residents' and relative's meetings more often, booking a meeting this month.
- The registered manager sent out surveys to seek feedback from relatives, staff, and professionals. These had highlighted the need for an improved use of outside space. The provider had undertaken work in the grounds to do this with the registered manager looking forward to warmer weather so people could enjoy going outside.
- Staff told us they felt engaged and involved. There were regular staff meetings at different levels where staff could feedback to management about the home.
- Staff were supported through supervisions. Supervisions are opportunities for two-way conversations. The registered manager had worked to improve the supervision process following staff feedback to make sure staff felt supported.

#### Working in partnership with others

- The provider was open and transparent when working with other agencies and healthcare professionals to deliver joined-up care for people. They had a good working relationship with GPs, the multi-disciplinary team, and district nurses to maintain people's health. The registered manager had made sure people were getting regular medication reviews to ensure they were getting the appropriate medication.
- The home had also received good support from the local NHS integrated care board (ICB) and with their support had implemented RESTORE2 which the registered manager said was working well. RESTORE2 is a physical deterioration and escalation tool for care/nursing homes designed to support homes and health professionals to recognise when a resident may be deteriorating or at risk of physical deterioration and take appropriate action.