

Scimitar Care Hotels plc

# Bullsmoor Lodge

## 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

We inspected this service on 26 November 2018. The inspection was unannounced. Bullsmoor Lodge is a care home registered for a maximum of 48 older people, many of whom are living with dementia. On the day of the inspection, the home was fully occupied. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection on 2 April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People told us they felt safe. Sufficient staff were employed. Staff were safely recruited. Risks to people's health were assessed and understood.

The home sought treatment and advice from specialist health and social care professionals, where needed, to ensure people received safe care that met their needs. Medicines were stored and administered safely.

Staff had received regular training, supervision and an annual appraisal to support them to provide effective care. People had choice around what they ate and were supported to maintain good health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

We observed kind and caring interactions between people and staff. People living in the home and their relatives praised the caring nature of the care staff and registered manager. People were supported to increase their independence. People were involved in planning their care.

Care plans were person centred, detailed and updated as and when people's care needs changed. People were supported to lead active and fulfilling lives. Systems were in place to manage complaints.

People and relatives told us they were happy with the overall service at Bullsmoor Lodge. Quality assurance processes were in place to monitor the quality of care delivered. The registered manager worked in partnership with external health and social care professionals to ensure people's health and social care needs were met.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Bullsmoor 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 26 November 2018 and was unannounced. The inspection was carried out by one adult social care inspector, a specialist advisor in nursing care, an assistant inspector and two experts 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. One expert by experience attended the inspection and spoke with people and visitors. The second expert by experience spoke with relatives by telephone after the inspection.

Before the inspection we reviewed the information we held about the service such as statutory notifications and safeguarding alerts. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We also reviewed the provider information return (PIR). A PIR 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.

During the inspection we spoke with nine people who used the service and 13 people's relatives. We spoke with the registered manager, area manager, deputy manager, the chef and six care staff.

We looked at documents and records that related to people's care and the management of the service. We looked at six people's care records which included care plans, risk assessments, and medicine administration records. We reviewed nine staff recruitment files and 16 staff supervision records. We looked at other documents held at the care service such as health and safety audits, training records and quality assurance records.

We received feedback from two health professionals who regularly visited the service.

# Is the service safe?

## Our findings

People told us they felt safe living at Bullsmoor Lodge. Feedback included, "I feel very secure. I have never felt unsafe", "I definitely feel safe. It's the way it is run. I get support from everyone. The staff are very good" and "I feel safe because it is like being at home." A relative told us, "My mother is definitely safe. I have never had any doubts about that." There were systems and processes in place to safeguard people. Staff understood how to safeguard vulnerable adults and could explain what actions they would take if they had any concerns. The registered manager had made appropriate referrals to the local authority and CQC and learnt from outcomes of any safeguarding concerns, such as installing a keypad system on the front door to reduce the risk of people going missing.

Risks to people's personal safety had been assessed and plans were in place to minimise risk. Risk assessments were personalised to their needs, gave guidance to staff about the nature of the risk and the steps that could be taken to minimise or mitigate the risk to ensure people's safety. Risk assessments were reviewed on a regular basis and modified if a person's needs had changed. Assessed risks included pressure ulcer care, malnutrition and hydration, falls and the risks associated with people's health conditions such as diabetes, osteoporosis and cellulitis. We observed staff carefully help people as they moved around the home. Staff appeared to have a good understanding of the individual capabilities of people and were quick to react if they saw an individual was at risk, or needed assistance.

Medicines were managed safely and people received their medicines as prescribed. We checked medicines stocks. Medicines administration records (MAR) had been completed and signed with no omissions in recording. We saw that codes had been used appropriately and reasons explained when medicines had not been administered. Medicines were stored safely in a locked cabinet. We identified that guidance for staff on how to administer 'as needed' (PRN) medicines was not always contained in the person's medicines folder. PRN medicines are prescribed for people to take only when needed, for example, pain relief or relieving instances of anxiety. Information was sometimes contained in people's care plans which was not always accessible to staff administering medicines. We fed this back to the deputy manager who began to ensure completed PRN protocols were stored with people's medicines documentation. Regular audits of medicines were carried on a weekly and monthly basis.

Staff recruitment was safe. Appropriate criminal checks and references were completed prior to staff starting work. This meant staff were considered safe to work with vulnerable people.

We saw that there were enough staff to meet people's needs. Feedback from people and relatives was positive and included, "There always seems to be staff on hand. Everything in general seems very good" and "It's always well-staffed. I've never seen any staff who didn't want to do their job."

We identified that staff deployment at mealtimes was not always effective and may have put people at risk of unsafe care. We found that staff were not present on the floors of the home where some people remained in their bedrooms to eat their meals. In one instance, on an unattended floor, we saw that a person's call bell was placed out of reach by the addition of their meal tray to their table. This placed the person at risk of

being unable to summon assistance if required. We saw that some staff took their breaks at mealtimes which reduced the number of staff available to assist people. We discussed our concerns with the registered manager who advised that they would review staffing at mealtimes.

The home was clean and well maintained on the day we visited. There were no malodours noted at the home. We observed staff use gloves and aprons as appropriate, which reduced the risk of spread of infection. There were records of recent maintenance checks including gas, fire, water and electrical safety.

Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from, where necessary.

## Is the service effective?

### Our findings

We asked people and their relatives if staff had the skills to care for them or their friend or relative. Feedback was positive and included, "They are most definitely trained well; they've got a lot of senior staff" and "The staff are excellent. They are very well trained." Staff told us that they received regular mandatory training and could request additional training if required. Records confirmed that training was readily available in areas such as moving and handling, infection control, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), advanced dementia, medicines and fire safety.

New staff received an induction of shadowing and training before working with people alone. They were also undertaking the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Staff received regular supervision and an annual appraisal. Staff told us they felt supported in their role. Staff also had their competencies assessed to ensure that they were safe to handle medicines and transfer people.

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.

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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. The service was compliant in this regard. Staff understood the importance of getting consent before providing care.

People told us they enjoyed the food and were offered choices. Feedback included, "The food is good. I have no complaints" and "The food looks very nice actually. You get a choice every day and if you want to change your mind at the last minute it's no problem." Care plans and risk assessments detailed the support people required with eating and drinking. For example, one person's care record detailed that their diabetes was well managed without medicines because of adhering to a low sugar diet. A relative told us, "My relative] is back to a normal weight."

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. People had access to a GP, optician, dentist and community nursing team. A relative told us, "Whenever a doctor is needed they get one quicker than I ever could." Routine health appointments such as diabetes eyesight monitoring were maintained. Care plans detailed records of appointments with health and care professionals. We also saw evidence that following appointments,

people's care plans were updated accordingly. A health professional told us of a positive working relationship where the service was prompt to raise concerns but was also proactive at managing people's health conditions in the service reducing the need for hospital admissions.

Staff and management communicated daily regarding people's scheduled activities and health appointments which was documented in a daily handover.

Prior to coming to the service, the person's needs were assessed to ensure that their care needs could be met by the service. The information obtained in the pre-assessment was then formulated into a care plan which is elaborated further in the responsive section of this report.

The accommodation was designed and adapted to meet people's needs and expectations. There was sufficient communal space to enable people to move about in safety and comfort. People had their own bedrooms that were decorated to their personal tastes. Lifts made all floors accessible and people could access the garden which was spacious and contained seating areas.

## Is the service caring?

### Our findings

We received overwhelmingly positive feedback from people and relatives regarding the caring and supportive nature of staff at Bullsmoor Lodge. Feedback from people using the service included, "They are very kind. We have a laugh. You could not get any better. I have loved it ever since I have been here", "It is very good compared to what I imagined when I agreed to come here. If you ever need anybody, they are always here." Relatives told us, "He's settled in really well. I didn't think he would. They understand his frame of mind; how he likes to be spoken to. The staff are very friendly and really happy. They do care" and "They are very caring here. I am quite happy. I am sure she is happy too. Even if she is not coherent, the staff still converse with her, they never give up and they still carry on chatting. I could not wish for her to be in any other place. She is very happy."

We observed kind and caring interactions between staff and people who used the service. Staff took time to chat to people and we saw many instances of informal jovial conversations between staff and people. A relative told us that their loved one responded well to certain staff when they were upset. We observed that staff reassured this person when they were upset and their preferred staff member came to talk to the person and reassure them. People were treated with dignity and respect.

People told us that they were supported to improve and maintain their independence. Feedback from people included, "They encourage me to be as independent as possible. I manage my own medication" and "I do quite a lot of things for myself. They do help me to be independent." We observed a person assist staff with sweeping floors and setting tables for mealtimes. Staff told us that the person did these tasks due to their previous occupation. The staff member told us that they planned to present the person with flowers as a thank you for their assistance. We also saw that people were supported by staff to maintain their independence with managing their continence, ensuring people were supported to access toilets in a dignified and timely manner throughout the day.

People and relatives told us they were involved in care planning and felt involved in how they liked their care delivered. A relative told us, "[The manager] gave me a copy of the care plan. Care plans detailed people's communication abilities and preferences, for example, whether people had a hearing or visual impairment and how staff should communicate with that person effectively.

Care plans also detailed people's cultural and religious preferences. People were supported to practice their faith should they choose to do so. We observed during the inspection a staff member communicate with a person in a language they were both fluent in.

## Is the service responsive?

### Our findings

People and relatives told us they and their relative received care which was responsive to their physical and social needs. Relative's told us, "Excellent. Couldn't get better. [Person] is incontinent and you never find them wet. They are always dry and clean and no rashes." A second relative told us that their bedbound family member, "has not had a bedsore in two and a half years. Absolutely nothing. They check her every half hour. We have never had any doubts about the quality of care."

Comprehensive and person-centred care plans were in place for people which detailed their care needs and preferences in areas such as communication, personal care, mobility, eating and drinking and activities. Where a person was living with dementia, their care plan clearly detailed how the condition affected their day to day living and what support they needed when the person became anxious or upset. Care plans were reviewed on a regular basis and relatives told us they had regular meetings with the home management team to discuss changes to care needs.

People and relatives were positive about the variety of activities on offer at Bullsmoor Lodge. Feedback from people included, "There are lots of activities" and "There are lots of activities. I find it really enjoyable." A relative told us, "They read newspapers to them, play games and have questions about current affairs." Day trips to the seaside and seasonal activities such as summer barbeques took place regularly. External entertainers visited on a regular basis and a relative told of an occasion where a musician performed to their relative in their bedroom when they were particularly unwell. The relative told us it was very much appreciated at the time.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had spoken with people and drawn up a plan setting out the care they would like before, during and after their death. Staff worked with professionals to ensure that people had access to timely end of life medicines. The registered manager told us of their plans to form a 'Friends of Bullsmoor Lodge' group to support relatives to remain in contact and involved with activities and initiatives at the home after the passing of their loved one.

People and relatives told us they felt confident about raising concerns or complaints regarding the service and felt that any concerns raised would be resolved. A person told us, "Straightaway something was done about it. I was very satisfied with the way the manager addressed my concerns". Complaints were logged, investigated and responded to. Complaints were monitored monthly and analysed for trends.

## Is the service well-led?

### Our findings

There was a registered manager at the service. 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.

People told us they were happy living at Bullsmoor Lodge and found the management team accessible and responsive. Feedback included, "The management is very good. They are excellent. If I had to be anywhere, I would choose to come here" and "The standards are good and it is a nice atmosphere." Relatives praised the welcoming and inclusive atmosphere at the home. Feedback included, "I have a very good relationship with [the manager]. She always has time for me. If she thinks something is bothering me she's always got time for me" and "This place is like an extended family to us. The staff look after us as well!"

Our observations confirmed the feedback received. We observed the management team interact with people and relatives and as both the registered manager and deputy managers office were located near the main entrance, people and visitors were observed popping in to say hello and have informal discussions.

Staff spoke positively of working at the home and the support they received. Staff told us that the best thing about the home were the people, the homely feel, a nice place to work, everyone gets on okay, not institutionalised and a caring environment and clean environment. One staff member told us working at Bullsmoor Lodge was, "like a second home." The registered manager told us, "This is the residents home. We are lucky to work here. It's always about this being the residents home."

Regular auditing and monitoring of the quality of care was taking place. Quality checks included weekly medicines audits, unannounced night checks, health and safety checks, monthly care plan and risk assessment reviews and regular supervisions with staff. In addition, the local placing authority had carried out a recent quality monitoring visit and minor areas identified for improvement had been addressed.

There were arrangements in place for people, relatives and healthcare professionals to provide feedback. A questionnaire was sent to people, relatives and professionals in February 2018. We saw that the results were positive. Relatives and visitors also left feedback regarding the service online which was acknowledged by a member of the providers management team.

Staff confirmed they attended regular staff meetings and told us they felt able to raise any issues or concerns. Residents and families' meetings took place on a regular basis and topics such as décor, menu and activities were discussed.

The service worked in partnership with health and social care professionals to ensure that people's health needs were met and reviewed on a regular basis. A health professional told us, "Staff that visit say great things about the environment, management and staff."