

Boroughbridge Manor Limited

Boroughbridge Manor and Lodge Care Home

Inspection report

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Boroughbridge
North Yorkshire
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Boroughbridge Manor and Lodge Care Home is a care home providing personal care to up to 77 people. This includes people living with dementia and those with a physical disability. At the time of this inspection, 63 people were living at the service. The home is purpose built, set over three floors, and is in Boroughbridge, North Yorkshire.

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

Risks to people's health and safety were periodically assessed. However, care plans were not always kept up to date with the latest information on people's needs. Care plans were not always subject to meaningful review and evaluation to promote high quality outcomes.

Overall, people and relatives told us that they received good quality care. However, we found inconsistencies in the quality of care and some people living with dementia did not always receive person-centred care and support.

Systems were in place to assess and monitor the service but were not always effective in ensuring a high quality service.

Medicines were managed in a safe way. Safeguarding procedures were in place, and we saw evidence they were followed to keep people safe. However, some staff told us they did not feel able to raise issues with the registered manager. We made a recommendation about exploring the reasons some staff did not feel able to speak up.

There were enough staff to ensure people received a basic level of care although staff were busy and had little time to support high quality person-centred care. We made a recommendation for the provider to review staffing levels in the home.

Recruitment procedures were in place although there was a lack of oversight of recruitment records to ensure the appropriate practices were consistently followed.

People said they enjoyed the food and drink in the home. We found nutritional screening tools were not always used appropriately. We made a recommendation about ensuring these are effectively used.

People and relatives told us they felt involved and consulted in how the home was run. Staff provided mixed feedback about the service; some staff told us they did not feel supported by the management team. Audits and checks took place, although some of these needed to be more robust to help ensure a consistent, high-quality service.

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.

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 (November 2022).

Why we inspected

The inspection was prompted in part due to concerns received about risk management. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective, and well led only. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'All inspection reports and timeline' link for Boroughbridge Manor and Lodge on our website at www.cqc.org.uk.

Enforcement and Recommendations

At this inspection we found breaches of regulation relating to good governance and person-centred care. We made recommendations relating to staffing levels, using nutritional screening tools effectively and ensuring barriers to staff speaking up were explored.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Boroughbridge Manor and Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Boroughbridge Manor and Lodge 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. Boroughbridge Manor and Lodge 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

This inspection was unannounced on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service and 5 relatives to ask them for their views on the care they were receiving. We spoke with 13 members of staff including the managing director, registered manager, senior care workers, care workers and ancillary staff. We observed care in the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed aspects of 7 people's care records and other records relating to the management of the service such as training records and audits.

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 changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- Risks to people's health and safety were periodically assessed but care plans were not always updated regularly with the latest information on how to keep people safe.
- Care plans were not always updated with risk prevention measures following incidents including emotional reactions, falls and skin damage. There was no meaningful monthly review and evaluation of care plans to robustly evaluate the risks to each individual and whether the care plan was effective in keeping people safe.
- Action had not been taken in a timely way to address known risks to the premises identified on an electrical safety report undertaken in August 2023.

We found no evidence people had been harmed, however, systems to manage and mitigate risk within the service were not sufficiently robust. This is a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us they thought the home kept people safe. One person said, "Yes, I feel safe. They do the things I need to help me." People told us, they were happy with the level of care and that staff usually followed safe plans of care.
- People were supported to stay safe when they developed skin integrity issues by staff working with health professionals and ensuring regular pressure relief in line with care plans.
- However, we observed some occasions where staff should have been more vigilant to risk. For example, one person was mobilising without their Zimmer frame in sight of staff, but no action was taken to intervene. We raised this with the registered manager so it could be addressed.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in safeguarding and understood how to identify and act on allegations of abuse. However, some staff told us they didn't always feel able to raise issues with the registered manager or felt issues they raised were not always acted on. This was a barrier to a fully open and transparent culture within the service.

We recommend the provider takes action to ensure staff feel empowered to speak up and barriers to speaking up are fully explored.

- People told us they felt safe and comfortable in the presence of staff. One person said, "I do feel very safe. They are very kind and nice to me." A relative said, "Yes, I think he is safe here. I wouldn't leave him here, if I

thought there was a problem."

- We saw evidence of appropriate action taken to identify and report safeguarding incidents including referring to the local authority and CQC. Analysis took place each month to look for any trends or themes.

Staffing and recruitment

- There were enough staff to ensure people's basic care needs were met, but staff did not have the time to spend quality time with people.
- Staff responded to people's immediate or urgent need for assistance, but interactions were very task based, which led to some people becoming unsettled or withdrawn. Staff did not always have the time to comfort people and ensure high quality person-centred care.
- People provided mixed feedback about staffing levels. One person said "They come quite quickly when you ring the buzzer. You have to wait a bit, it depends what time. You have to wait at lunch and teatime, so I don't ring. They are a bit slow, but I am fine. They could do with more, there are lots of different staff." Another person said, "Yes, generally (there are enough staff), some days they could do with more. Generally, the staff are the same ones. There can be one or two agency ones."

We recommend the service reviews staffing levels within the home to ensure they promote high quality person-centred care.

- The provider had a staffing dependency tool which showed the home to be overstaffed with staffing levels increased in recent months. Rotas showed a consistent level of staff on duty with shortfalls in regular staff made up by agency. Staff provided mixed feedback about staffing levels, most staff said there were enough to meet basic care needs but that they didn't always have as much time to spend with people as they would like.
- Safe recruitment procedures were in place. However, we found some instances where they were not fully followed. For example, references had not always been sought from an appropriately senior individual and start and end dates of employment were not always fully recorded. We raised this with the registered manager to ensure it was addressed.

Using medicines safely

- Medicines were managed in a safe and appropriate way.
- Staff had received training in medicines management and their competency to give medicines was assessed. Staff we spoke with were knowledgeable about the medicines system in the home and told us they had the time and space to give medicines safely.
- Medicine Administration Records (MARs) were generally well completed, and all medicines could be accounted for. Regular checks and audits took place on the medicines management system to ensure it was safe.
- Where people were prescribed "as required" medicines, protocols were in place to support their use. We concluded these were being used safely and appropriately by the service.
- Medicines were stored safely and securely.

Preventing and controlling infection

- Infection prevention and control procedures were in place and followed by staff.
- People and relatives told us staff kept the home clean.
- We observed the home and equipment to be kept in a clean and hygienic state. Staff were observed to be following safe infection prevention practices.
- Cleaning schedules were in place and regular audits of cleanliness took place.

Visiting in care homes

- There were no restrictions on visiting the service in line with government guidance.

Learning lessons when things go wrong

- A system was in place to record, investigate and analyse incidents. However, some incident reports did not contain sufficient detail of the facts of the incident to help investigate the cause and prevent a re-occurrence. For example, when people had fallen it was not always clear whether they had been mobilising with the aids specified in their care plans.
- The registered manager acknowledged there had been a high number of falls and unexplained bruising in Autumn 2023 and had discussed this with staff and further training provided. We saw the number of these incidents had started to reduce through December and January 2024.

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 requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans did not always demonstrate people's needs had been fully assessed. For example, nutritional, communication and behavioural care plans did not always contain sufficient detail to aid staff in providing person-centred care. One person's care plan stated they were at risk of emotional reactions particularly when providing personal care. However, their behavioural, communication and personal hygiene plans did not contain sufficient detail on how staff should meet their needs and they had not been properly updated and evaluated.
- We observed staff did not always provide appropriate support to people living with dementia. For example, staff told people who became distressed on a number of occasions to 'sit down', rather than taking the time to understand and meet their individual needs. We raised this with the manager who told us that staff were in the process of receiving more dementia care training.
- Staff were not always aware of people's histories, their likes and strategies to reduce emotional reactions.

People's needs were not always fully assessed or met, and care was not always person-centred. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014

- Overall, people and relatives provided positive feedback about the service. One person said, "I think it's very good here. I wouldn't change anything." Another person said, "We are very happy with it. I can't think of anything that can change."

Staff support: induction, training, skills and experience

- Staff received a range of training and regular supervision and induction.
- Overall, people and relatives said the staff had the right skills to care for them. One person said, "They seem to know what they are doing." Another person said, "Yes I am getting what I need (from staff)".
- Training records showed staff received a range of training and it was kept up to date. Additional training was in the process of being provided to staff in dementia care and falls prevention.
- Most staff told us they felt well supported by the management team, but this was not universally the case, as some staff felt they could not always confide in the registered manager. We raised this with the provider so it could be addressed.
- Staff received regular supervision and annual appraisal.

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

- The home was using the Malnutrition Universal Screening Tool (MUST). However, this was not always

being used correctly by staff. We saw instances where referrals had been made to health professionals and rejected because the MUST tool had not been followed. Where small amounts of weight loss were identified, care plans were not always updated to evaluate the loss and put additional strategies in place.

We recommend the service takes action to ensure staff to know how to follow nutritional screening guidance.

- People were supported to eat and drink enough.
- People provided good feedback about the food. One person said, "The food is very nice, it is excellent. There is a nice atmosphere, and it is well organised. It has definitely improved." Another person said, "There is a very good choice. It is very nice. I like most things, I like my food here."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked appropriately with other agencies to support the provision of appropriate healthcare.
- People and relatives praised the service and said it met healthcare needs.
- We saw information from healthcare professionals was recorded in care plans to aid in the co-ordination of appropriate care. We saw evidence interventions had been successful in aiding pressure wounds to heal.
- Health passports were in place to support the transfer of key information between the care home and hospital, should someone be admitted to hospital.

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

At the last inspection we made a recommendation that the provider should consult best practice guidance around the design and décor of the dementia unit to ensure it was dementia friendly.

- At this inspection, we found some improvements had been made. Some adaptations had been made to ensure the building was dementia friendly and signage and contrasting colours were in place.
- However, many of the corridors looked very similar and there was a lack of points of interest or landmarks to help people find their way. The provider told us they were currently reviewing the colour schemes in the corridors as well as planning to add points of interest to further improve the environment.
- The service was clean and tidy with appropriate space and facilities to ensure people were comfortable.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was acting within the legal framework with appropriate DoLS applications being made in a timely manner. There was appropriate oversight of DoLS by the registered manager.
- People's capacity was assessed, and the principals of the MCA followed in supporting them to make decisions relating to their care and support. Where appropriate we saw examples of mental capacity assessments and best interest decisions being in place.

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 changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Records relating to the service were not always accurate or up to date. Care plans were often written several months ago and when people's needs had changed, care plans had not always been updated. For example, one person's care records said that staff needed to record their bowel movements, but staff told us this was no longer the case. Care plans for falls had not been updated to evaluate monthly falls and whether strategies were successful.
- Where care plan reviews took place there was limited information recorded on whether people's needs were being met.
- Some daily care entries did not always provide evidence people had received regular personal care such as showers.
- Systems to assess, monitor and improve the service were not sufficiently robust. The provider should have operated systems to ensure high quality care plans and meaningful reviews took place.
- There was a lack of robust check of recruitment records to ensure staff had been consistently recruited safely.
- Verbal concerns raised by staff and people who used the service were not always recorded. This meant it was unclear whether action had been taken to investigate these concerns. Some staff told us that issues they raised with the registered manager had not been addressed.

Records were not always present or complete and systems to assess, monitor and improve the service were not sufficiently robust. This was a breach of Regulation 17 (1) of the Health and Social Care Act (2008) Regulated Activities 2014 regulations.

- A range of audits and checks took place by the management team. Senior management had oversight of the audits which took place within the home.

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

- Overall, people provided positive feedback about the quality of care. People and relatives said they could go to the manager if they needed to. One person said, "Yes, he is in his office, have spoken to him. He is easy to speak to. I feel all the time, if you talk to him, he gets things done."
- Staff provided mixed feedback about the service. Most staff said they were happy, but a few staff had said they did not feel able to raise concerns with the manager. We raised this with the provider so it could be

addressed.

- We saw some positive observations within the service where people were provided with good person-centred care and meaningful activities and social needs. However, this approach was inconsistent. Whilst there was a range of activities going on within the home, on the top floor where people had more advanced dementia, staff were not always meeting people's social or emotional needs.

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 manager understood their responsibilities under the duty of candour legislation. The provider had systems to identify whether incidents met the duty of candour threshold.

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

- People and relatives said they felt involved and consulted about the service.
- People's and relatives views were sought through reviews, resident meetings, and surveys, although there was often limited information recorded at review meetings on people's needs.
- Staff meetings were regularly held. We saw a range of quality issues were discussed with staff to improve performance.

Working in partnership with others

- The service worked closely with the local community. For example, a local nursery visited the service to provide activity and interaction for people who used the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care (1) People's needs were not always fully assessed or met.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1) Systems to assess, monitor and improve the service were not sufficiently robust. Systems to assess and mitigate risk were not sufficiently robust. Records relating to people's care and the management of the service were not always accurate or complete.