

Mrs Eleni Panayi

# Bolters Corner Nursing Home

## Inspection report

Bolters Lane  
Banstead  
Surrey  
SM7 2AB

Tel: 01737361409

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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 expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability.

### About the service

Bolters Corner Nursing Home is a residential care home providing personal and nursing care to 32 people at the time of the inspection. The service can support up to 35 people.

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

**Right Support:** People's independence was encouraged by staff and the culture of the home. 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. People received support with their nutrition and hydration and enjoyed the wide range of activities the home provided.

**Right Care:** People received care that was person-centred and in line with their preferences, likes and dislikes. Staff respected people's dignity and privacy and treated people with kindness. Staff also knew people's individual risks and how to manage these to ensure people received safe care. People were supported with their medicines when they needed them and staff had received correct training to safely carry out their roles.

**Right Culture:** There were clear quality assurance processes that were followed. These ensured staff continued to maintain a high level of care. People, staff and relatives felt involved in the running of the home and the management team strived for people to feel included and empowered in their everyday lives. The provider worked very well with all health and social care professionals, we saw examples of impressive partnership working that had positive results on people's health and wellbeing.

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 requires improvement (published 25 April 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### 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.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Bolters Corner Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

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

This inspection was completed by three inspectors.

#### Service and service type

Bolters Corner Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bolters Corner Nursing Home is a care home with 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.

### 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 5 people who used the service and 2 relatives about their experience of the care provided. We also observed interactions between staff and a number of other people who used the service. We spoke with 11 members of staff including the registered manager, registered nurses, senior care workers, care workers, chef, activities lead. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with a health professional that works with the home and three social care professionals.

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

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were always stored and managed in a safe way, and ongoing risks to people and how staff were mitigating them were not always appropriately recorded. robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People and relatives told us staff supported them well with their medicines. One relative said, "They (staff) are brilliant (with medicine administration), I have no concerns. They are always reviewing the medicines with the GP as well so [person] is not on medicine unnecessarily."
- Since the last inspection the provider had introduced a fully integrated medicine recording online system. This ensured medicine errors were minimised and staff were unable to administer the incorrect dose without an alert generating on the system that would go to the registered manager to investigate.
- We saw 'as and when' medicines protocols were in place. This ensured there was advice for staff to follow and guidance detailing when these were appropriate to administer.
- People who were receiving medicine covertly were supported appropriately. This advice and guidance had also been reviewed by the pharmacist to ensure it remained suitable for the person.
- Since the last inspection the registered manager had ensured every person had a personal emergency evacuation plan (PEEP). This ensured that if there was an emergency, emergency services would know people's individual mobility needs and be able to safely support them out of the home.
- A new online care planning system had been fully integrated into the home. Each care plan had been thoughtfully reviewed and details around risks were evident throughout care plans. These assessments offered advice and guidance for staff.
- We saw individual risk assessments had been completed for people with advice for staff on how to support people when they were frustrated or anxious. We also saw 'grab sheets' which detailed people's support needs, this was to ensure if the person was taken to hospital staff would ensure the 'grab sheet' was taken with the person so there was no breakdown of communication if different anxieties became apparent during hospital stays. This also ensured continuity of how the person would be treated as safely as possible, whilst managing different heightened anxieties or frustrations.
- There was clear recording of accidents and incidents and what action the registered manager had taken to minimise the risk. We could see people had sensor mats to reduce falls and medical advice had been

sought to try to reduce or minimise health conditions.

## Staffing and recruitment

At our last inspection we recommended the provider gathered full employment history, and recruitment checks were thorough for any newly employed staff. The provider had made improvements.

- We saw that the registered manager had followed safe recruitment processes. There were full work history checks, interview details, reference checks. They also completed checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and relatives told us there were enough staff to meet their needs. One person said, "There are a lot of staff here. I think it's adequate." A family member told us, "There are always staff available. I have never seen them (staff) rushed or appear short staffed ever."
- During our observations staff did not appear to be rushed. People that required one to one support were always with a member of staff and the staffing team as a whole appeared relaxed.

## Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt the home was a safe place to live. One person said, "I feel very safe here." A relative told us, "I honestly can't fault the care. They (staff) keep him so safe."
- Staff received regular safeguarding training. When we asked staff about safeguarding, they were knowledgeable in how to report any safeguarding concerns.
- There was a safeguarding policy in place. This was available for all staff if they ever needed to refer to it for guidance or advice. We saw from records the correct procedure had been followed when staff had noticed any safeguarding concerns.

## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

## Visiting in care homes

- The care homes approach for visitors was in line with current government guidance. People and their relatives were positive about their experience of visiting and being able to see their families throughout the pandemic. One relative commented, "We had to complete tests when it was in line with the rules. They are always very vigilant and have been all through the pandemic, but they have always made sure we keep as much contact as possible. We have been able to visit whenever it has been possible."



# 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. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to protect people's rights in line with the principles of the MCA 2005. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The registered manager had worked closely with the local authority since the last inspection to ensure the correct procedure was followed. This was documented and in line with all guidance and recommendations.
- People had decision specific assessments in place. For example, a person had a sensor mat in place and this restriction had been assessed, a best interest meeting had taken place and a detailed DoLS application had been made.
- People told us staff always asked for their consent. One person said, "They ask me every day if I want to go down (to the communal areas) and do I want to do something. They don't dictate to me."

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

- Full assessments were completed prior to people moving in-to the home. These included preferences of the people and they were given the choice of how they wanted to be supported. This enabled the provider

to know whether they could adequately meet the person's needs and prevent any breakdown once the person had moved in-to the home.

- People's nutrition was assessed in line with a widely recognised screening tool. This meant that staff could effectively meet people's nutrition and diet needs.

Staff support: induction, training, skills and experience

- Staff received training appropriate to their role, this included specialist training to meet the needs of the people living in the home such as learning disability in a care setting and positive behaviour training. Staff felt supported and confirmed they had enough training to effectively carry out their roles. One staff member said, "Every couple of months we get asked to do refresher training to refresh our memories and keep up to date. I am fully up to date with all my learning. I have just done my safeguarding refresher."
- We were told new members of staff completed a full induction as well as a period of 'shadowing' an experienced member of staff. We were told this period of time only ended when both the new member of staff and the registered manager were confident the role could be completed.
- The registered manager retained oversight of all staff training with a training matrix. This alerted the registered manager whenever refresher training was required, or training was to expire so new training could be organised. All training was in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- People told us they enjoyed the food that was provided to them at the home and staff ensured they received food that was in line with their preferences. One person said, "I said that I really like ice cream, they go out of their way to give me ice cream. That sticks in my head, they are pretty good like that."
- People also told us they decided when they wanted to eat, and staff supported this. One person said, "They design my meals around me timewise depending on when I am sleeping."
- Care plans detailed people's meal preferences, allergies and any modified diets. These were detailed and had advice for staff to follow to ensure people were supported effectively with their food.

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

- People told us how the whole staffing team supported them to access healthcare services whenever required and in a timely way. One person said, "They (staff) normally spot it if there is something wrong and they will call a nurse or the nurse will call a doctor. Even the cleaning lady wants to know how you are."
- We were told by one health professional that staff and the registered manager were keen to follow all advice provided to them. They said, "Staff are very responsive to people's needs. We have a very good relationship with the manager. We look for how responsive the staff are to the patients' changing symptoms. Staff are so good at noticing subtle changes – they know the patients really well and see slight changes quickly and take quick action. The instructions we give they are very punctual relaying information such as when we request regular blood pressure being taken, they send them through very quickly for us to complete assessment. They work very well with us, I have no complaints whatsoever."
- We saw evidence in care plans of clear instructions for staff on what action needed to be taken. Guidance from various health professionals had been integrated in to care plans so the information was easily accessible for staff to access and subsequently follow.
- The registered manager also worked closely with various other professionals to ensure a 'joined up working' approach. One professional said, "We work alongside [registered manager] and his team, whenever we visit the home all members of the team welcome us with a smile and how can we help you. [Registered

manager] is always open, honest and transparent, and shares documentation if asked without hesitation. [Registered manager] and the team regularly join the Banstead PCN Care Home Forum and he is always willing to share ideas and support other managers."

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

- People's bedrooms were decorated in line with their preferences. We saw examples of people's framed pictures in their rooms and layout in line with their preferences.
- Staff supported people to manage their belongings and keep their rooms safe for their use. For example, one person enjoyed collecting a large amount of belongings. Staff supported them to ensure their belongings did not create a fire or health and safety hazard, whilst still encouraging independence to have their room comfortable for them.
- The home had communal areas that were open plan. This supported people who had mobility needs to access all communal areas. We saw people who required support with hoists and others with walking aids moving freely around the home.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People told us staff treated them with kindness and respect. One person said, "They are very kind and very friendly."
- Relatives told us their loved ones were well treated by staff at the home. One relative said, "[Registered manager] is so lovely, [Activities co-ordinator] is lovely, they became like family. [Nominated Individual] is lovely and [staff member] is lovely."
- Staff told us how people that lived in the home had become like family members to them. A staff member told us, "I love it here. We are like a big family. When I first started, everyone was so welcoming. The environment here is really lovely."
- People told us staff treated them respectfully. One person was asked if they were treated with dignity and respect and they said, "Absolutely."

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

- People told us staff gave them choices in every aspect of their lives. One person said, "They do listen, which is nice."
- We saw staff providing people with options and encouraging people to make decisions. People responded smiling at staff and making choices throughout our observations.

Respecting and promoting people's privacy, dignity and independence

- We saw staff respecting people's privacy during the inspection. Staff were seen to knock on people's doors and wait for a response before entering. They then spoke clearly to announce who they were as they walked in to ensure the person was not surprised.
- People's independence was promoted. Where possible, people were encouraged to access the community independently. This promoted a positive wellbeing and independence with people.
- Staff were knowledgeable in how to treat people with dignity. One staff member told us, "You have to treat people with dignity and respect. Even if they cannot speak or they cannot hear you, you have to talk to them. You need to tell them what you are going to do. You need to prepare them."
- Staff also told us how they encouraged independence with everyday tasks. One staff member said, "Yes, we encourage people to be independent. We give them time." We observed staff interactions with people and saw staff encourage independence with mobility, taking their time to do so safely and ensure the person knew they were there to support them.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People and relatives told us staff knew them well. One relative said, "It's so personal there. You don't feel like a number, you're a person and the staff know so many details about everyone and how they prefer things done."
- We saw that the new care planning system had been thoughtfully introduced. Personalised details had been added to care plans. This detailed how people preferred to receive their care.
- Staff told us how important it was to them to deliver personalised care. One staff member said, "We do try to respond to the residents' needs. We try to make things person-centred."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People and relatives told us how staff communication was good. One relative said, "Staff are brilliant with him and how they try their hardest to communicate. They use cards, objects and take ages making sure he's understood them, and they have understood him."
- All people living in the home had communication care plans in place. This detailed the best ways in which staff could communicate with people. This included guidance for staff on tone of voice, slowly and clearly, pictures and people shown mealtime options amongst other ideas.
- We saw staff adapt their approach to communication with different people. Some people were hard of hearing and we saw staff speak clearly and slowly to ensure people understood. Other people did not vocalise their needs and we saw staff show different items to them and make sure they understood their response of nodding head or smiling.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People, relatives and health and social care professionals told us how there was a wide range of activities for people to engage with. One person said, "I like the church service." One relative said, "They're always organising a wide range of activities and always putting on parties and events. We went up to their Christmas party, they are so family orientated." A professional told us, "When I visit if there's music, singing and movement happening it's so infectious I always join in."

- We saw a wide range of activities that had been organised in the past and were organised for the near future. This ensured people with different hobbies and preferences would find several activities to engage with. During our inspection we saw a large number of people joining in with the various activities organised throughout the day.
- Relatives told us how they were invited to join in any activities as well. One relative said, "There's always something going on at the home and we always are invited to join in. It means that we feel welcome always." This ensured people maintained relationships that were important to them.

#### Improving care quality in response to complaints or concerns

- People told us that they felt confident raising any concerns or complaints with staff. One person said, "Yes they come in and we have a chat. What they do, they do it caringly for me."
- There was a complaints procedure in place with clear action for staff and the registered manager to take. However, there had been no recent complaints to address. The registered manager said, "We like to talk to people openly, and transparently so it never gets to that stage and we can resolve anything quickly."

#### End of life care and support

- There was nobody receiving support with end of life at the time of the inspection. However, this had been considered in all care plans. People's preferences and decisions had been documented alongside advice and guidance for staff.
- The registered manager told us they were prepared when people entered this stage of their life. They said, "We would do everything possible to ensure they (people) can stay here, this is their home." The registered manager also showed knowledge of how this would look with the nursing team working alongside hospice staff.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to always complete documentation in full or contemporaneously, and audits were not always recorded. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection clear, comprehensive audits had been completed and were effective in identifying any issues that needed addressing. For example, we saw through alerts identified in the medicine audit system, actions were taken to ensure no errors were made.
- Risks were identified and documented in people's care plans. For example, risk assessments identifying when people might be anxious or frustrated and how staff could best support people in these situations. We observed staff following this guidance and being knowledgeable of people's individual risks.
- It was evident the registered manager and staffing team were clear about their roles and responsibilities and they communicated well. One staff member said, "It is a good place to work. We work as a team. The communication is there."
- The registered manager had completed all relevant notifications to CQC and the local authority when any incidents had occurred. This is a requirement of all homes to complete notifications to CQC of any incident or concern and provide additional information required, this had been completed in a timely way.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The home is a family run business and people, relatives and staff told us how this creates a warm, inclusive atmosphere at the home. One person said, "From my point of view, I am happy with the way I am treated. That is from all the staff, they are a nice bunch of people." A relative also said, "I'm not going to say a bad word about them. They treat [person] like family, therefore I'm treated like family and so is anyone who visits there."
- Resident meetings took place and relatives were asked to provide feedback. One feedback wrote, "Next

best thing to having him home." Another wrote, "Very impressed with the care [person] receives. They are looked after like one of the family. All staff fantastic – cannot fault. Since [person] arrived in Bolters Corner they are settled and well cared for, caring staff which have been here for years, they are now settled and happy."

- Staff took part in staff meetings and supervisions and felt involved in improvements and changes within the home as well as supported to make suggestions. One staff member said, "To be honest, I feel like we almost get daily supervision. We do informal supervisions all the time."
- People received person-centred care from staff who appeared to genuinely enjoy caring for the people living in the home. We saw many examples of how staff knew people very well. This included their preferences, hobbies and how they liked to receive their care.

Continuous learning and improving care; Working in partnership with others

- The registered manager took part in various care home forums and groups with other homes and home managers in the area. They said, "You are never going to know everything. I love to constantly learn from others' experience as well."
- The registered manager not only attended local forums and local authority meetings, they had also been requested to be a key note speaker at local authority run events. This gave the registered manager the opportunity to share advice and guidance with how they have made Bolters Corner a success and a 'home for life' for people.
- All professionals we spoke with provided positive feedback about the home, the registered manager and the staffing team. One professional said about a person they worked with, "Upon moving to this home there was a very high level of understanding of the person and respect for them as an individual. Their needs were extremely well understood and excellent joint working took place between the service, the person, her family, the specialist community support team (CTPLD) and commissioning."
- The home worked in partnership with other professionals and as a result had great results for people living in the home. One professional said, "The family report that their relative is the happiest and most settled that they have ever known during their adult years. Reviewing past documentation, the family views are clearly supported. The view of all concerned is that this person has achieved a level of physical health not previously seen during their adult years, and this is attributed to the excellent care received at this nursing home."