

Bowerfield House Limited

# Bowerfield House

## Inspection report

1 Broadwood Close  
Disley  
Stockport  
Greater Manchester  
SK12 2NJ

Tel: 01663764291

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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

### About the service

Bowerfield House is a residential care home providing personal and nursing care to 26 people at the time of the inspection. The service can support up to 26 people. Care is provided over two floors with shared communal areas including dining and lounge areas and a secure garden. All rooms are single occupancy, and some have en-suite facilities.

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

There were enough staff to meet the needs of people. We have made a recommendation about ongoing review of staffing levels. People were being supported by a consistent staff team who knew them well. Risk and needs were assessed, and staff took steps to reduce risk when possible and learn from when things had gone wrong. The home was clean and tidy and current guidance around good infection prevention and control, use of personal protective equipment and supporting visiting within the home was being followed.

The registered manager and management team were committed to learning and improvement. People, relatives and staff felt able to raise concerns with the registered manager and action was taken to investigate and address any issues. People's feedback was requested and used to improve the service. Staff were encouraged to develop within their role.

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

The last rating for this service was requires improvement (published 06 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

We received concerns in relation to staffing and the management of falls. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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. This is based on the

findings at this inspection.

We found no evidence during this inspection that people were at risk of avoidable harm from the concerns regarding staffing and the management of falls. Please see the safe and well led sections of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bowerfield House 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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Bowerfield House

## 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 Care Act 2014.

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 undertaken by one inspector.

#### Service and service type

Bowerfield House is a 'care home'. People in care homes receive accommodation and nursing or 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

This inspection was unannounced on the first day of inspection.

#### 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We contacted Healthwatch for information they held about the service. Healthwatch is an independent consumer

champion that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with ten members of staff including the registered manager, home manager, regional manager, nurse, care workers, kitchen staff and the activity co-ordinator. 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 staffing levels and walked around the building to ensure it was clean and a safe place for people to live.

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 also reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives about their experience over the telephone.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection we found that there was not always enough staff to meet people's needs. This was a breach of regulation 18 (staffing) 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 18.

- There were enough staff to meet the needs of people in the home. We saw people looked well cared for and staff spent time supporting and chatting with people throughout the day. Call bells were responded to quickly.
- Relatives and staff generally told us there were enough staff to meet people's needs. One relative said, "When I have visited, there always seems plenty and whenever I call, I always get an answer and feedback."
- There were times where people in communal areas were left without staff being present which could place people at risk. We discussed this further with the registered manager who assured us that staffing was being continually monitored and reviewed.

We recommend that the provider continues to review staffing levels closely using evidence from a variety of sources including their dependency tool, feedback from people, families and staff, observation and timeliness of support given, and considers risk and environmental factors specific to Bowerfield House.

- The provider was following safe recruitment processes to recruit new staff. Checks with the disclosure and barring service and of people's character and previous employment were being completed.

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

- Staff safeguarded people from abuse. We observed positive and natural interactions between staff and people living at Bowerfield House. People looked well cared for.
- Relatives told us they felt staff had managed well to safeguard their family members during the Covid-19 pandemic. One relative told us, "Staff have handled everything really well. I can't fault them."
- Staff completed training on safeguarding adults and understood their responsibilities in this area.

### Assessing risk, safety monitoring and management

- People were supported safely by staff and measures were in place to reduce potential risk where possible. There were individual risk assessments and support plans which guided staff on how to support people

safely.

- Generic risk assessments were in place which considered other areas of risk in the environment. The management team had used good practice guidance and research to reduce risk in the environment where possible. This included colour contrasting walls with handrails, adding additional handrails, additional signage, memory boxes and using front door coverings on people's bedroom doors, to support people to remain independent.
- Assessments and care plans considered people's needs, likes and preferences. One relative told us, "They went through the care plans and I thought they were good. They described [family member] to a T. Nothing was missed and I felt confident they really knew and understood [family member]."

#### Using medicines safely

- People's medicines were being safely stored and managed. There were systems in place to ensure the environment was safe for storage of medicine, including cleaning and temperature checks. Staff were trained to support people to take their medicine and had their competency checked.
- Regular checks and audits of medicines were being completed by the management team. This ensured any issues were quickly identified and remedied. We saw that where issues were identified this was investigated and action taken to address any 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 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 PPE 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The registered manager completed investigations when things had gone wrong. This included analysis of themes and trends and measures were taken to reduce future risk.
- Reflective practice was completed with staff when things had gone wrong. This enabled staff to develop understanding of how the incident had occurred as well as measures they could take to reduce risk. The registered manager encouraged all staff to take responsibility for learning lessons when things went wrong.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff supported people in a person-centred way. Care records contained information about people's likes and preferences and staff knew people and their support needs well.
- Staff used their knowledge of people's likes and preferences to develop menus and activities that people would enjoy. The activity co-ordinator engaged people in making decisions around activities and plans for the future, such as planting ideas for the garden, and made use of people's knowledge.

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; Continuous learning and improving care

- The management team investigated situations when things had gone wrong. This included when complaints had been made as well as accidents and incidents. The registered manager would provide feedback to people and their families about what had happened and what the service would do to reduce risk in the future as well as apologise.
- The management team were committed to continued learning and improvement. Staff used reflective practice to analyse and improve how people were supported. An action plan was in place to drive improvement within the service.
- The management team assessed and monitored the quality of service using audits and systems for feedback. Action was taken following audits to continue to develop and improve the service.

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

- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations. Information was being shared with CQC as needed.
- Staff spoke positively about the management team and felt well supported in their roles. Staff told us they felt able to raise concerns and ideas and felt listened to. Staff also told us there were a variety of opportunities to develop in their roles with training and additional responsibilities.
- Relatives knew who the management team were and spoke positively about them. One relative told us, "Everyone seems to like working with [registered manager] and I get the impression they are very fair. I can ring them and they are on the case."

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

characteristics; Working in partnership with others

- The management team held a variety of meetings to discuss the service. This included meetings with staff, people using the service and their relatives. The registered manager sent regular emails to relatives to ensure they were up to date on what was happening within the home, and relatives told us that communication was generally good.
- People, relatives and staff were involved in providing feedback on the service through surveys. Feedback about the action the service had taken in response to this was displayed on a notice board in the home. People, relatives and staff told us they felt involved in service development and able to contribute ideas and suggestions.