

Bowerswood House Retirement Home Limited

Bowerswood House

Residential Home Limited

Inspection report

Bowers Lane
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Tel: 01995606120

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Bowerswood House Residential Home Limited is a care home providing personal and nursing care for up to 24 people. The home is set on two levels. There is a lounge and dining room located on the ground floor. Bedrooms are located on both floors and there is a lift to the second floor.

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

Governance systems were implemented to drive improvements at the home and further audits were being introduced to identify shortfalls.

People were supported by staff who had undergone sufficient recruitment checks to help ensure they could support people who may be vulnerable. Staffing was arranged so people had their needs met quickly and staff undertook training and supervision to maintain their skills.

Medicines were managed safely and staff had been assessed as competent to administer medicines. There was a safeguarding policy to ensure staff could raise concerns if they believed people were at risk of harm. The environment was clean, and refurbishment was taking place at the home. Equipment was serviced to check it was safe to use.

Risks to people were assessed and documented. If people needed medical advice this was arranged for them and changes made to their care to support their well-being. People were provided with a choice of meals and snacks and were supported by staff to eat and drink if this was needed. Staff knew the help people needed to remain safe and people spoke highly of the staff.

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 were able to take part in activities they enjoyed and there was an organised programme of activities for people to take part in. People told us they were happy at the home and were confident any comments or complaints would be resolved.

People were consulted and asked their views on the service provided. Surveys were available to enable people to share their views. Audits and checks were carried out to see if improvements were required. There was a documented action plan to enable management to check required actions were being completed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 30 July 2020). We found the

improvements were required and the provider was in breach of regulations. Medicines were not managed safely, and audit systems had not identified the shortfalls we found on inspection. 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 carried out an announced focused inspection of this service on 15 July 2020. A breach of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. We also checked recommendations we had made to improve the service. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements and recommendations.

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.

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.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bowerswood House Residential Home on our website at 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?

The service was safe.

Details are in the safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in the effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in the responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in the well-led findings below.

Requires Improvement ●

Bowerswood House Residential Home Limited

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

The inspection was carried out by one inspector.

Service and service type

Bowerswood House Residential Home 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

We gave the service 24 hours' notice of the inspection. This was so we could be assured we followed the providers risk controls in relation to Covid-19 and to ensure the management team were available to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received and held on our system about the service, this included notifications sent to us by the provider and information passed to us by members of the public. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service. We also spoke with the manager, the deputy manager and four care staff. In addition, we also spoke with the cook. We looked at five care records and multiple medication records. We also looked at a staff recruitment file, audits and environmental checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records. We also spoke with two relatives by phone.

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 comprehensive 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.

Using medicines safely

At the comprehensive inspection carried out on 15 July 2020, the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) 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.

- Senior management had completed training in the auditing of medicines. Staff competence was assessed to ensure best practice was followed.
- Staff completed medicine records accurately and audits of medicines were carried out to ensure medicines were managed safely.
- The provider ensured medicines were stored safely and securely. Access to medicines was restricted to staff who had received training and were assessed as competent to administer medicines.
- Staff administered medicines in a person-centred way. For example, staff adapted the times of medicines administration and recorded this, to support people's personal routines.
- The provider ensured person centred information was available to support safe administration of medicines and creams. For example, 'prn protocols' were available to guide staff if people had medicines on an 'as and when basis.' Allergies were recorded on medicine records to minimise the risk of people being given medicines they were allergic to.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider current guidance on the frequency of fire risk assessments. The provider had made improvements.

- The fire risk assessment at the home had been reviewed and actions were being completed in line with professional recommendations. The assessment was available to staff who were knowledgeable of the action to take in the event of a fire.
- Staff assessed risks to people and actions to minimise risk were documented. For example, assessments in mobility, skin integrity, falls management and nutrition were carried out.
- People were supported to access medical advice if this was required and care was adjusted to ensure medical advice was followed.

- Staff knew the help people needed to keep them safe. One person told us, "They're all lovely to me, I can't criticise them at all."
- Equipment was serviced and checked to ensure its safety.
- There were processes in place to minimise the risk and spread of infection. For example, increased cleaning of the home took place and checks were carried out to ensure the home remained clean.
- Staff had received training in infection prevention and control and wore personal protective equipment to minimise the risk and spread of infection.
- The provider had a decoration plan in place and was making improvements to the environment. For example, a shower room was in the process of being installed. A new lift was being installed as the provider had assessed the existing lift was unreliable.
- Risk assessments took place to minimise the risk and spread of infection. For example, risks to visitors and staff were considered and processes were in place to control associated risks.

Staffing and recruitment

- The provider followed safe recruitment procedures to help ensure suitable staff were employed to work with people who may be vulnerable.
- The provider deployed staff effectively. During the inspection we saw people were helped quickly and people told us they did not have to wait for help from staff. We saw staff had time to sit and chat with people or help them take part in activities.

Systems and processes to safeguard people from the risk of abuse

- Staff protected people from the risk of abuse. Staff had received training in safeguarding awareness and knew when, how and why concerns should be raised to protect people.
- People felt safe. People told us they liked staff and liked living at the home. One person said, "I can say I'm very happy."

Learning lessons when things go wrong

- Staff completed accident records which were reviewed by the deputy manager or provider to identify trends. The deputy manager shared any lessons learned with staff to improve the safety of the service.

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 the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last comprehensive inspection, we recommended the provider consider current guidance on implementation of oral health care planning. The provider had made improvements.

- Oral health assessments were carried out to ensure people's oral needs were met. Care records contained detailed information on how these needs should be met and the action to take if any concerns were noted.
- Staff assessed people's needs prior to them coming to live at the home and care plans were developed to meet their individual needs and preferences.
- Staff could explain the needs and preferences of people they supported and told us they delivered care to meet those needs.

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

- Staff completed nutritional risk assessments to identify people's individual needs. Care records reflected the help and support people needed to eat and drink. Staff knew the help people needed to achieve their best outcomes.
- The cook engaged with people, staff and management to improve the service at the home. Following discussion, people had chosen to have a lighter lunch and a main meal in the evening. We received positive feedback about the food. One person said if they didn't like the meal choices, "They will always make something extra."
- We observed the lunchtime meal and saw this was a pleasant experience. Staff supported people if this was required and were patient and kind.

Staff support: induction, training, skills and experience

- The provider ensured staff received regular training to maintain and update their knowledge. Staff confirmed they carried out training in key areas such as safeguarding, moving and handling and first aid and attended refresher training as required. This was a mixture of e-learning and training by zoom meetings.
- The deputy manager and provider supported staff to maintain and increase their skills. Staff spoke highly of the support they received and said they had regular supervisions to review their work and seek feedback.

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

- Staff worked closely with other health professionals to ensure people's needs were assessed and

effectively met. Documentation evidenced the service worked with other professionals such as GP's, and district nurses to ensure people's needs were met effectively. In the event of people going to hospital, essential information was provided to support decision making. A relative told us their family members health had improved at the home and they considered the care to be good. They commented, "I can't recommend them highly enough."

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

- The provider had considered the needs of people who lived at the home. For example, new furniture had been purchased to minimise the risk and spread of infection, a light had been fitted on a stairwell to support people with visual difficulties and grab rails and mobility aids were fitted to private bathrooms to support independence and safety.
- Appropriate signage was displayed to help people living with dementia move independently around the home.

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 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions had been assessed in line with the principals of the MCA and documentation was kept to evidence this.
- The deputy manager submitted applications to deprive people of their liberty to the local authority.
- Consent was sought whenever possible. For example, we saw people had been individually consulted regarding the COVID-19 vaccine.

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- The deputy manager was in the process of completing electronic care records. Care records contained information on how people's care needs and wishes could be met. Detailed plans were in place for a person who lived with a specific health condition.
- Care records did not always contain detailed person-centred information regarding people's individual preferences. The deputy manager had identified this and was in the process of reviewing care records to resolve this.
- People told us they were able to follow their own routine and staff respected this. Staff could describe the preferences of people they supported and said they aimed to meet these. A relative described the care and staff, "as very person centred and they really care".

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The deputy manager considered, and documented people's communication needs to ensure staff could support them. Actions required by staff were recorded within care records.

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

- Staff supported people to engage in meaningful activities. There were a range of activities available. The morning exercise class was enjoyed by people, some of which joined in enthusiastically. Other people sat and chatted and sang to the music.
- Staff supported people to maintain and develop relationships that were important to them. A visitor's room was available, and people were also helped to maintain contact by telephone, and face to face using electronic devices.
- The provider had a process to ensure complaints were dealt with properly. Complaints received since the last inspection had been responded to and resolved.

End of life care and support

- The deputy manager and provider had arranged to work with external professionals to build upon the exploration and recording of peoples' wishes. It had been identified that the information already obtained could be further explored. At the time of our inspection, the service was not supporting anyone at the end of

their life.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant that service management and leadership had improved, but some aspects needed further embedding to continuously promote high-quality care for people.

Continuous learning and improving care

At the comprehensive inspection carried out on 15 July 2020, the provider had failed to identify when improvements were required. 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.

- The provider and deputy manager told us they were committed to improving. They said there were still improvements to be made. For example, a further care plan audit was being introduced to ensure all care records contained high quality person-centred information. A staff member was undergoing further training to enable them to carry out health and safety checks at the home and refurbishment of the home was ongoing. The provider and deputy manager acknowledged that the existing audit system, although effective would benefit from further adaptation to enable any improvements required to be actioned. We will assess the effectiveness of the audit system at the next inspection.

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

At our last comprehensive inspection, we recommended the provider consider current guidance on the submission of notifications to the Care Quality Commission and documents these so individual responsibilities were clear. The provider had made improvements.

- At this inspection we found a policy was in place to guide staff if members of the management team were absent. The provider and deputy manager said this would ensure notifications were made as required.

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

- The provider and deputy manager were working to improve the service. Staff told us there had been significant changes since the last inspection and they felt the home was organised, focused on improving

and morale was high.

- The provider sought people's views. A suggestion box was available within the home and surveys were provided to relatives to seek their views. Relatives told us the provider was approachable.
- A board in reception recorded people's views. For example, people had requested more contact with their loved ones and a visitors' room was available to use. A relative commented, "They do absolutely everything to keep communication going."

Working in partnership with others

- The provider was working with other professionals to ensure people received medical advice if this was needed. For example, technology was used to support people to have face to face meetings with health professionals.
- The provider sought advice and guidance from relevant professionals. Since the last inspection the provider had been working closely with representatives from the Clinical Commissioning Group and the Care Home Liaison Team to gain knowledge and best practice information and improve the care provided.