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Bowland Lodge

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Bowland Lodge is a residential care home providing accommodation for up to 36 people who require personal care. The service provides support to people living with mental health conditions and dementia. At the time of our inspection there were 26 people using the service. The registered manager told us that 25 people received personal care. This meant that 25 people received the CQC regulated service of both accommodation and personal care.

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

A system to ensure regulatory requirements were met was not in place. The provider had not implemented robust governance procedures to improve the quality and safety of the service. The provider has been in breach of the regulations since 2015 and sustained improvements have not been made. Whilst action had been taken to improve in certain areas since our last inspection, additional shortfalls were identified which had been raised at previous inspections. There was a lack of evidence that lessons had been learned following each inspection to ensure a robust and effective system was in place to improve the management of risk.

We identified shortfalls with the assessment of risk relating to people's care and support, the cleanliness and maintenance of the premises, including the outdoor space, fire safety and infection control including food hygiene. Risks relating to eating and drinking, including allergy information, had not always been fully assessed. The refurbishment plan discussed at our previous inspections was still ongoing.

Records did not always evidence that safe recruitment procedures were followed. An effective system to manage medicines was not fully in place.

Action had been taken to improve care planning. However, further improvements were required to ensure care plans and risk assessments reflected people's needs.

We observed positive interactions between people and staff. However, due to the concerns identified during the inspection, we could not be assured people received a high quality, compassionate and caring service. In addition, the environment, furnishings and cleanliness did not promote people's privacy, dignity and wellbeing.

There was a safeguarding system in place. However, we had not been notified of one safeguarding allegation in a timely manner. Following our last inspection, the local authority had placed the home into 'organisational safeguarding.' This meant the local authority was monitoring the home and supporting them.

There were enough staff deployed to meet people's needs. An activities coordinator had been recruited since our last inspection and an administrator was now in post.

A staff support and training system was in place. Additional training had been carried out since our previous inspection. Staff spoke positively about the support they were receiving from the registered manager.

Staff had been liaising with the local integrated care board with regards to training. They had also worked with health and social care professionals regarding people's care and support.

Improvements had been made in relation to meeting people's social needs. An activities programme was in place. People were supported to access the local community and take part in activities which interested them such as arts and crafts. An entertainer visited on our 2nd visit which people enjoyed.

The registered manager gave us examples of how being at the service, with the support of staff, had led to an improvement in people's independence and wellbeing. They also explained how several people had moved onto independent living.

Following our feedback, the registered manager wrote to us and explained that action had/was being taken to address the shortfalls identified and new systems/records had been implemented.

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 inadequate (published 21 March 2023). There were 5 breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment; person-centred care, need for consent; good governance and duty of candour. We also identified a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009; notification of other incidents.

Whilst action had been taken to improve in certain areas, not enough action had been taken and the provider remained in breach of the regulations relating to safe care and treatment and good governance. We also identified a new breach in relation to the premises and equipment.

This is the 2nd consecutive time the service has been rated inadequate and the 3rd time it has been rated inadequate overall since 2018. The service has been rated requires improvement 3 times since 2017.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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.

Enforcement and Recommendations

We identified 2 continuing breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment and good governance. We also identified a new breach in relation to the premises and equipment.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

The overall rating for this service remains 'Inadequate' and the service is therefore in 'special measures.' This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions of the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Bowland Lodge

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

The inspection was carried out by 2 inspectors, a medicines inspector and an operations manager.

Service and service type

Bowland 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. 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. This included notifications which the provider had sent us about certain incidents that had occurred at the service. We sought feedback from the local authority's safeguarding adults' team and commissioning teams and the local infection prevention and control team. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people. We also spoke with the provider, registered manager, deputy manager, care staff, maintenance person, cook, kitchen and domestic staff.

We reviewed people's care records, medicines records and staff recruitment and training files. We also reviewed a range of records which the registered manager sent us electronically following our visits in relation to the management of the service.

We shared our concerns with the local authority commissioning and safeguarding teams, the integrated care board, the fire safety manager, environmental health and the local NHS infection control practitioner.

Is the service safe?

Our findings

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

At our previous inspection we rated this key question inadequate. At this inspection, the rating has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

This is the 6th consecutive inspection where the provider has failed to achieve a rating of good and the 3rd time they have been rated inadequate in this key question since 2018. We have taken this into account when rating this key question.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

At our last inspection, risks were not fully assessed, monitored or managed to ensure the safety of people, staff and visitors. This was a breach of Regulation 12 (Safe care and treatment). Whilst action had been taken in some areas, not enough improvement had been made and the provider remained in breach of this regulation.

- An effective system was still not in place to assess, monitor and manage risks.
- We identified shortfalls with the assessment of risk relating to people's care and support, the cleanliness and maintenance of the premises, including the outdoor space, fire safety and infection control, including food hygiene.
- There was a track record of failing to provide good standards of safety over 6 consecutive inspections dating back to December 2017. There was a lack of evidence that lessons had been learned following each inspection to ensure a robust and effective system was in place to improve the management of risks.

The failure to ensure risks were assessed, monitored and managed to ensure the safety of people, staff and visitors was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008. The failure to ensure the premises and equipment were properly maintained and clean was a breach of Regulation 15 (Premises and equipment).

Following day 1 of our inspection, some action had been taken with regards to the environment, equipment and cleanliness. The registered manager also wrote to us following our visits and feedback and told us further action was/had been taken in relation to the shortfalls identified.

Using medicines safely

At our previous inspection, an effective system was not in place to manage medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst some action had been taken to improve, not enough improvements had been made and the provider remained in breach of this regulation.

- An effective system to manage medicines was still not fully in place.
- There were continued shortfalls relating to the recording of topical medicines. In addition, one person had not received their prescribed inhaler for 27 days and the stock counts for two medicines did not reconcile which meant it was not clear whether these medicines had been administered as prescribed.
- We could not be assured medicines were being stored in line with manufacturers guidelines. For example, no minimum or maximum temperatures were recorded which was not in line with the provider's policy.

The failure to ensure medicines were managed safely was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback and first visit, the registered manager told us that action had been taken and the relevant agencies notified of the shortfalls identified with medicines.

Systems and processes to safeguard people from the risk of abuse

At our last inspection, CQC had not been informed of all safeguarding allegations at the home. This was a breach of Regulation 18, Care Quality Commission (Registration) Regulations 2009. Action had been taken to improve and the provider was no longer in breach of this regulation.

- A safeguarding system was in place. Safeguarding allegations had been notified to CQC, however, there had been a delay in notifying CQC of one recent safeguarding allegation.
- Following our last inspection, the local authority had placed the home into 'organisational safeguarding.' This meant the local authority was monitoring the home and supporting them.

Staffing and recruitment

At our last inspection, accurate records were not maintained in relation to staff recruitment. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough action had been taken and the provider remained in breach of this regulation.

- Records did not fully evidence that safe recruitment procedures were followed.

The failure to ensure accurate records were maintained in relation to staff recruitment was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the registered manager wrote to us and explained that the issues identified with recruitment records had been addressed.

- There were enough staff deployed to meet people's needs. An activities coordinator had been recruited since our last inspection and an administrator was now in post.

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 previous inspection we rated this key question requires improvement. At this inspection, the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support was inconsistent.

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

At our last inspection, an effective system was not in place to ensure the principles of the MCA were followed and consent was gained in relation to people's care and support. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst some action had been taken to improve and the provider was no longer in breach of Regulation 11; we identified shortfalls relating to the provider's MCA system and records. This meant the provider was in breach of Regulation 17 [Good governance].

- An effective system was not fully in place to demonstrate management oversight of DoLS authorisations. Staff had been unaware that one person had a DoLS authorisation in place. In addition records relating to MCA assessments were not always specific.

The failure to ensure an effective system was in place regarding MCA and DoLS was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were not always assessed in line with best practice guidelines. We identified shortfalls around the management of risk, medicines management and the MCA/DoLS. Records did not always demonstrate how best practice guidance was followed.

The failure to ensure an effective system was in place to ensure care was assessed and delivered in line with

best practice guidance was a continuing breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection, care was not fully planned to ensure people were provided with a suitable diet and their independence and involvement was promoted. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken in certain areas, not enough improvement had been made and new concerns were identified and the provider was now in breach of Regulation 12 [Safe care and treatment].

- Risks relating to eating and drinking, including allergy information, had not always been fully assessed.
- Records did not always demonstrate that advice and guidance from the speech and language therapist was followed in relation to the consistency of one person's fluids to ensure their safety.

The failure to ensure risks relating to eating and drinking, including allergy information, were assessed and people were provided with a suitable diet was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback the registered manager told us that action had/was being taken in relation to the shortfalls identified.

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

At our last inspection we recommended that the provider reviewed the facilities at the home to ensure these were being used effectively to promote people's independence in line with people's assessed needs. Whilst action had been taken in certain areas, not enough improvement had been made and new shortfalls relating to the premises, including the outdoor space were identified.

- An effective system to ensure the design and décor of the service met people's needs was not in place. The refurbishment plan discussed at our previous inspections was still ongoing. Not all areas of the home were safe, clean or person centred.

The failure to ensure an effective system was in place to ensure the design and décor of the service met people's need was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008.

Staff support: induction, training, skills and experience

At our last inspection, we recommended the provider kept staff training under review to ensure staff were suitably skilled.. The provider had taken action to improve.

- A staff support and training system was in place. Additional training had been carried out since our previous inspection.
- Staff spoke positively about the support they were receiving from the registered manager.

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

- Staff supported people to access health and social care services such as GPs, district nursing and speech and language therapy.

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 requires improvement. At this inspection, the rating has remained requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence;

- The environment, furnishings and cleanliness did not promote people's privacy, dignity and wellbeing. The poor state of the accommodation did not uphold people's dignity or demonstrate they were respected.

The failure to ensure the premises and equipment promoted people's privacy, dignity and wellbeing was a breach of Regulation 15 [Premises and equipment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the registered manager wrote to us and explained that action had/was being taken to address the shortfalls identified.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

At our last inspection, records did not demonstrate how care was planned with people to ensure their needs and preferences were met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken to improve in this area and the provider was no longer in breach of Regulation 9; due to the concerns identified during the inspection, we could not be assured people received a high quality, compassionate and caring service.

- During the inspection we identified concerns with the management of risk, medicines management, MCA/DoLS system, infection control and the premises. These shortfalls did not demonstrate people were treated well or fully respected.
- Improvements had been taken to ensure care plans reflected people's preferences and wishes. Information about people's life histories was included in their care plan.
- We observed caring interactions between people and staff. Staff spoke positively about the people they supported.
- The registered manager gave us examples of how being at the service, with the support of staff, had led to an improvement in people's independence and wellbeing. They also explained how several people had moved onto independent living.

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 inadequate. At this inspection, the rating has changed to requires improvement. This meant people's needs were not always met.

This is the 7th consecutive inspection where the provider has failed to achieve a rating of good in this key question. We have taken this into account when rating this key question.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our previous inspection an effective system to ensure people's preferences and needs were assessed and met was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst action had been taken to improve and the provider was no longer in breach of Regulation 9, further improvements were required in relation to care planning and the provider was in breach of Regulation 17 [Good governance].

- Action had been taken to improve in relation to care planning. However, further improvements were required to ensure care plans and risk assessments reflected people's needs. We identified shortfalls in relation to medicines management, the management of risk and records relating to MCA.

The failure to ensure an effective system was in place to ensure care plans and risk assessments reflected people's needs was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the registered manager wrote to us and explained that action had been taken and care plans/risk assessments had been written/amended following the shortfalls identified.

- Information relating to people's end of life wishes was recorded in people's care plans to ensure their preferences and wishes could be met at this important time.

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

At our last inspection people's social needs were not being met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had taken action to improve and the provider was no longer in breach of this regulation.

- A system was in place to support people with their social needs. A new activities coordinator had been recruited following our last inspection. An activities programme was in place. People were supported to

access the local community and take part in activities which interested them such as arts and crafts. An entertainer visited on our 2nd visit which people enjoyed.

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 (AIS) 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.

- The provider was meeting the AIS. Information relating to people's communication needs was included in their care plans.

Improving care quality in response to complaints or concerns

- A system was in place to record and respond to complaints and concerns.

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 previous inspection, we rated this key question inadequate. At this inspection, the rating has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

This is the 6th consecutive inspection where the provider has failed to achieve a rating of good and the 4th time they have been rated inadequate in this key question since 2018. We have taken this into account when rating this key question.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection, an effective system was not in place to monitor the quality and safety of the service and ensure accurate records were maintained. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough action had been taken to improve and the provider remain in breach of this regulation.

- A system to ensure regulatory requirements were met was still not in place. There was a longstanding track record of the provider failing to implement robust governance procedures to improve the quality and safety of the service.
- We identified continued shortfalls in relation to medicines management, recruitment records, the assessment of risk and records relating to the MCA. We identified additional concerns which we had raised during previous inspections in relation to the cleanliness and safety of the premises. These issues had not been identified by the provider's quality monitoring system.

The failure to ensure an effective system was in place to monitor the quality and safety of the service and ensure accurate records were maintained was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our feedback, the registered manager wrote to us and explained that action had/was being taken to address the shortfalls identified and new systems/records had been implemented.

At our last inspection, the provider had not informed CQC of notifiable events at the service. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009. Action had been taken to improve and the provider was no longer in breach of this regulation.

- Notifiable events had been notified to the CQC. However, we had not been notified of the lift being out of

action for a number of days or a safeguarding allegation in a timely manner.

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

At our last inspection, the provider's duty of candour policy was not followed. This was a breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) 2014. Action had been taken to improve and the provider was no longer in breach of this regulation.

- Records demonstrated how the provider was meeting their responsibilities under the duty of candour. The registered manager was aware of her responsibilities under this regulation.

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

At our last inspection, an effective system was not in place to involve people in the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Action had been taken to improve and the provider was no longer in breach of this regulation in relation to this area.

- A system was now in place to involve people in the running of the service. Communication systems with staff had also improved.

Working in partnership with others

- Staff had been liaising with the local integrated care board with regards to training. They had also worked with health and social care professionals regarding people's care and support.