

Maria Mallaband 17 Limited

Bowerfield Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bowerfield Court is a nursing home providing accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury for up to 40 people. At the time of the inspection 35 people were using the service. The nursing home accommodates people across two floors in one building.

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

We found medicines were not always managed safely across the home. The home was clean and tidy and had plentiful stock of PPE, however, various infection prevention and control (IPC) practices, records and procedures were either not in place, not up to date or not being followed. The manager implemented some of these processes during and after the inspection. Recruitment practices were not always safely followed. We made a recommendation the service reviews their recruitment process. Staffing levels weren't always safe and some people had to wait a long time for their call bells to be answered. People were safeguarded from abuse and although there were a variety of necessary risk assessments in place, some risks had not been assessed/updated. The manager told us they were working towards improving their compliance rate for training in some areas.

People were in receipt of person-centred care and their communication needs were being met. The home had an end of life policy in place, though no one was receiving this type of care at the time of the inspection. A complaints log and policy was in place, though these documents required updating. Visitors were able to book visits to see their friends and family members and the home had an activities coordinator that planned and carried out activities with people.

There were some governance concerns in the home in relation to audits and paperwork. The service did not have a registered manager in post and there were only limited recent lessons learned documents in place. We received mixed feedback about the management of the service. There had been limited meetings for staff, relatives and people and we were only able to review a few examples of feedback. The manager told us they were working to improve continuity and increase the number of meetings for people, their relatives and staff. The service had recently sent surveys out to families and were collating their responses.

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

Rating at last inspection

The last rating for this service was good (19 February 2019).

Why we inspected

The inspection was prompted in part due to concerns received about medicines, staffing and poor care. We received concerns in relation to the management of medicines, staffing and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led

only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bowerfield Court on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed. We have identified breaches in relation to IPC, medicines management, staffing and governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Bowerfield Court

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 three inspectors (which included a medicines inspector) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bowerfield Court 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. Bowerfield Court 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 08 March 2022 and ended on 16 March 2022. We visited the service on 08 March 2022, we remotely reviewed documents on 11 and 15 March 2022

and provided feedback on 16 March 2022.

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 clinical commissioning group. 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 eight people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the manager, service support practitioner, activities coordinator, care practitioners and care workers. During the inspection, we visited both floors and we reviewed a range of records. This included five people's care records, various medication records and medicines related documentation. We observed medicines administration and checked medicines storage. We looked at four staff files in relation to recruitment. 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 manager and regional director to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

- Medicines were not always administered as prescribed. We found one person had missed a tablet for diabetes for nine days due to an error with the monthly medicine's changeover. Guidance for administering insulin was also not always followed and we saw evidence where a resident had not received what they needed.
- Staff had administered paracetamol without observing a four-hour gap between doses, putting people at risk of harm from paracetamol overdose. Two people had been administered a different medicine to the one signed for on their medicine's administration record.
- Staff did not always record when thickener powder had been added to drinks to reduce the risk of choking for people with swallowing difficulties.
- Medicines ordering systems were not robust. We saw two people who had missed medicines due to no stock and other residents with more than four months supply. We counted people's medicines and stock was not always correct, including one high risk medicine.
- The service had medicines audits in place, however we did not see evidence of actions taken to improve. Medicine errors and non-identification of these errors showed a lack of oversight and leadership in the safe management of medicines. Staff had made daily records of fridge temperatures but had not taken action when the readings were out of acceptable range.
- People's comments regarding medicines included, "There are some staff that bring the right medication at the right time, but I have had 5 drug errors in 12 weeks, either late or the wrong drug. I know what all my tablets look like. I do not feel as safe as I would like because of the drug errors and problems with the hoist" and "I have missed methotrexate several times because it wasn't ordered. I was also given paracetamol and zapain at the same time which meant I was overdosed on paracetamol on several occasions. I am planning to order and give my own tablets once they have done the risk assessment as I don't trust the nurses. I also brought in some of my own tablets and they went missing".

Systems were either not in place, not being followed or not robust enough to demonstrate medicines safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- Infection prevention practices were not always safe. Records relating to Care of Substances Hazardous to Health were not up to date.
- The home had a protocol to ensure any visiting professionals vaccination status is recorded. However, on our first day of inspection we found the recording aspect of the protocol has not been followed. In addition Records relating to staff vaccination had not been updated to reflect the current vaccination status of all

staff.

- Staff received infection control training, however, some staffs training had recently expired. The manager was in the process of ensuring full compliance with this training.
- There were various gaps and missing documentation in relation to cleaning records, though the home was clean and tidy on the day of our on-site inspection.

The provider had failed to ensure appropriate processes were being followed regarding IPC practices. This put people at risk of infection and significant harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

The manager responded immediately, by implementing some necessary changes and we were told new checks would be brought in to ensure compliance.

- The home had good stocks of appropriate PPE and staff and people were regularly being tested.

Visiting in care homes

On the day of inspection, a 'booking in' procedure was in place for all visitors, which allowed people to see their family, and included a health questionnaire as well as evidence of a negative lateral flow test. This helped prevent visitors spreading infection on entering the premises.

Staffing and recruitment

- Staffing levels and recruitment processes were not always safe. Staffing numbers in the home appeared low and although in line with the dependency tool, the home had high use of agency staff and carried a 24% vacancy rate. One nurse had worked 7 x12 hour shifts in a row twice in January.
- We reviewed records relating to one week of call bell wait times and found 196 call bells were not answered within 10 minutes of which 66 were still not answered in 20 minutes. One person told us, "The nurse call is available, but it takes 15-20minutes if you were lucky, it's often a lot longer".
- Staff comments included, "They (the home) are struggling at the moment. We use a lot of agency staff and sometimes there are language barriers with them", "I think there's not enough (staff). There's too much agency too." and "They (staff numbers) are not good. I don't think the dependency is right."
- Peoples comments included, "There is a desperate need for more staff especially at night, there is a lot of agency", "The agency nurse couldn't understand me so I asked her to grab (staff member) and she clearly didn't understand that and instead she got hold of me round my neck", "I get a shower on Fridays, if staff are short I refuse it because it's not fair", and "One night there was an agency nurse and I woke up and found him sitting on the floor just staring at me, he eventually moved. I reported it to one of the health care assistants and they kept him away from me. I was very frightened."

We found no evidence that people had been harmed, however, the provider had failed to ensure that appropriate staff were deployed to provide required care and that safe recruitment procedures were being followed. This put people at increased risk of harm. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.

The manager was working towards making improvements regarding the above concerns and raised the necessary safeguarding alerts with the local authority.

- Some interview notes had gaps in and the paperwork in place made it difficult to ensure a full employment history has been obtained. Risks relating to one person's recruitment had not been assessed.

We recommend the provider reviews their process for recruitment and reviews schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure they are working within the framework set out.

- People did have some positive comments to say about permanent members of staff. Comments included, "The regular staff are very good and know what they are doing".

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Systems and processes were in place to safeguard people from the risk of abuse. A safeguarding policy and procedure was in place and included information on how to escalate concerns.
- Staff told us they had received safeguarding training and were able to provide examples of what they would report.
- A reflective practice policy was in place. However, the manager was new to post and was only able to show us some limited examples of recent lessons learned. However, they were not able to provide any records relating to lessons learned before January 2022.

Assessing risk, safety monitoring and management

- Paperwork and risk assessments in people's care plans were not always in place or as up to date as they could have been. The manager told us they would look to ensure any necessary records were reviewed and updated.
- Various environmental risk assessments were in place ensuring that any environmental concerns had been considered and addressed.
- Accidents and incidents were being recorded and appropriate action was taken.
- Fire safety training and fire drill compliance rates required improving. The manager advised they would look to improve this.

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

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

- People did not always receive person centred care. Care plans were in place containing information to guide staff about people's health conditions and backgrounds, however, these were not always up to date.
- We received mixed feedback about the responsiveness of the service. One staff member commented, "People can sometimes have to wait a long time for staff to respond to call bells because of people's dependency." However, one person told us, "I have anxiety and panic attacks and they do come and talk to me and rub my back and that helps".
- Nurses had been booked in for syringe driver training which is used in end of life care. However, not all staff had received general end of life training.
- Nobody was in receipt of end of life care at the time of the inspection.
- The service had an end of life policy in place, which detailed the expectations around end of life care.

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

- The service had an activities co-ordinator who planned and led on a variety of activities for people living in the home, though staff comments about activities were not always positive. Comments included "I think activities has always been a bug bear, but we do have a new activities person in" and "I just don't think people are being stimulated at the moment."
- During our inspection we were able to see people taking part in a game of Jenga and also there were discussions around international women's day. The activities co-ordinator acknowledged that due to COVID-19 there had been some gaps in relation to activities.
- People were supported to see their visitors in the home. A booking system was being operated to minimise risk. The home was working in line with current visiting guidance.

Meeting people's communication needs; Improving care quality in response to complaints or concerns

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.

- A complaints policy and procedure was available on request, and this explained the process people could follow if they were unhappy with the service they received. However, the complaints policy required

updating to ensure this was inclusive of necessary information, the manager told us this would be updated.

- A complaints log was maintained, along with details of the responses provided. However, we noticed that complaints referred to the home from CQC were not being included within their log. The manager said this would be actioned.
- People's communication needs were being met. Care plans had relative's communication logs in place.
- The manager understood the need to ensure people were able to access information in a format suitable for them. The manager told us they communicate with picture cards and assistive technology if people have speech difficulties.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We identified concerns around the governance of the service. Various documents in relation to people's care, recruitment records, staff records and the management of the service were not up to date or accurate.
- Audits were not always carried out by the manager and for some audits that were carried out we did not see how they drove initial improvement.
- The provider had no records relating to lessons learned except some limited recent documents which had been completed by the new manager, so we were unable to see how they had historically learned and improved from when things went wrong.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate records and governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People using the service did not always receive good outcomes as identified in the safe and well-led domains.
- People provided mixed feedback on the management of the service and five people we spoke with weren't aware there was a new manager and didn't think they had seen her.
- Although staff told us they enjoyed their roles, feedback about management and leadership was mixed. Staff comments included, "It's hard at the moment and I don't think the management realise how hard it is sometimes. They don't realise what the workload is at all", "In the last two years we have had about five managers, I don't have complete faith. A lot of managers that come don't introduce themselves", "Yes (I feel supported), by my colleagues and nurses but as for the managers they just keep coming and going" and "No (I don't feel supported), and I haven't done for over a year. Since [new manager] started, I think she is listening a bit more than others."
- A whistleblowing policy was in place and staff knew how to report poor practice.

Since the inspection, the manager advised more robust audits and quality control measures would be implemented. The organisation had a team of specialists going into the home to help imbed practices drive improvement.

- The service did not have a registered manager in post. However, the manager had recently submitted an application CQC to become registered. The previous registered manager de-registered in July 2021.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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; Working in partnership with others

- Staff meetings had recently taken place, though there were limited records to support historic examples. There had been one meeting in the last 12 months with people using the service and their relatives. The manager told us they planned to start making these a more frequent occurrence.
- Surveys had been recently sent out to relatives and the responses were in the process of being collated. We were also able to review results from the last survey for people that use the service from September 2020, along with some of the actions taken. There were no staff surveys for us to review.
- The manager reported accidents, incidents and concerns to the CQC and the local authority.
- The manager was aware of their responsibility under the duty of candour and spoke about being open and honest when things go wrong.
- Staff worked in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to ensure all necessary paperwork and checks were in place regarding IPC.</p> <p>This was a breach of regulation 12(2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Records were not always completed and up to date and quality assurance systems were not robust. This put people at risk of harm.</p> <p>This was a breach of regulation 17(2) (a) (b) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	<p>The provider had failed to ensure that adequate staff was always available to provide required care.</p> <p>This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to ensure medicines were being safely administered, stored, ordered and appropriately recorded. This put people at risk of infection and significant harm.</p> <p>This was a breach of regulation 12(2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.</p>

The enforcement action we took:

Warning Notice served in regard to Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.