

Bowerfield House Limited

# Bowerfield House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Good</b> 

# Summary of findings

## Overall summary

### About the service

Bowerfield House is a residential care home providing personal and nursing care to 23 people aged 65 and over 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 not always enough staff to meet people's needs. The registered manager had identified that staff deployment was an area for improvement and a new rota had recently been implemented and was subject to review. This change had reduced the number of falls experienced by people living at the service, but feedback we received was that there was still not always enough staff to meet people's needs. People who were identified as being at risk of falls had risk assessments, and adaptations and equipment was put in place to reduce future risk. Information from accidents and incidents were analysed for themes and trends and action taken to address areas for improvement identified. Medicines were being safely stored and managed by staff who were trained and assessed as competent in this area. Staff were being safely recruited. Risk assessments were in place to reduce the risk to people from generic and specific areas of risk. We noted some areas of risk that required additional assessment and management during the inspection and these areas were immediately addressed

People's needs were assessed prior to moving to Bowerfield House and the service supported people to access healthcare professionals as needed. People were receiving appropriate support with their diet and fluids needs and drinks and snacks were provided to people throughout the day. People told us the food was good. Staff received relevant training and support and felt confident in their job roles. 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 supported by kind and caring staff who knew them well. Staff respected people's privacy and dignity and encouraged people to remain independent and make choices around their daily lives as much as possible. People were happy living at the home.

Staff understood people's needs and work was ongoing to ensure that care plans were person centred. A range of activities were in place and people were encouraged and supported to engage in activities that were relevant to their interests. People and relatives knew how to make a complaint, felt confident to do so and these were investigated and responded to by the registered manager.

The registered manager was committed to driving improvement in the service and staff told us they felt involved and able to contribute to ongoing developments. There were a range of ways people could

feedback into the service including surveys and meetings. However, not everyone was aware of when meetings were being held. Action plans were developed which included themes identified from feedback given, as well as accidents, incidents and complaints. Staff told us they felt clear about their roles and the provider had systems to ensure agency staff knew what was expected of them.

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 Good (published 01 February 2018).

#### Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service sustained a serious injury. This incident is subject to an investigation. As a result, this inspection did not examine the circumstances of the incident. The information CQC received about the incident indicated concerns about the management of falls. This inspection examined those risks.

We have found evidence that the provider needs to make improvements and action is already being undertaken. Please see the safe section of this full report. You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

We have identified a breach in relation to Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as there were not always enough staff to meet people's needs. Please see the action we have told the provider to take at the end of this report.

We have also identified a potential breach of regulation 18 (notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009 as the provider had not always sent required notifications to the Care Quality Commission in a timely way. We will follow our processes to consider an appropriate response to this outside of this inspection.

#### 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 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?

Requires Improvement 

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good 

The service was responsive.

Details are in our responsive 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.

#### Inspection team

This inspection was carried out by two inspectors 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 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 day one.

#### 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 five people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, home manager, regional manager, nurse, senior care workers, 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 three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager provided additional information about the service and what they do well. This included additional information regarding the work the service has completed around the management of falls.



# 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 good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

### Staffing and recruitment

- There were not always enough staff. Feedback from people and relatives was that there was not always enough staff. One relative told us, "I'm not sure that there is enough staff on duty most days." Staff fed back that they did not always feel there were enough staff and said, "We need more staff, especially if there is an agency nurse on as you have to look after them more."
- Staff were busy throughout the day. During the inspection we observed that staff were very busy and there were occasions when a single member of staff was left potentially vulnerable, due to the number of people they were supporting, many of whom had dementia and lacked understanding on how to keep themselves safe.

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.

- Staff deployment was under review. The registered manager told us that staffing had been identified as an area for improvement. Prior to the inspection, shift patterns had been varied to ensure that staffing levels were high at times that had been identified as high risk, such as later in the day. This was being continually reviewed, but initial evidence indicated that the changes in staffing had a positive impact on reducing the number of falls within the home. Staff deployment was monitored by the home manager daily as part of the daily checks within the home.
- Safe recruitment processes were being followed. Appropriate checks were completed on new staff, including checks with the disclosure and barring service. We spoke to the registered manager about ensuring documentation was robust and evidenced the plans to support staff where there were additional needs.

### Assessing risk, safety monitoring and management

- Staff worked together to manage risk. This included a piece of work regarding the management of falls. We noted the height of people's chairs had been adjusted and there was work ongoing to personalise Zimmer frames, making them easily identifiable to the relevant individual.
- Risk assessments were in place to support staff in the management of individual and generic risks. Where risks had been identified there was specific guidance on actions for staff to take to reduce risk to the people living at Bowerfield House. We spoke to the registered manager about other potential risks to people living with dementia which we identified during our checks of the environment, such as the storage of personal protective equipment (PPE). The registered manager took immediate action to reduce the risk and identify long term solutions to ensure that PPE was only accessible to staff.

### 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 which included cleaning checks and temperature checks. Staff were trained to support people to take their medicine and had their competency checked.
- Systems were in place for administering 'as required' medicine and medicine to people covertly. There was detailed guidance to support staff when administering 'as required' medicine such as paracetamol for pain. We observed staff would follow this process when administering medicine and ask whether people were in pain. There was guidance around medicines that could be given covertly, and input from the doctor and pharmacist had been obtained to ensure this was safe practice and in the person's best interest.
- Records of administration of people's medicine were not always being accurately completed. The service had recently moved to boxed and bottled medication and stock checks were not always being completed. We saw that record keeping had already been identified through medicines audits and action was ongoing to embed good practice with staff.

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

- People felt safe. People and relatives told us they felt the service was safe and staff were quick to act to keep people safe. A relative told us, "Overall, my [family member] is safer here."
- Staff understood their roles and responsibilities to keep people safe. Staff had completed training in this area and there were policies and procedures to guide staff on the action they needed to take if they had concerns.
- Safeguarding concerns were investigated. The registered manager investigated safeguarding concerns and worked closely with the local authority safeguarding team to act where areas of improvement had been identified through a safeguarding concern. For example, an action plan had been developed in response to a fall, the registered manager had completed many of the actions identified and was providing updates to the local authority.

### Preventing and controlling infection

- The home was clean, tidy and free from any unpleasant smells. A programme of redecoration was in place. One family member commented, "My [family member's] room is always kept clean and tidy."
- Staff had access to equipment to promote good infection control. We witnessed that staff used equipment, such as disposable aprons and gloves when supporting people with personal care to reduce the risk of infections.

### Learning lessons when things go wrong

- Accidents, incidents and safeguarding concerns were investigated and used to improve the quality of the service. Information was analysed for themes and trends and action plans developed to reduce future risk. The registered manager talked through the action plan following the recent falls and the progress that had been made. The majority of actions had been fully completed and review of actions was ongoing.



# 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 inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's care needs were assessed by staff prior to admission to the home. This information included details about people's needs and preferences and staff understood this.
- People's care needs were reviewed by staff. The registered manager regularly reviewed care and support records and updated care plans monthly or when changes occurred.

Staff support: induction, training, skills and experience

- Staff received training relevant to their roles from the provider. We saw that staff were all up to date with mandatory training and staff told us they had all the training they need to support people safely. We saw that staff could access additional training to learn more about areas of care they were interest in. Staff were encouraged to become 'champions' in these areas to share their knowledge and embed good practice within the service.
- Staff received regular support and supervision by the manager. Staff told us they felt well supported in their roles and one staff member said, "The management are approachable, and the staff all support each other." The home manager completed competency checks with staff on a regular basis.

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

- People were supported to eat and drink by staff. Where people required additional support to eat and drink this information was recorded in care plans and staff were patient when providing this support.
- A choice of meals was provided, and food looked appetising. The chef understood how to meet people's dietary needs, such as those who required a softer diet, fortified meals or had food allergies. People told us the food was good and one person said, "The food is good here, great breakfasts and drinks whenever I want." Relatives generally agreed, and one told us, "[Family member] seems to like the food and there certainly appears to be enough choice."

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 live healthier lives. People told us staff were quick to respond to them becoming unwell and would get them the help they needed. One person told us, "They don't mess about. If you need to see the doctor, it will happen."
- Staff made referrals to services as people's needs changed. We saw that staff referred people for specialist input from other health professionals, such as the tissue viability nurse service or speech and language therapy, when people required this input. The advice and information from health care professionals was incorporated into people's care plans.

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

- The environment was adapted to meet people's needs. There were dementia friendly signs to help people move independent throughout the home and work was ongoing to make people's bedroom doors easier for them to identify. One staff member was attending a course on dementia and had significant input regarding improvements within the home, such as colour contrasting walls and handrails.
- There was a programme of redecorating being undertaken throughout the home. We saw the areas of the home, including some furniture was tired or damaged. During the inspection there was work being undertaken to improve the kitchen and dining area and the registered manager told us that new furniture had been ordered for the communal lounge.

#### 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service assessed people's mental capacity and applied for DoLS authorisation where people were subject to restrictions. The registered manager had a system to ensure they knew when applications had been authorised, whether there were conditions to these, and when these needed to be reviewed.
- Staff completed training in MCA and understood the importance of best interest decisions. Care plans demonstrated that best interest meetings were held with relevant people and were decision specific. Staff consistently asked consent from people prior to giving support and respected people's right to refuse.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were kind and caring and knew people well. We saw positive interactions between people and staff. Staff understood people's interests and preferences and knew how to engage people. One relative told us, "You are always made to feel welcome here."
- There were positive relationships between people and staff. People told us how kind staff were, and one person said, "The staff all have the same kind and caring approach." Relatives confirmed this was the case and said, "It pleases me that my [family member] and their carer get on so well." Staff spoke about people with genuine affection and told us, "It's all about the person. You have got to build relationships and trust with them."

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

- Staff supported people to make decisions and promoted choice. We saw that staff would offer people choices in their lives. Visual aids were used to support decision making, staff gave people time to make choices and would try various strategies to enable people to make decision.
- People and families were involved in developing care plans. Where possible people and their representatives were involved in conversations about preferences and support needs. One person told us, "The staff here know what I like and try to avoid what I don't like."

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible. Throughout the day we saw the people were encouraged to do as much as they could for themselves and staff supported people with additional needs.
- People's privacy and dignity was respected. We saw that staff considered people's privacy and dignity and were discreet when supporting people with personal care. Care plans reflected the importance of ensuring people's dignity and privacy was maintained. One person told us, "They [staff] do try to protect my privacy and dignity, particularly when I forget things."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans contained details of people's care and support needs. Staff knew how to deliver personalised care and knew people well. We spoke to the registered manager about ensuring records were person-centred and this was an area that had been identified as part of the service improvement plan.
- Staff consistently promoted choice with people. People were encouraged to make choices in their daily lives and staff had a good understanding of people's likes and dislikes. One person said, "It's nice that I can get to choose when I want to do things, and staff are always checking on you." A relative told us, "The carers have got to know [family member] and that has made a difference."

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 registered manager understood how to meet people's communication needs. Communication needs were fully assessed prior to admission to Bowerfield House and the registered manager told us they could adapt information to any format as required. This included translating information and guides to different languages and providing information in larger formats.

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 a range of activities. There was a part time activity co-ordinator in post and in their absence, staff took responsibility for supporting people to engage in activities. We observed that staff were committed to delivering a range of activities and skilled at engaging people to participate with these. Activities included music and entertainment, arts and crafts, games and themed events.
- People enjoyed the activities available at Bowerfield House. One person told us, "The activity lead puts a lot of effort in to activities and they clearly try to find something we like." A relative said, "[Family member] really looks forward to doing activities and I can join in if I want."

Improving care quality in response to complaints or concerns

- Complaints were investigated and responded to. The home maintained a record of complaints and compliments and used the analysis of this to develop action plans and drive improvements.
- People knew how to make complaints and felt able to do this. People and visitors told us they were generally happy with the service and did not have complaints, although one relative told us they had made

a complaint and were awaiting a response. We spoke to the registered manager about this complaint and they advised this as currently being investigated and a response would be provided to the complainant once the investigation had been completed.

#### End of life care and support

- There were processes to support people at end of life. At the time of the inspection nobody was receiving this type of support. The service had end of life care plans and completed these when people needed this type of support. We spoke to the registered manager about having conversations with people about support needs in this area at an early stage, should people wish to engage in this, to ensure this type of care was as personalised as possible.
- Plans to improve end of life care were in place. The service had identified a staff member to become a champion in end of life care and intended that they would take the lead to promote this with staff, people and families.

# 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

- The registered manager was keen to develop and embed an open culture for people, relatives and staff. The registered manager held regular meetings with staff and staff told us they felt able to raise issues and contribute to the development of practice within the service.

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 provider had systems in place to ensure incidents, accidents and complaints were fully investigated. We saw these included arrangements for independent investigators to undertake and complete investigations when this was more appropriate. The provider would arrange for written responses to be provided to people with apologise when things had gone wrong. Action and learning occurred when incidents happened.

- The registered manager was committed to driving learning and improvement within the home. We saw that the staff were actively working with the action plan and progress was being made.

- The registered manager regularly assessed and monitored the quality of service. This included using audits and systems for feedback. We saw evidence they had acted upon any findings from these audits and improvements were made 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 was experienced, and staff were knowledgeable about the needs of the people they supported. Discussion with staff confirmed they were clear about their roles and between them provided a consistent and organised service. There were clear lines of responsibility which covered both permanent staff and agency staff. This ensured that all staff were clear of the procedures of the home and expectations of them whilst working at Bowerfield House.

- The registered manager understood their legal obligations, including conditions of the Care Quality Commission (CQC) registration and those of other organisations. Since we visited the service we found the provider had not sent a required notification to the CQC in a timely way. This is a potential breach of Regulation 18: Notification of other incidents. We will follow our processes to consider an appropriate response to this outside inspection.

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

characteristics; Working in partnership with others

- People and their families had opportunities to be involved in service development. This was done through meetings and surveys. However not everyone we spoke to was aware of these meetings. Surveys were completed on an annual basis by an independent organisation and the results from this was fed back and used to drive improvement within the home.
- Staff felt involved in service development. Staff meetings were held on a regular basis and staff were asked to complete annual surveys to obtain their views of how the service was run. Any areas for improvement were incorporated into action plans for the service.

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 18 HSCA RA Regulations 2014 Staffing  There were not always enough staff to meet the needs of people living at Bowerfield House