

Bowercroft Care Limited

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Inspection report

Bowercroft
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Maidstone
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Tel: 01622672623

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Bowercroft Care Limited is a residential care home providing accommodation and personal care for 18 older people. At the time of this inspection 15 people were living permanently in the service and one person was staying for a period of respite.

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

People's experience of using this service:

People told us they enjoyed living at the service and felt safe. One person said, "It's a happy home, all the staff are lovely and caring. You've only got to ask and they will do anything for me." We observed kind natured interactions between people and staff. Staff knew people well and protected people's dignity whilst maintaining their privacy.

People's safety had been promoted and potential risks posed to people had been mitigated. Equipment used within the service had been regularly serviced to ensure they were in good working order. The registered manager and staff understood their responsibilities about safeguarding and had been appropriately trained.

There were enough appropriately trained staff on duty to meet people's needs. Staff were recruited safely to ensure their suitability to work with people. Staff received support and guidance in their role by the registered manager.

Accidents and incidents were recorded, and risk assessments were in place for the event of an emergency. Arrangements were in place for the safe administration of medicines.

People were involved in planning their care and support. Care plans were person-centred and promoted people's independence. Care records were regularly reviewed and updated when necessary. People's needs were assessed before they moved into the service.

People were supported to maintain their nutrition and hydration with a variety of choices. People could access appropriate health care services when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were involved in planning and reviewing their care and support.

Systems were in place to monitor and improve the quality and safety of the service. People's feedback about the service was actively sought and acted on. The provider had a continuous development plan in place to enhance and improve people's experiences.

Rating at last inspection: At the last inspection the service was rated Good (published 22 August 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Bowercroft Care Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector, an assistant inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

Service and service type:

Bowercroft Care Limited is a care home. People in care homes receive accommodation and personal care. 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:

The inspection was unannounced.

What we did:

Before visiting the service, we looked information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury. We also looked at information sent to us by the registered manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed three people's care records, which included care plans, risk assessments, daily care records and medicines records. We looked at documentation that related to staff management and recruitment

including four staff files. We also looked at a sample of audits, health and safety checks, accidents and policies and procedures.

We gathered people's experiences of the service. We spoke with nine people and five relatives. We spoke with the visiting GP. We also spoke with the registered manager, the provider and two care staff. We observed the support people received from staff when in communal areas.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Bowercroft Care Limited and said they would happily speak to the staff if they had any concerns. Comments included, "I feel safe much safer than at home when I was falling", "Always people around, I am much safer here than when I was at home" and "I feel safe because there is always someone about night and day."
- We observed good humoured exchanges between people and staff; people appeared comfortable in the presence of staff.
- Staff received regular training about protecting people from abuse. Staff could tell us the potential signs of abuse and knew how to take action if they had suspicions.
- Records showed the registered manager had raised potential safeguarding concerns with the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Guidance was in place to minimise potential risks posed to people. For example, potential risks relating to the person's mobility, health, nutrition and hydration and skin integrity. Staff understood and followed the actions to reduce the risk to people including, regular monitoring and recording.
- Staff knew people well and understood the potential risks posed to people. Risk assessments were person-centred and were kept under continuous review to meet people's changing needs.
- Regular safety checks were completed of the building to ensure the safety of people. These included checks of the fire alarm system, hot water temperatures and the emergency lighting.
- Equipment used to keep people safe was regularly checked and maintained such as, mobile hoists and slings to support people to move if they were unable.
- The registered manager completed a monthly audit of potential risks internally and externally of the building.

Staffing and recruitment

- People told us they felt there was enough staff to meet their needs. Observation showed people did not have to wait for support from staff when they requested it. Relatives commented, "Staff are quite constant" and "Always somebody around."
- The registered manager used a dependency tool to ensure the staffing levels were appropriate to meet people's needs. Records showed staffing levels had increased when additional people stayed for a period of respite or people's needs had increased.
- The registered manager completed appropriate pre-employment checks for new staff, to check they were suitable to work with people. This included obtaining references from previous employers and completing a check with the Disclosure and Barring Service (DBS). A DBS check provides information about any criminal

convictions a potential staff member may have. These checks helped make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely and administered by staff that had been trained, and had their competency assessed.
- People told us they received their medicines when they needed them. One person said, "They keep me informed regarding medicines, I know what and when I take them." A relative said that staff ensured they were, "Kept informed if there are any changes in medication, there is always excellent communication."
- Staff followed individual care plans that recorded how and with what fluid people wanted to take the medicines with. Observation of the morning medicine round showed people were given the time they needed to take their medicines in a calm and positive way.
- Some people had been prescribed 'as and when required' PRN medicines such as paracetamol. We observed people being asked discreetly if they were in pain and required PRN medicines during the morning medicines round.
- During the medicine round one person chose not to take their prescribed medicine and because they were anxious and upset. The member of staff respected the person's wishes offering reassurance which appeared to calm the person. The person moved into another room and was smiling and talking with others; the member of staff spoke to the person again later about their medicines and the person was happy to take them.

Preventing and controlling infection

- People told us and observations confirmed the service was clean and smelt fresh. Comments from people included, "Clean and well maintained" and "Clean, well maintained, the night staff do some cleaning."
- Staff had been trained and understood the importance of using equipment to prevent the spread of infection. For example, the use of personal protective clothing such as, gloves and aprons.
- The registered manager completed a monthly infection control audit which included, hand washing facilities, cleaning and disinfection and the monitoring of the domestic staff's daily cleaning schedule.

Learning lessons when things go wrong

- Accidents and incidents involving people were recorded and monitored. The registered manager completed an investigation following all accidents and incidents to identify any patterns or trends; these were then used to reduce a reoccurrence.
- The registered manager held debrief sessions with staff following an incident to identify any potential causes and make changes if required.

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

Good: 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 needs were assessed with them, their relatives and the registered manager prior to an admission to the service either for a period of respite or a permanent admission.
- The registered manager used this information to ensure staff would be able to meet the persons needs; and whether they would suit the other people living in the service.
- People's individual protected characteristics under the Equality Act 2010 were considered during the initial needs' assessment, this included people's needs in relation to their religion, sexuality and communication.

Staff support: induction, training, skills and experience

- Staff told us they continued to receive the training they required to fulfil their role and meet people's needs. Staff were able to complete additional courses to strengthen their skills and knowledge. One member of staff said, "They are very very good if you want something the manager, deputy manager or the boss will follow it up."
- The registered manager used a training matrix to monitor staff's training and book the required courses. A relative said, "I think the staff are well trained, they seem confident in what they do."
- Staff felt supported in their role by the management team. Staff were given opportunities to discuss their role and performance through regular supervision and team meetings.
- There was an induction process for new staff to complete, this included, completing the provider's mandatory training and working alongside experienced staff to get to know people.

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

- People's nutrition and hydration needs had been assessed on an individual basis. Staff followed guidance from health care professionals such as, dieticians and speech and language therapy (SALT) to maintain people's nutrition and hydration.
- Some people required additional aids to enable them to eat independently such as, a specialist cup and food being cut into small pieces. Records of the food and fluid intake for people that were assessed as needing these had been completed. People's weight was regularly monitored and appropriate referrals were made if staff were concerned.
- People spoke highly of the food and the variety of choices they received. Comments included, "The sausage casserole is lovely; we always get nice fresh vegetables", "Always get good food" and "Can help yourself to squash in the lounge." The menu included two hot meal options however, people were able to choose something different.
- Staff including the kitchen staff knew people's likes and dislikes in relation to food and drinks. We observed breakfast where people were able to choose from a variety of options. Some people required a

visual reference of what was available; staff used show plates of food to enable people to make a choice. People's specific likes were catered for, such as prunes to add to their porridge.

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

- People were supported to access the health care they needed to promote their health and well-being. Staff followed people's care plans that detailed the specific support the person required to maintain their health. For example, support with mobility or to maintain healthy skin.
- People told us they were able to access a variety of health care services to meet their needs. One person said, "Doctor, hairdresser, chiropodist and optician are all regular visitors." Comments from relatives included, "Doctors here within hours of wanting one and they call me to say they have called the doctor and always communicate what they have said" and "The staff are very reactive to the people here."
- Staff worked closely with external health care professionals, following the guidance they had written. The GP said when speaking about the staff, "They are excellent, they are a very good team, they are switched on to signs of illness. They are quick to call but they are appropriate."
- Detailed records were kept of all appointments with health care professionals, their outcome and any action that was required. The GP visited the service on a weekly basis to see people that the staff were concerned about or if people had requested to see them.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The registered manager and staff had been trained and understood how the principles of the MCA applied to their role. Staff were observed asking people for their consent prior to any care or support tasks.
- Records showed that MCA had been completed with people, where people had been assessed as lacking the capacity to make a certain decision records were kept of best interest meetings that had been held. The registered manager had ensured any DoLS applications had been made and that any conditions to authorisations were met.

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

- The service had been designed to meet people's needs and included facilities such as sloping ramps to enable access to all areas of the service; both internally and externally.
- People's bedrooms were easily identifiable to meet people's needs. Some bedroom doors had photographs of family members and past interests. The toilet, dining room and hair salon were signposted. These enabled people to find and access rooms independently.
- The provider had recently invested in a wash basin which was within the conservatory and was used as a hair salon when the hairdresser visited. The wash basin enabled people to have their hair washed as if they were in a salon.
- We observed people walking independently around the service accessing different areas. One person said, "I like to do the gardening and I do the back garden."

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

Good: 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

- People told us the staff were kind, caring and respectful. Comments included, "The care is excellent, there is nobody I don't like" and "The staff have made the effort to get to know me."
- Relatives spoke highly of the staff and the service their loved one received. Comments included, "I'm very happy with my dad being here and I often find fault with things but I can't find any fault here", "The overall level of care is excellent. We looked at fifteen different homes before looking at this one but as soon as we arrived here, we knew there was no point in looking at anywhere else" and "Can't praise them enough it's homely, like an extended family, easy and light hearted."
- Staff knew people well including their personal histories and we observed staff spending time talking to people about their interests. Staff were respectful of people's wishes and referred to people in their chosen name; this was a name different from their name at birth.
- Staff responded to people in a respectful way; we observed one member of staff sitting next to a person speaking and reassuring them.

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

- People were actively involved in the development of the care and support they received. People had been involved in the development of their care plan which was reviewed and updated with them and their relatives.
- People's views were sought through resident meetings. These meetings gave people the opportunity to provide feedback about areas of the service such as, the food and activities that were available to people. The registered manager used these meetings to update people about any changes within the service such as, the new boiler and heating system.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff protected their privacy and dignity at all times. People said and observations confirmed that staff knocked on bedroom doors and waited for an answer before entering.
- Staff gave examples of how they protected people's dignity whilst supporting them with personal care. For example, closing doors, curtains and covering people up as much as possible.
- Staff used a privacy screen which was stored in the lounge. Staff told us that this was used if a person had fallen for example, to protect their privacy and dignity out of the view from other people.
- Care plans detailed what people could do for themselves to maintain their independence. Some people used adapted utensils to enable them to eat independently. Staff encouraged people to be as independent as they wanted to be.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and were regularly reviewed to ensure they met people's needs. Comments from people included, "My care plan is updated regularly" and "My care plan is in my drawer and it is reviewed regularly." Relatives told us that they were involved in review meetings to ensure care plans contained the relevant information.

- Care plans contained detailed guidance for staff to inform them how people wanted their needs met. These included information about, communication needs, how the person made decisions, spiritual beliefs and support to manage specific health needs. Care plans recorded people's likes, dislikes and personal histories; staff used this information to engage people in conversations.

- People told us they participated in activities they enjoyed. Comments included, "I join in with the activities, I like the singers", "I'm happy with the morning activities, I like to do my own thing in the afternoon" and "I enjoyed the 50's sing along and dancing."

- The provider employed an activities coordinator who offered people a range of activities during the morning. On the day of our inspection people played bingo, followed by reading through reminiscence newspapers. The activities coordinator told us they used the information from people's likes and dislikes to plan activities. Some people had been supported to go for walks in the local community and had a one to one session in their bedroom.

- The provider told us they planned to extend the activity role to cover the afternoon as well as the mornings. External singers visited the service monthly; people that spent time in their bedroom were given the opportunity to hear a song in their room.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a suggestion or raise a complaint however, they had not needed to. Comments from people included, "I'm quite satisfied about how I get looked after and if I wasn't, I'd do something about it", "Would go to the deputy manager if I had a complaint but I've never had to" and "No complaints whatsoever the staff are lovely."

- People were given the opportunity to raise any concerns or complaints with the staff at any time. One person said, "Any little niggles get resolved quickly."

- A complaints policy and procedure were in place which was accessible to people and in a format, people understood.

- The registered manager told us there had not been any formal complaints since the last inspection; any concerns or suggestions that are made are acted on and resolved promptly.

End of life care and support

- People were supported to discuss the care and support they wanted at the end of their life, if they wished to. Some people had chosen details such as whether they wanted to be buried or cremated; other people

had requested to stay in the service at the end of their life.

- Staff completed training relating to supporting people at the end of their life and said they would work together with the district nursing team.
- At the time of our inspection no one was receiving care at the end of their life.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- People told us they knew the provider and the registered manager who they saw on a regular basis. One person said, "The manager and owner are very approachable." Relatives told us they felt the management team were proactive and ensured effective communication. Relatives comments included, "The managers are all very approachable and I can come and go when I like" and "Any changes or any problems they are straight on the phone."
- Staff told us the management team and provider were approachable and always listened to their ideas and suggestions. The registered manager had worked at the service for a number of years as part of the care team; they promoted an open and equal culture between staff.
- Regular team meetings were held which enabled the sharing of good practice and gave staff the opportunity to make suggestions about the service.
- The provider had a continuous development and improvement plan in place. This included work internally and externally to improve the service for example, redecoration of all corridors and communal areas and further development to the back garden.
- The registered manager and provider understood their duty of candour responsibility, taking responsibility and being honest when things go wrong.

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

- Staff had a clear understanding of their roles and responsibilities and told us they "Loved" working at the service. Staff were given a contract of employment and a job description that outlined their role.
- The management and staff team were committed to ensuring people received a high quality service. There was a commitment to develop the service further for the benefit of people.
- Regular audits and checks continued to be completed to monitor and improve the quality of the service people received. Monthly audits were completed by the registered manager which included an entire systems audit; this looked at care records, care delivery and health and safety. The provider used an external independent auditing company to complete quarterly audits. These audits generated action plans that were monitored and completed by the registered manager and provider.
- The registered manager understood their role and regulatory responsibility. They understood that important events such as death had to be reported to CQC. Notifications had been made appropriately.

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

characteristics

- People and relatives were involved in the development of the service. Annual satisfaction questionnaires were sent out to gather feedback from people and enable an opportunity to make suggestions. These were available in different formats to ensure their accessibility.
- People and their relatives could attend resident meetings where people were asked for their feedback and informed about any changes that were planned, such as new staff.

Working in partnership with others

- There continued to be a joined-up approach to people's care. Referrals for additional health care support were promptly made and staff worked closely with all health care professionals.
- The registered manager told us they planned to develop further links with other services in the local area to share best practice and ideas.