

Baba Sawan Lodge Limited

Bow Lodge

Inspection report

339 Scraftoft Lane
Leicester
LE5 2HU

Tel: 01162433806

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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

Bow Lodge is a residential care home providing personal care to up to 4 people. The service provides support to people with mental health support needs. At the time of our inspection there were 3 people using the service.

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

Risk assessments were in place to manage risks within people's lives, and staff understood how to manage risk.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out.

Medicines were stored and administered safely, and staff had training in this area.

Staffing support matched the level of assessed needs within the service during our inspection. Staff were supervised well and felt confident in their roles.

People told us they enjoyed the food prepared for them, and people's preferences and choices were respected. Healthcare needs were met, and people had access to health professionals as required.

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.

Staff treated people with kindness, dignity and respect and spent time getting to know them. Care plans reflected people likes, dislikes and preferences.

People were able to take part in the activities they wanted to, and staff promoted people's independence. People and their family were involved in their own care planning as much as was possible.

A complaints policy and procedure system was in place.

The managers were open and honest, and worked in partnership with outside agencies to improve people's support when required.

Audits of the service were detailed and any issues found were addressed promptly.

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

Rating

This service was registered with us on 31 August 2021 and this is the first inspection.

Follow up

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?

Good ●

The service was 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.

Bow 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

This inspection was carried out by one inspector.

Service and service type

Bow 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. Bow Lodge is a care home without nursing care. 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 not a registered manager in post. There were 2 managers in post who were going through the registration process.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are

often out and we wanted to be sure there would be people at home to speak with us.

We visited the location's service on 22 February 2023.

What we did before 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 (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

During the inspection we spoke with 2 people who used the service, one relative of a person who used the service, 2 care staff, 2 managers, and the provider. We looked at multiple records including care plans, staff recruitment files, audits, policies and meeting minutes.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good: This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Some documentation relating to the management of a person's diabetes had gaps around checks required with the person. The managers informed us that staff would be reminded to ensure all paperwork reflected the checks that were required to support and monitor the person with this condition. We found no evidence of harm occurring to this person.
- Other risk assessments were in place and reflected risks that were present in people's lives. This included specific risks around people's individual mental health support requirements, and guided staff on how best to manage certain situations, should they occur.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt that safe care was delivered at the service, and that the environment was safe. One person told us, "Yes I'm safe here, I like it here."
- People were helped to keep safe from harm by staff who understood how to protect people from abuse. Staff completed training on how to recognise and report abuse and understood how to implement this.

Staffing and recruitment

- There were enough staff to support people's needs and keep people safe. This included assigned one to one hours of support for individuals. One person told us, "Yes, I have a staff member for one to one during the day. I can choose how to use the support."
- Staff were employed using safe recruitment measures. This included ID checks, references, and Disclosure and Barring Service checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were safely administered by staff who were trained to do so. We checked the medicine administration records, which showed that medicines were given at the correct time and signed for.
- Appropriate training and supervision was given to staff which included training by medical professionals in the administration of insulin. Staff who had not been trained, told us they were not asked to administer medicines, and would only do so once training was completed.
- Guidelines were in place to ensure that medicines which were only to be taken as and when required, were properly managed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service was following government guidelines on visiting procedures. People and relatives both confirmed that visiting took place and was in line with guidelines.

Learning lessons when things go wrong

- There were systems and processes in place to manage and monitor any accidents or incidents. Staff understood how to record and report incidents for investigation by the management team so that lessons could be learnt. Where identified, lessons learned were shared with the team at staff meetings.

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.

This is the first inspection for this newly registered service. This key question has been rated

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- An assessment of people's needs was completed before they moved into the service. The managers explained that only people whose needs could be effectively and safely supported would be able to live in the service. Consideration was also given to the compatibility of people living together in the same house.
- People's needs in relation to equality and diversity were considered and documented within their care plans.
- People had personalised care and support plans which contained guidance for staff to follow to ensure people's needs were met in the way they preferred.

Staff support: induction, training, skills and experience

- Staff received the training they needed to complete their roles effectively. This included training to work with people who have a mental health support needs. Staff felt confident the training prepared them for their roles, including the support of people with complex needs.
- Newly recruited staff received an induction training package which included spending time with more experienced staff, and completing basic training. Staff without previous qualification in care were enrolled on the The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Staff understood people's dietary needs and preferences. For example, they made referrals to professionals such as speech and language therapists to support people with any risks around choking.
- People's care plans contained information around their likes and dislikes, and people told us they were able to eat the things of their choice when they wanted.

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

- The service was all on one floor, and fully accessible to the people living there. People's rooms were personalised, and there was a communal area for people to use. Garden space was available, as well as an external games/leisure room at the back of the garden.
- People told us they were happy with their environment, and felt at home.

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

- Information and guidance were available for staff to help them understand people's health needs and any risks present. People were referred to health care professionals promptly as required, to support their health and wellbeing.

- Staff had good knowledge of people's medical and health needs, and supported people to manage these effectively. One staff member told us they supported a person to recent hospital visits to see a specialist doctor, for the monitoring of their ongoing health requirements.

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 <, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.>

- Some information in care plans around people's capacity was not always clear. The managers showed us new capacity assessments that had taken place, and told us that care plans would be updated to reflect people's current circumstances, and old information removed.

- People's capacity to make informed decisions were considered. The service had worked alongside other professionals in ensuring that appropriate authorisations were applied for when depriving a person of their liberty.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: 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

- People and relatives told us that people were cared for in a dignified and respectful way, by staff who interacted with people in a positive manner. One relative told us, "They [staff] have been brilliant. It's a lovely home, its purpose built, and they all do a great job." One person said, "I get on well with all the staff. They know me and know what I like."
- Our observations during inspection, were of staff who were kind and caring towards people. Staff spoke with people in a polite and friendly manner, gave people the time they required to speak, and respected people's space.

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

- Staff and managers knew people well, and were able to identify and respond to changes in people's behaviours, and knew how people could best communicate their views and wishes.
- Care planning documents referenced the way people preferred to be cared for, and how they could be involved in their own care and decision making where possible. Staff understood and respected this. When appropriate, family members were involved in decision making alongside people.

Respecting and promoting people's privacy, dignity and independence

- We found that medicine administration records were being kept in a folder on top of the medicines trolley, which was accessible to people in the house. We discussed this with the manager who arranged for the folder to be kept securely in future, to ensure people's personal information was kept securely.
- People told us that staff respected their privacy and dignity, and knocked on doors before entering rooms.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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

- Care plans contained personalised information about people's likes, dislikes and preferences. We found that some information in the care plans was not always accurate, and had some conflicting information. The managers told us this would be reviewed and updated immediately.
- Staff treated people as individuals, and supported them to follow interests and achieve as much independence as they could. Some further work was required to document this process and show how staff were identifying goals with people, and if they were setting any targets for things in their lives they may want to achieve.
- People felt treated as individuals and had their independence promoted. Staff spoke about the support given to one person, who with support and encouragement, had gradually been able to go outside the home, after not feeling able to for some time.
- People were able to take part in activities if they chose to, by sometimes going to the neighbouring property, which was another home run by the provider. There they could join other people in group activities.

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 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.

- Their management team were aware of the requirement to provide information in an accessible format if people required it. At the time of inspection, nobody required any information in alternative formats.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place, and people and their relatives knew how to use it. At the time of inspection, no complaints had been made.

End of life care and support

- Nobody living at the service required end of life care at the time of inspection. Care plans contained sections for people to record their end of life care preferences, if they wished to.

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.

This is the first inspection for this newly registered service. This key question has been rated Good: 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 service had 2 managers who were going through the registration process, both of whom were enthusiastic about continuing to develop and improve the service, and continue to promote a positive culture within the home.
- Staff were positive about achieving good outcomes for people. People and relatives we spoke with told us that staff were supportive of people, encouraged independence, and empowered people. One relative said, "The staff have been good with [Name]. It's a good place for them to be, and they understand their needs."

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

- The management team were aware of the duty of candour, and that if mistakes were made, they had a duty to be open and honest and take any necessary action.
- The management team understood information sharing requirements and knew that when concerns were identified, notifications should be sent to the CQC as required by law.

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

- Staff were clear about their roles and responsibilities and felt well supported. One staff member said, "I can ring the managers any time, if I have an issue, we can ring next door (provider's other service). There are managers on site or on call."
- Team meetings were held to enable staff to discuss any issues and be updated. We saw minutes of meetings which included discussions on record keeping, medicine management and training. Staff told us communication was good and they felt kept up to date with any important matters.

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

- People and their relatives felt engaged with. This included meetings for people living at the service, where matters such as activities, food, and feedback on staff were discussed.
- Both people and staff told us they were asked their opinions on the quality of care, and felt able to feedback. The management team told us they would implement either a suggestion box or questionnaire, so that anonymous feedback from people was also an option.

Continuous learning and improving care; Working in partnership with others

- Systems and processes were in place to monitor the quality of the care provided. The management team had checks and audits in place to ensure any mistakes were found, and improvements could be made.
- The provider was also regularly on site, and undertook regular checks with the managers to ensure standards within the service remained high.
- The management team and provider were open and honest during our inspection. The service had worked in partnership with other agencies including the local authority, to make improvements within the service.