

Bowerswood House Retirement Home Limited

Bowerswood House

Residential Home Limited

Inspection report

Bowers Lane
Nateby
Preston
Lancashire
PR3 0JD

Tel: 01995606120

Date of inspection visit:
28 June 2017
05 July 2017

Date of publication:
31 August 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection was carried out on the 28 June 2017 and the 05 July 2017. The inspection was unannounced.

Bowerswood House is a large country house set in its own grounds. The home offers residential support to older people. The home can support up to 24 people in mostly single en suite bedrooms. Rooms are on ground or first floor levels with lift access. There are large communal areas including two lounges and a dining room. The home is a short drive from the town of Garstang.

At the time of the inspection visit there was a manager in place who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected Bowerswood House in October 2015. The registered provider did not meet the requirements of the regulations during that inspection as multiple breaches of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. Breaches were identified in good governance, consent to care and treatment, staffing and safe care and treatment.

Following the inspection the registered provider sent us an action plan detailing how they would achieve compliance with the regulations. At this inspection visit we checked to see if they had followed their plan and found some improvements had been made.

During this inspection visit carried out in June 2017 we found good practice guidelines were not consistently followed to ensure people received their medicines safely. We found medicines were not always stored safely and medicine records were not always accurate. In addition we found one person was managing their own medicine but we found the records and care planning about this were not accurate. We saw medicines were sometimes administered without consideration for people's dignity and checks in place had not identified the improvements required in the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment.)

At this inspection we found some improvements had been made. We found staff had access to a range of refresher training to enable them to update their skills. This included training in moving and handling, safeguarding, the Mental Capacity Act and Deprivation of Liberty training. Staff told us they received supervision and they could approach the registered manager or the deputy manager if they wanted clarity or had any concerns.

We found improvements had been made to the environment. We saw window restrictors had been fitted to

windows, PEEPS were in place and fire doors were closed.

The registered manager carried out checks to ensure improvements could be identified. These included checks on care records, attendance at training and accidents and incidents. There was a quality survey in place, which was provided to people who lived at the home. This enabled people to give feedback on the service provided.

We reviewed documentation which described the care and support people required. The documentation we viewed contained the social histories and interests of people who lived at the home. We saw if people required advice from other health professionals, referrals were made appropriately.

We observed care and support being provided in a safe way and people told us they felt safe. One person told us, "I feel very safe here."

Staff were able to explain the actions they would take if they were concerned someone was at risk of harm or abuse. They told us they would report concerns to the registered manager, the Care Quality Commission or the Lancashire Safeguarding Authorities so further investigations could take place. One staff member was unclear on the processes in place to report concerns externally. We discussed this with the registered manager to enable further action to take place.

We checked to see if people without mental capacity were lawfully deprived of their liberty if this was necessary. We found appropriate applications to deprive people of their liberty were made to the local authorities as required.

We reviewed staff files and found there were processes that ensured staff were suitably recruited. Staff we spoke with confirmed checks had been carried out prior to starting work at the home.

We discussed staffing with people who lived at the home. People and their relatives told us, "I don't have to wait for help." And, "There's no concerns with staffing." During the inspection we saw staff were patient and kind with people who lived at the home. We saw people were supported at a pace appropriate to their individual needs.

People who lived at Bowerswood House Residential Home Limited told us they considered staff were caring. One person told us, "The staff are simply superb." We observed people being supported with kindness and compassion.

People who lived at the home told us activities were available for them to participate in if they wished to do so. One person said, "People very often come in." And, "I go to the musicals and I like the film afternoons."

There was a complaints policy available at the home. People told us they would talk to staff if they had any concerns.

People told us they enjoyed the meals provided. We observed the lunchtime meal and saw this was a positive experience for people who lived at the home. Staff gently encouraged people to eat and we saw people enjoyed their meal.

People who lived at the home told us they could speak with the registered manager if they wished to do so. We saw meetings were held for people to express their opinions and people who lived at the home and their relatives told us the manager was approachable.

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

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.

There were systems in place to manage medicines appropriately, however best practice guidance was not always followed.

Staff were suitably recruited, and staffing levels were sufficient to respond to peoples' individual preferences.

Assessments of risk were carried out and care records contained information on how risks should be managed.

Staff were aware of the policies and processes to raise safeguarding concerns if the need arose.

Is the service effective?

Good 

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

There was a training programme to ensure people were supported by suitably qualified staff.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

Is the service responsive?

Good ●

The service was responsive.

Activities were available for people to participate in.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

There was a complaints policy to enable people's complaints to be addressed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality assurance systems had not always identified improvements required.

The manager consulted with people they supported and relatives for their input on how the service could continually improve.

People, relatives and staff told us the manager was approachable and supportive.

Bowerswood House Residential Home Limited

Detailed findings

Background to this inspection

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

This comprehensive inspection was carried out on 28 June 2017 and the 05 July 2017 and the first day was unannounced. The inspection team consisted of one adult social care inspector, a pharmacist inspector and an expert by experience. An expert by experience is someone who has experience of health and social care. The expert by experience who participated in this inspection had experience of older people. At the time of the inspection visit sixteen people lived at the home.

The provider returned the completed Provider Information Return (PIR), within the requested timeframes. A PIR is a form which asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed this as part of our inspection planning.

Before the inspection visit we viewed information the Care Quality Commission (CQC) holds about Bowerswood House Residential Home Limited. This included any statutory notifications, adult safeguarding information and comments and concerns. We also contacted the local commissioning authority to gain their views of the service provided. This helped us plan the inspection effectively.

As part of the inspection visit we spoke with twelve people who lived at the home and three relatives. We spoke with the registered manager of the home, the deputy manager, the administrator and the cook. We also spoke with three care staff. We walked around the home and spent time in the communal areas. This allowed us to observe the interactions between people who lived at the home and staff.

We looked at a range of documentation. We looked at three care records and three staff files, staff rotas and

health and safety documentation. As part of the inspection we viewed a sample of nine records relating to people's medicines. We also viewed a sample of accident and incident records.

Is the service safe?

Our findings

We asked people if they felt safe. People told us, "I feel very safe here". And, "This is a safe place to live." Relatives we spoke told us, "I'm not concerned at all with [my family member's] safety."

At the last inspection carried out in October 2015 we identified issues relating to medicines recording and administration which breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment.). An action plan had been developed that addressed these issues by improving training, staff competency checks and auditing. At this inspection we found some improvements to previously identified issues had been made, however, we found a number of concerns with medicines that placed people at unnecessary risk.

We looked at a sample of people's medicines record and medicine stocks. The medication administration records (MAR) were supplied by a pharmacy to the home. These MAR did not always contain the required information to keep people safe. For example, MAR's did not consistently record the allergy status of people as per The National Institute for Health and Care Excellence (NICE) guidance, Managing medicines in care homes (SC1). This meant there was a risk people might receive medicines they are allergic to. No photographs of people were kept with the MAR to help identify them so there was risk people might be given the wrong medicines.

Medicines were stored securely in a locked trolley and storeroom. However medicines that required cold storage in a fridge were not safely kept. The fridge was not lockable and did not have fully restricted access. The fridge was not a suitable medicines fridge and no records of the temperature were kept. This meant there was a risk that medicines kept in the fridge would not be stored safely and be unsafe to use.

Controlled drugs were stored in suitable controlled drugs cupboards and access to them was restricted. However records were not accurately or legally maintained so there was a risk these medicines could be misused.

When we observed part of the lunchtime medicines round we saw a care worker administer a cream and an eye drop whilst the person was having their lunch. This did not reflect good practice. We checked the medicines records for nine people and spoke with three people about specific issues regarding their medicines. One person was managing their own medicine but we found the records and care planning about this were not accurate so there was a risk they would not receive the right amount of support to do this safely. Another person was prescribed two different painkillers that were prescribed in varying doses and to be taken when required; we found no information or written guidance to support the safe administration of these painkillers so there was a risk this person's pain might not be managed properly.

We checked the records for a person taking a medicine that required regular blood tests to check the dose was correct. We found there were no records about the blood tests and the subsequently prescribed dose so there was risk this person might receive the wrong dose.

Medicines audits (checks) were carried out monthly by the managers, these were detailed but had not been effective in identifying the concerns we had seen during this inspection. We saw that these audits and the medicines policies and procedures did not fully reflect The National Institute for Health and Care Excellence (NICE) guidance, Managing medicines in care homes (SC1). This meant there was risk safe practice might not be followed.

Staff who administered medicines received regular training and competency checks but these checks did not take into current best practice so errors and unsafe practice were not being identified and learnt from.

The above matters in relation to medicines are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We last inspected Bowerswood House in October 2015. We found window restrictors were not fitted to a number of windows and fire doors were propped open. In addition, we found people who lived at the home did not have Personal Emergency Evacuation plans (PEEPS.) These are documents which instruct staff in the support people require in the event of fire. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment.)

At this inspection carried out in June 2017 we found improvements had been made. We walked around the home to check it was a safe environment for people to live in. We saw window restrictors were fitted. We found one window restrictor required attention to maintain its safety. We discussed this with the maintenance person who told us the restrictors were checked monthly to ensure they required no repair, however this was not documented. Prior to the inspection concluding we were informed these checks would now be documented and the window restrictor had been fixed.

We noted that some bedrooms had patio doors which led to verandas. We saw these were locked and the key was secured within a locked box. Staff told us access to the keys was restricted to staff. This helped minimise the risk of falls from height. We also saw fire doors were closed and were not propped open. In the event of fire, this helped minimise the risk of fire spreading. We found people had individual PEEPS in place. This helped ensure that in the event of fire, staff had access to information to ensure people were supported safely. We spoke with staff and asked them to explain the procedure they would follow in the event of a fire. Staff we spoke with were able to explain the procedure. They were knowledgeable of the support people would require to enable them to evacuate the home.

We reviewed care records and saw risk assessments were carried out to ensure risks were identified. Written records were in place to instruct in how risks would be managed. We saw one risk assessment had not been updated. We showed this to the deputy manager who updated this prior to the inspection concluding.

We spoke with staff about safeguarding. They told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. They said they would immediately report any concerns they had to the registered manager, the deputy manager, the Care Quality Commission or the Lancashire Safeguarding Authority. One staff member was unsure how to report concerns to the Lancashire Safeguarding Authority. We passed this to the registered manager in order that additional support could be provided.

We looked at staff files to check suitable recruitment processes were in place. We reviewed documentation which showed appropriate recruitment checks were carried out before a person started to work at the service. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to

being employed. This is a check which helped ensure suitable people were employed to provide care and support. We saw records of the checks were kept and references were sought for each new employee.

We asked people their opinion on the number of staff available to support them. People told us they had no concerns. We were told, "I don't have to wait for help." And, "I think there's enough staff here, there's never a long wait if you need someone."

Relatives we spoke with told us they had no concerns with the numbers of staff available to support people. One relative commented, "There's no concerns with staffing". A further relative told us, "There's always staff about." We carried out observations during the inspection visit. We timed a call bell and saw this was answered promptly. Staff spent time with people during the inspection and this was welcomed by people who lived at the home.

Staff we spoke with raised no concerns regarding the staffing levels at the home. They told us they did not have to rush people and they could support people at a pace appropriate to their individual needs. One staff member commented, "We have plenty of time to help people."

We looked at a range of health and safety documentation. We found agreements and checks were in place to ensure equipment and services were maintained safely. We found water temperatures were monitored to minimise the risk of scalds. We noted monitoring had stopped in March 2017. We discussed this with the maintenance person who told us this was as they were waiting for a specialised thermometer to be delivered. At the time of the inspection we tested a sample of taps within the home and saw these were below the temperature recommended by the Health and Safety Executive, 'Managing the risks from hot water and surfaces in health and social care.'

Is the service effective?

Our findings

We spoke with people who lived at Bowerswood House Residential Home Limited to gain their views on the care provided. One person told us, "The care is excellent." A second person said, "The help I get and the way it's given to me is superb." Relatives we spoke with told us they were happy with the care provided. We were told, "My [family member] is extremely well looked after."

At the last inspection carried out in October 2015 we found if people withdrew their consent to receive medicines, their wishes were not always respected. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we spoke with two people who lived at the home and found improvements had been made. We asked them if they consented to receiving medicines prior to them being administered. Both the people we spoke with told us they were asked if they agreed to have the medicines prior to them being given. One person told us, "If I don't want a particular medicine I'm not forced to take it." This demonstrated people were consulted and their wishes were respected.

"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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found applications to restrict people's liberty were submitted to the local authority if these were required. Staff we spoke with were knowledgeable of the applications in place. This helped ensure people received care and support in accordance with their assessed needs.

At the inspection in October 2015 we found staff were not always provided with training to refresh their skills or formal supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing.)

We spoke with staff to check they received sufficient training to enable them to deliver safe and effective care. Staff explained they had received training in areas such as safeguarding, MCA, safeguarding and moving and handling. Staff told us they were provided with training to refresh their skills and they were reminded to complete this. We reviewed the training matrix. This is a document that records the training staff have completed and the training staff are required to complete. This evidenced staff were provided with training to ensure their skills remained up to date.

We discussed training with the deputy manager. They told us they reviewed the attendance of staff at

training and the completion rate of on-line training. They informed us that staff had been reminded to attend training. We saw evidence that training was discussed at staff meetings and staff were informed of their requirement to complete training as required.

Staff we spoke with told us staff received an induction prior to starting to work with people who received care and support. In addition, staff explained they received one to one meetings to discuss their performance and any training needs. We saw documentation which evidenced these meetings took place. Staff told us they attended staff meetings and could discuss any areas of practice at these. Staff told us the registered manager was 'hands on' and they could approach them for advice or support at any time.

People who lived Bowerswood House Residential Home Limited told us they were supported to see other health professionals if the need arose. People told us, "I see a doctor when I need it." And, "I've seen the doctor a few times. They sorted it out for me." Relatives we spoke with told us their family members were referred for further medical advice if this was required.

Relatives we spoke with told us their family members were referred for further medical advice if this was required. Documentation we viewed evidenced people were enabled to seek further medical advice if this was required. We saw referrals to doctors, district nurses and dietitians had been made if this was required. One person told us they had been advised to follow an individual diet as a result of a referral. They said, "I agreed to it. Staff know about it and I'm happy."

Is the service caring?

Our findings

People who lived at the home were complimentary of staff who worked at the home. Feedback included "The staff are simply superb." And, "The staff are here because they want to be and they genuinely do care." All the relatives we spoke with told us they considered staff to be gentle and respectful. One relative told us, "They treat everyone kindly, nicely." They don't talk to people like they're children, they talk to them like they're adults."

We found staff were caring. We observed staff talking with people respectfully and offering help. For example, we noted one person was anxious. We saw a staff member sat with them and reassured them. They told the person they would stay with them until their feelings passed. We saw the staff member sat with them and acknowledged their feelings. They held their hand and provided comfort until the person felt better. This had a positive impact on the person who became less anxious and then relaxed. This demonstrated staff had a caring attitude.

Staff were patient with people who lived at the home. We observed people being helped to mobilise and saw this was carried out in a relaxed way with understanding. Staff offered encouragement and were gentle in the way they spoke with people. We noted people responded to this by smiling and chatting with staff.

We asked people who lived at the home if staff understood them and their individual needs. People told us they did. Comments we received included, "They know because they want to know. They went out of their way to get to know me." And, "When I moved in they asked me what I liked and about me. They've never forgotten." Our observations showed staff knew people's preferences and social history. We observed staff talking with people about things which interested them. For example, we observed a staff member chatting with a person about a personal interest. The person was smiling as they relayed their memories. We saw people being offered the opportunity to be involved in everyday tasks that were important to them. One person was asked if they wanted to help staff and they agreed. We observed them smiling and humming as they dusted. We reviewed the person's care record and saw they liked doing this. This demonstrated staff knew the social histories and interests of people and used this knowledge to support people and build meaningful relationships.

We discussed the provision of advocacy services with the registered manager. The registered manager informed us advocacy support was arranged at people's request and information was available to support this.

People told us their privacy was respected and their dignity was upheld. We were told, "They always knock and wait before they come in" And, "Staff are very conscious to respect my privacy." During the inspection visit we noted staff took care to ensure people's privacy and dignity was respected. We observed bathroom doors were closed when personal care was delivered. We saw staff knocking on people's doors prior to entering their rooms. We noted private bedrooms did not have locks on them. We discussed this with the registered manager who told us people were asked if they wanted a lock prior to moving to the home. We saw documentation which confirmed this and people we spoke with told us they

did not wish to have a lock on their door.

During the inspection we saw there was no lock on a bathroom door. We were informed this had broken and been removed. Prior to the inspection concluding, we received confirmation a new lock had been fitted.

We found care records were stored securely. This helped ensure private information was only available to authorised people. We noted if staff needed to discuss people's needs or wishes, this was done in a private area to ensure details could not be overheard. This helped ensure individual personal details remained private and people's dignity was protected.

Is the service responsive?

Our findings

We asked people who lived at the home if they were involved in the planning of their care. People told us, "They involve me." And, "Of course." Relatives we spoke with told us they were involved in the planning of their family members care. In addition, relatives told us they were consulted if there were any changes. One relative told us, "I've been involved in care reviews with my [family member] and staff."

People we spoke with told us they were able to follow a routine of their choice. One person told us, "It's up to me what I do and it's never been an issue." A further person told us, "I do what I want and the staff follow suit." This demonstrated peoples' preferences were respected.

People who lived at the home told us they could have visitors when they wished. This was confirmed by speaking with relatives. All the relatives we spoke with told us they were able to visit when they wished. Relatives described the staff as, "Welcoming." Relatives also told us they felt comfortable visiting the home. One relative told us, "It's a homely home where you're always welcomed."

We asked people their opinion of the activities provided at the home. One person told us, "I go to the musicals and I like the film afternoons." A further person said, "Great!"

During the inspection we did not see any external activities taking place. We were informed a musical entertainer came to the home and the home organised internal activities such as pamper days and music afternoons. One person we spoke with confirmed this took place. They told us they were able to choose the activities they took part in and if they declined, their wishes were respected. Relatives we spoke with also confirmed some activities were provided. We were told people were encouraged to play board games, musical entertainers visited the home and the home had music afternoons and gentle exercise classes.

During the inspection we saw people being asked if they wanted to take part in craft activities or listen to music. One person asked for support in reading a paper. We saw this was provided. In addition we saw a person was asked if they would like a manicure. The person agreed and we noted they enjoyed the activity. They were seen to be laughing and joking with staff as they chose the nail varnish they preferred and as their nails were manicured.

At the time of the inspection visit people told us they had no complaints. We found there was a complaints procedure which described the response people could expect if they made a complaint. We reviewed the complaints file and found if a complaint was made, this was investigated and a resolution sought. We saw the registered manager cascaded any lessons learned to staff to minimise the risk of reoccurrence. Staff we spoke with confirmed this. Relatives we spoke with told us they would speak with the manager if they any complaints. They told us they were confident any complaints would be addressed.

Is the service well-led?

Our findings

We asked people their opinion of the leadership at Bowerswood House Residential Home Limited. One person told us, "[Registered manager] is marvellous. She knows us all." And, "I like [registered manager.] She's a doer – she sorts things out." Relatives we spoke with told us they found the manager to be approachable and they felt the home was well organised. One relative told us, "Whenever I go, it's calm, there's no dramas. That's because it's run properly." Another relative commented, "[Registered manager] is lovely, very concerned about people's welfare."

Staff told us they found the management team at the home to be supportive and approachable. Staff told us they had staff meetings where they were kept up to date with any changes and they could discuss any areas they wished. One staff member told us, "We all bring in our ideas so we can progress the home."

We asked the registered manager what audits were carried out to ensure a high quality of care was achieved. We were told checks were carried out on the environment, care records, medicines and accidents and incidents. We saw documentation which evidenced this. However, the medicine audit in place had not identified the errors we identified on inspection. We discussed this with the registered manager who said they would review the audits in place.

Staff we spoke with told us checks were carried out to ensure improvements were identified. They confirmed checks on medicines, and the care records took place. They also told us the manager worked alongside them and would inform them if an improvement was required in their working practice.

We saw people were offered the opportunity to give feedback on the quality of the service provided. The regional manager told us they offered people and relatives the opportunity to complete surveys. We viewed six completed surveys and saw where comments were made to improve the service, these were actioned. For example, we saw it had been suggested that a notice board with staff and management photographs be displayed to support recognition of staff. We discussed this with the registered manager who told us this was currently being arranged. A staff member we spoke with confirmed this.

We saw documentation which demonstrated people who lived at the home were invited to attend 'residents and relatives meetings.' We viewed minutes of the last meeting. This showed discussion had taken place regarding the meal provision at the home. We saw a comment had been made that on one occasion the sandwiches at the evening meal had been dry. The minutes recorded that the home had accepted this point and had advised that people could request alternatives if they were unhappy with the meals provided. This demonstrated relatives and people who lived at the home were invited to share their views so any improvements required could be identified.

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 Medicines were not managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

We served a warning notice under Section 29 of the Health and Social Care Act 2008.