

Lancashire County Council

Bowgreave Rise Home for Older People

Inspection report

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31 January 2019

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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

Bowgreave Rise Home for Older People was inspected on the 30 and 31 January 2019 and the inspection was unannounced on the first day.

Bowgreave Rise Home for Older People can accommodate up to 32 older people, some of whom may have dementia. The home is situated over three floors with a passenger lift providing access to the upper floors. There are 32 single rooms all having a wash hand basin and a call system. There are lounges and dining areas on each floor providing communal space and small sitting areas around the home so people can sit quietly if they wish.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection visit we found the service remained good.

Why the service is rated good.

Staffing was arranged to ensure people were supported promptly and people told us they were happy with the staffing arrangements at the home. Staff told us they were sometimes busy and we discussed this with the registered manager.

Prospective employees were subject to recruitment checks to ensure they were suitable to work with people who may be vulnerable.

We saw documentation which showed people were referred to external health professionals if this was required. People told us and we saw they received personalised care in accordance with their needs and wishes.

Training was available to ensure staff were skilled, competent and able to fulfil their role. Staff told us they received supervisions and appraisals to enable them to review their performance.

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 told us they felt safe living at the home and staff had knowledge of the action to take if they were concerned someone was at risk of harm or abuse.

Technology was used to minimise the risk of falls and staff were aware of the importance of following

people's individual risk assessments so the risk of harm was minimised.

Care plans and risk assessments were written and accessible to staff so they had information on how to support people. These were reviewed and amended as people's needs changed. People and relatives told us they were involved in care planning.

People, and relatives told us staff were caring and we saw warm and gentle interactions between staff and people who lived at the home. Staff told us they valued people as individuals and would take action to promote and protect their human rights.

People could provide feedback on the service provided through surveys, face to face conversations and group meetings. The registered manager reviewed the feedback and made changes whenever possible.

There was a complaints procedure at the home and people and relatives told us they had no complaints to raise at the time of the inspection.

People and relatives told us the service was well managed and the registered manager was approachable. Staff told us they felt supported and could attend staff meetings to discuss any changes happening at the home.

There was an activities programme for people to enjoy if they wished to do so. People who attended activities told us they enjoyed them.

A series of checks and audits were carried out to ensure areas of good practice were identified and any areas of improvement could be addressed.

Medicines were managed safely. Staff told us they had received training to ensure they were able to administer medicines safely.

Care records contained information regarding people's end of life wishes and staff told us they would respect these.

The environment was visibly clean and staff wore personal protective equipment when this was required. Some areas of the home had been identified for refurbishment and we were informed this work was being scheduled.

Further information is in the detailed findings below.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Bowgreave Rise Home for Older People

Detailed findings

Background to this inspection

We carried out this 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 took place on the 30 and 31 January 2019. The first day was unannounced. At the time of the inspection there were 30 people living at the home.

The inspection was carried out by one adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who supported this inspection had experience of supporting older people who may be living with dementia.

Before our inspection on the 30 and 31 January 2019, we completed our planning tool and reviewed the information we held on the service. We also reviewed notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who received support and information from members of the public. We contacted the local funding authority and asked them their views on the service provided. In addition, we contacted Healthwatch. Healthwatch are the independent national champion for people who use health and social care services. We used all information gained to help plan our inspection.

We spoke with eight people who received support and five relatives. We also spoke with the senior operation manager, the registered manager and the chef. In addition, we spoke with seven care staff. We also spoke with two visiting health professionals and a building surveyor.

We walked around the home to check it was a safe environment for people to live and observed the interactions between people who lived at the home and staff. 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 looked at care records of three people who lived at Bowgreave Rise Home for Older People. We also viewed a sample of medicine and administration records. In addition, we viewed a training matrix and the recruitment records of three recently recruited members of staff. We looked at records related to the management of the service. For example, we viewed records of environmental checks, accident records and health and safety certification.

Is the service safe?

Our findings

People told us they were happy living at Bowgreave Rise Home for Older People. One person told us, "I've never felt unhappy or worried here. A relative commented, "I trust the staff one hundred percent."

Recruitment checks were carried out to assess the suitability of staff to work with people who may be vulnerable. Disclosure and Barring checks and references were obtained prior to staff starting work at the home. In one file we noted two references had been obtained, but there was no reference from the staff members previous employer. We discussed this with the registered manager who told us they had experienced difficulty obtaining detailed references from the prospective employer so they had received a verbal reference from them. They told us on this occasion the verbal reference had not been documented within the staff file.

People told us they were supported promptly if they needed help. We were told, "I always get help when I ring the bell. They come when I need them." And, "The staff never leave you waiting. If you need help they're there." One person told us they liked a chat and staff could spend time with them. Relatives we spoke with voiced no concerns with the staffing arrangements at the home. During the inspection we saw people were supported promptly if they needed help and we timed two call bells and saw these were answered promptly. We asked staff their views on the staffing arrangements at Bowgreave Rise Home for Older People. Two staff we spoke with said they felt there were times when they were busy and one of the staff members commented they had felt on occasion they had to prioritise who they responded to. We discussed this with the registered manager and the senior operation manager who told us they would review the deployment of staff at the home.

Staff told us if they were concerned someone who lived at the home was at risk of harm or abuse, they would raise concerns with the registered manager or the safe guarding authorities. One staff member told us, "I'd report my worries to [registered manager] or further." There was a policy to guide staff and contact numbers were available for staff to access. This meant staff could raise concerns to help keep people safe.

We saw medicines were managed safely. People were supported to take their medicines in a sensitive and compassionate way. We reviewed a sample of medicine and administration records and the totals of medicines remaining. These indicated people had received their medicines as prescribed. Medicines were stored securely and the staff member we spoke with told they received regular training to ensure they were competent in the administration of medicines.

Care records contained risk assessments to identify risks to people who lived at the home. Care records also contained information for staff on how the risk of avoidable harm could be minimised. For example, a relative told us their family member was at risk of falling. They described the action the home had taken to minimise the risk of this. We viewed the person's care records and saw the risk of falling had been assessed there were instructions for staff on the steps to take to promote the person's safety.

The registered manager told us they reviewed accident and incident records to ensure lessons could be

learned and risk assessments amended to promote safety. They told us they would use technology to minimise the risk of avoidable harm if this was appropriate. For example, they would use alert mats. These are mats which sound an audible alarm when people step on them. This allows staff to respond quickly and offer support with mobility and may minimise the risk of falls. We reviewed a person's care record and saw this instructed in the use of an alert mat. Staff we spoke with understood the importance of following the instructions within the care record to promote the person's safety. This demonstrated the registered manager reviewed accidents and incidents and used technology to minimise risks to people who lived at the home.

During the inspection we saw staff used personal protective equipment to minimise the risk and spread of infection. We noted carpets were marked in a communal area and discussed this with the registered manager. They explained the carpet was cleaned regularly but it was faded and stained due to age. They said this had been identified and the carpet was going to be replaced as part of an extensive refurbishment programme.

We noted the latest food hygiene rating from the Food Standards Agency (FSA) was displayed. The home had been awarded a five-star rating following their last inspection by the FSA. This graded the home as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping.

We viewed health and safety documentation which showed water temperatures were checked regularly to minimise the risk of scalds. We saw windows were restricted to prevent the risk of falls from height and electrical, heating and lifting equipment was checked to ensure its safety and suitability. We found there was a fire risk assessment completed and staff we spoke with could explain the support people would require to evacuate the building if this was required.

Is the service effective?

Our findings

People told us they continued to receive effective care from Bowgreave Rise Home for Older People. One person told us, "The care is superb. They're all on the ball." Relatives we spoke with also told us they were satisfied with the care provided. For example, one relative commented, "The care, I feel, is very good."

We found people continued to be happy with the meals provided at the home. People told us they liked the food and they could request alternatives if they wished. We found care records contained information on people's individual likes, dislikes and specific needs. For example, in one care record we found a person at the home required a specific diet and support. We saw this was provided during the inspection. We found people were weighed to ensure their nutritional needs were being met and staff told us if they were concerned about a person's nutrition they would seek a health professional's advice. We observed the lunch time meal and saw people were supported in a calm and dignified manner. There was a relaxed and warm atmosphere and if people chose to eat alone, this was accommodated. This demonstrated people's nutritional needs were considered and met.

We asked staff what documentation was provided to support effective decision making by other health professionals if people needed to attend a hospital in an emergency. The registered manager explained person centred information from the individuals care record would be photocopied and sent with people. In addition, copies of the MAR record would also be provided. This helped ensure health professionals had access to relevant information to inform their decision making.

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. People we spoke with told us they were involved in decision making and discussions about their care. A relative we spoke with said they were asked their views if decisions needed to be made. They said, "They talk about all aspects of [family member's] care with us. We agree [family member's] care." We viewed records which showed people's consent had been recorded.

If restrictions were required to maintain people's safety, applications to the supervisory bodies were made as required. The registered manager told us these would be reviewed by the home to ensure they remained relevant to the people they related to. This helped ensure people's rights were upheld.

We walked around the home to check it was a suitable environment for people to live. We saw mobility equipment was available in bathrooms and toilets to help people who may have challenges with mobility and signage was displayed to help people identify different areas within the home. We noted some places in home needed redecoration. We discussed this with the registered manager and the senior operation manager. They told us there was an extensive refurbishment programme taking place. They explained some bathrooms were being replaced with shower rooms, windows were being replaced, as was a kitchen area. As

part of the refurbishment carpets had been identified for replacement and decoration would be taking place. During the inspection a building surveyor visited the home and we discussed the refurbishment with them. They confirmed planning was in process to improve key areas of Bowgreave Rise Home for Older People.

Staff continued to receive training and development opportunities. Staff told us they received training in areas such as dementia awareness, first aid, safeguarding and the Mental Capacity Act. In addition, staff said they received supervisions and appraisals so they could discuss their performance and set new goals to achieve. We viewed a training matrix and saw this contained some gaps as not all staff had attended the required training. The registered manager showed us documentation which evidenced further training was currently being sought.

Is the service caring?

Our findings

People and relatives told us the care provided continued to be good. One relative told us, "Staff treat [family member] with care and respect." People who lived at the home told us, "The staff really do care for you." And, "The girls are very kind and considerate."

We saw staff were caring. We observed interactions between people who lived at the home and staff and saw examples of kind and affectionate gestures and communication. For example, we saw a staff member supporting a person with their mobility. The staff member was gentle and gave encouragement and reassurance as they helped the person. We also noted staff responded to non – verbal communication. We saw a person who lived at the home was frowning. The staff member approached them and asked if they would like a curtain closed as the sun was in their eyes. They closed the curtain and the person stopped frowning and appeared more comfortable. In addition, we saw a staff member sat with a person and stroked their hand as they chatted with them. The person responded to this by smiling and holding the staff members hand. This showed staff were compassionate and caring.

People told us their privacy and dignity was protected and promoted. People told us when they were supported with personal care staff closed doors and windows to protect their dignity. We saw numerous examples of staff knocking on doors before entering people's private rooms and if staff needed to discuss a person's wellbeing or wishes, they moved to a private area to do so. This helped maintain people's privacy and dignity.

We found people were supported to maintain important relationships. Relatives told us they were comfortable visiting their family members at the home and it had a pleasant atmosphere. One relative commented, "I always feel welcomed here. There is always tea and cakes offered every time we visit." Another relative said, "I think [family member] immediately felt warm and welcomed. [Family member] picked up on the atmosphere of the home." A further relative said, "This home is home." A person who lived the home shared that they were supported to spend time with a person who was important to them. They further explained the person lived in another part of the home, separate from them. They told us, "The staff always let me spend time with [person]. They bring [person] down to the lounge every day and we sit together." During the inspection we saw this occurred. This demonstrated important relationships were recognised and nurtured.

Staff spoke affectionately of people who lived at the home. Staff told us they looked forward to coming to work and they valued the people they supported. One staff member said, "This is a lovely place to work." A further staff member said, "I love every resident here." This demonstrated staff had a caring approach.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. They explained details were made available to people if this was required. This ensured people's interests would be represented and they could access appropriate support outside of Bowgreave Rise Home for Older People if needed.

Staff we spoke with told us they had received training in equality and diversity and had a good understanding of protecting and respecting people's human rights. Staff told us they valued each person as an individual and would report any concerns of discrimination to the registered manager, or local safeguarding authorities so people's rights could be upheld. We saw care records documented people's chosen faith and the registered manager told us if people had faith or cultural needs, support for them could be accessed to support their beliefs and preferences. We saw the activities plan included visits from the local church to enable people to practise their faith if they wished to do so.

Is the service responsive?

Our findings

People and relatives, we spoke with told us the service provided by Bowgreave Rise Home for Older People continued to be responsive and met people's individual needs. One person told us they had been supported to see a health professional as they were unwell. They explained as a result of this they had received additional health support and had recovered from a short illness. A relative we spoke with described the care as, "Excellent."

During the inspection we spoke with two visiting health professionals. They voiced no concerns with the care provided and said referrals were made to them appropriately. Documentation we viewed demonstrated people were referred to external health professionals if this was required and staff we spoke with told us they would seek further medical advice if people were unwell or they had concerns. This demonstrated people were supported by staff who responded to people's changing needs.

Relatives and people who lived at the home said they were offered opportunities to be involved in the planning of care. One person who lived at the home told us, "I can do what I want here. We have chats about the help I need." A relative told us they had been involved in discussions with staff regarding their family members care and as a result, their care had been amended to ensure the person's needs were met. This demonstrated people and relatives were involved in care planning and adjustments made to response to people's changing needs.

People we spoke with told us they were given the opportunity to discuss their end of life wishes. A relative we spoke with also told us this part of their care had been discussed with them and their family member. They said staff had been sensitive when talking about this with them and they were able to share the information with staff. We saw documentation which showed people's wishes were recorded. This meant staff had access to information to enable them to deliver care in a way that respected and upheld people's wishes.

People told us they were invited to attend activities at the home and we saw an activities planner was displayed on a notice board within the home. Relatives also said they were satisfied with the activity provision at the home. One relative told us, "The residents are given plenty of stimulation. Games, parties, entertainment and outings to interesting places." One person who lived at the home said, "I enjoy some of the activities but you can just join in if you want to. I don't go out much but the girls talked me into going on the zoo trip. I really enjoyed going. I will go out again now." A further person commented, "I go to the activities I want to." The registered manager told us people were supported to take part in external events if they wished to do so. For example, people had been supported to go to a pub at Christmas and have a meal. In addition, we observed a game of dominies taking place and noted staff helped people participate.

The registered manager explained how they sought to engage with the community. They told us the home had participated in a, "Cards for Kindness" scheme. This was a scheme where pupils from schools had voluntarily sent Christmas cards to people living at the home. The registered manager said pupils from a local school had visited the home and given people the cards. They explained this had been welcomed by

people who lived at Bowgreave Rise Home for Older People. This showed the registered manager supported community engagement to reduce the risk of social isolation.

We saw people's care records contained information on people's individual communication needs. Staff told us they would consider the needs of the person and obtain what support they required. For example, by using pictures or large print to support understanding. This showed people's individual needs were considered.

There was complaints procedure to enable people, relatives and visitors to make complaints if they felt the need to do so. Relatives and people, we spoke with told us they had no complaints to make, but they were confident that any complaints would be addressed by the registered manager. We were informed by the registered manager there had been no complaints made since the last inspection.

Is the service well-led?

Our findings

People and relatives told us the registered manager and management team were approachable. A person who lived at the home said the registered manager was never too busy to speak with them. They said, "You can ask [registered manager] anything and she'll answer." One relative we spoke with commented, "The home is very well run." A further relative said, "The management are always available to answer questions and solve problems." This demonstrated people and relatives could approach the management team and the registered manager if they wished to do so.

We asked the registered manager what audits were carried out to ensure improvements were noted and successes celebrated. We were shown documentation which evidenced a variety of audits were carried out. These included, accidents and incidents, the environment, care records, medicines and infection control. The registered manager explained they monitored the results of the audits to identify trends and to identify any actions that needed to be taken to improve the service provided. They also told us the senior operation manager maintained oversight of the service by carrying out checks and they received feedback and actions because of this. This demonstrated checks were carried out to drive improvement.

We saw evidence the registered manager sought feedback from people who lived at the home and relatives. The registered manager told us surveys were provided and these were reviewed to identify what was working well and what improvements could be made. We viewed the most recent surveys provided and saw evidence the registered manager acted wherever possible. For example, we saw recorded that not everyone who had responded was aware of the complaints procedure. Because of this it had been agreed the complaints procedure would be displayed on a communal notice board in the home. We saw this had been done. In addition, we saw 'residents and relative's meetings' were held to gain people's views. On reviewing the minutes of residents' meetings, we saw people were provided with information to support their wellbeing. For example, people had been given information on the importance of hydration and this had been discussed. In addition, people were asked to comment on various aspects of the service such as activities, meals and the environment. This demonstrated the registered manager was committed to seeking feedback to shape the service provided.

Staff we spoke with told us they worked closely together to provide good care. Comments we received included, "Team work is good." And, "We're one team working together." Staff told us they were comfortable to approach the registered manager if they had concerns, ideas or needed clarity on anything. Staff told us they also attended staff meetings with the registered manager where they could discuss any changes at the home and receive feedback on the service provided. We viewed minutes of these meetings and saw areas such as activities and risk controls. We also saw staff were thanked for their work. We noted a staff member had been thanked for working extra hours when this was needed. This demonstrated the registered manager sought to engage and communicate with staff and recognised their contribution.

We asked the registered manager how they obtained and implemented information on best practice guidance and legislation. They told us they attended professional forums to share and learn best practice information. In addition, they received email updates from professional organisations such as the Care

Quality Commission.

We discussed partnership working with the registered manager. They explained they worked with other agencies to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GP's, district nurses, members of the falls team and dietitians. In addition, the registered provider told us they attended various forums to share and learn best practice. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care to receive the appropriate level of support.

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.