

Mr Ram Perkesh Malhotra & Mr Darshen Kumar  
Malhotra

# Bowland Lodge

## Inspection report

39 Western Avenue  
Grainger Park  
Newcastle Upon Tyne  
Tyne and Wear  
NE4 8SP

Tel: 01912734187

Date of inspection visit:

14 December 2023

21 December 2023

12 January 2024

Date of publication:

11 March 2024

## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

### About the service

Bowland Lodge is a residential care home providing accommodation for up to 36 people who require personal care. The service provides support to people living with mental health conditions and dementia. At the time of our inspection there were 23 people using the service.

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

A system to ensure regulatory requirements were met was not in place. We identified shortfalls in areas of the service including the assessment of risk, safeguarding procedures, management of medicines, infection control, and the governance of the service.

We identified shortfalls with the assessment of risk. This included environmental risks and risks relating to the care and support of people. Some action had been taken to improve care planning since our last inspection. However, further improvements were required to ensure care plans and risk assessments reflected people's needs. No analysis of accidents and incidents had been carried out. This meant staff were unable to identify any trends or themes to help reduce the risk of any recurrence.

Medicines were not managed safely. Action had not always been taken to ensure incidents of a safeguarding nature were always reported to the correct authorities. Some people raised concerns with us regarding the attitude of some staff. The home was subject to 'organisational safeguarding' procedures. This meant the local authority were monitoring the whole home. Following our inspection, we made several safeguarding referrals to the local authority to ensure information we identified during our inspection was reported to them.

Some improvements had been made to improve the cleanliness of the environment. However, ongoing shortfalls were identified regarding the maintenance of the premises, including the outdoor space. A schedule of on-going maintenance for the service was not available.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection and update

The last rating for this service was inadequate (published 3 November 2023). At this inspection we found the provider remained in breach of regulations. This was the 8th consecutive inspection where the provider has been in breach of regulations since October 2015.

### Why we inspected

We undertook this targeted inspection to check on specific concerns we had about infection control, medicines management, safeguarding, the assessment of risk and the overall governance of the service. A decision was made for us to inspect and examine those risks. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Enforcement

We have identified breaches in relation to safe care and treatment, safeguarding, premises and equipment and good governance at this inspection.

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

#### Follow up

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.</p>	<p><b>Inspected but not rated</b></p>
<p><b>Is the service well-led?</b></p> <p>At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.</p>	<p><b>Inspected but not rated</b></p>

# Bowland 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.

This was a targeted inspection to check people were receiving safe care and treatment after we received concerns about infection control, medicines management, safeguarding, the assessment of risk and the overall governance of the service

#### Inspection team

The inspection was carried out by 2 inspectors, a medicines 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.

#### Service and service type

Bowland 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. Bowland 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 the registered manager had left their employment and applied to CQC to deregister. A new manager had been in post for just over 2 weeks. They planned to apply to register with CQC once the necessary DBS application had been received.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed the information we held about the service, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams, the Integrated Care Board [ICB], the local NHS infection prevention and control team, fire service and Healthwatch to request feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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

We spoke with 9 people who used the service about their experience of the care provided. We spoke with 8 members of staff including the manager, deputy manager, senior staff, care staff, kitchen assistant and domestic staff.

We reviewed a range of records, this included care documentation for 9 people and multiple medicines records. We looked at a variety of records relating to the management of the service, including policies and procedures. We also received feedback from 2 visiting professionals.

Following the inspection site visits we requested additional information by email and continued to seek clarification from the provider to validate the evidence we found.

# Is the service safe?

## Our findings

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

At our last inspection this key question was rated inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check concerns we had about the assessment of risk, safeguarding, infection control and the management of medicines. We will assess the whole key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management; Preventing and controlling infection

At our last inspection, risks were not assessed, monitored or managed to ensure the safety of people, staff and visitors. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to ensure the premises and equipment were properly maintained and clean was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst some improvements had been made, further action was required and the provider remained in breach of these regulations.

- An effective system was still not in place to assess, monitor and manage risks. We identified shortfalls relating to people's physical and mental health needs.
- Ongoing shortfalls were also identified regarding the maintenance of the premises, including the outdoor space, infection control, including food hygiene, vaping and the exposure to second hand smoke. One person told us, "I don't smoke and don't go downstairs for very long, so I'm not near the smoking room."
- An effective system was not in place to monitor and analyse accidents and incidents. Accident and incident analysis had not been carried out to help identify any trends or themes to help reduce the risk of any recurrence.

The failure to ensure risks were assessed, monitored and managed to ensure the safety of people, staff and visitors was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The failure to ensure the premises and equipment were properly maintained and clean was an ongoing breach of Regulation 15 (Premises and equipment) (Regulated Activities) Regulations 2014.

The manager showed us proformas they planned to use to analyse and monitor accidents and incidents. We passed our concerns about environmental safety including the exposure to second hand smoke to the local authority including environmental health.

Using medicines safely

At our previous inspection, an effective system was not in place to manage medicines. This was a breach of

Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made and the provider remained in breach of this regulation.

- An effective system to manage medicines was still not in place.
- Records did not always demonstrate that medicines were administered as prescribed. There were inconsistencies and shortfalls in relation to medication stock counts.
- There were continued shortfalls relating to the recording of topical medicines.
- We could not be assured medicines were being stored in line with manufacturers guidelines.
- Guidance and records were not fully in place to support the safe administration of medicines. This meant there was a risk people may not receive their medicines consistently.

The failure to ensure medicines were managed safely was an ongoing breach of Regulation 12 [Safe care and treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- An effective safeguarding system was not fully in place. The safeguarding log did not include all safeguarding incidents or record what actions had been taken, the outcome of the safeguarding referral and any lessons learned.
- Some people raised concerns regarding the attitude and behaviour of certain staff. We shared this feedback with the local authority safeguarding team.
- We identified numerous medicines errors. The manager told us they would report these errors to the local authority. However, following the inspection we made a number of safeguarding referrals after it was established the manager had not reported these.

The failure to ensure an effective system was in place to protect people from the risk of abuse was a breach of Regulation 13 [Safeguarding people from abuse and improper treatment] of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



# Is the service well-led?

## Our findings

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

At our previous 3 consecutive inspections, we rated this key question inadequate. We have not changed the rating because we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check concerns we had about the management and oversight at the service. We will assess the whole key question at the next comprehensive inspection of the service.

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

At our last inspection, systems had not been established or operated properly to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A system to ensure regulatory requirements were met was still not in place. There was a longstanding track record of the provider and registered manager failing to implement robust governance procedures to improve the quality and safety of the service. This was the 8th consecutive inspection where the provider has been in breach of regulations since October 2015.
- Records relating to people's ability to manage their finances were not maintained.
- There was no evidence that people had been given timely and accurate information about the cost of their care. Written information was not available about fees, contracts and terms and conditions. The new manager was looking into this issue with the provider.

The failure to ensure a system was in place to monitor the quality and safety of the service was an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A new manager and deputy manager had been recruited. They told us they were reviewing the current governance procedures in place.