Totalwest Limited

Lower Bowshaw View Nursing Home

Inspection report

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Sheffield
South Yorkshire
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Tel: 01142372717

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

Lower Bowshaw View is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The care home accommodates 40 people in one building. The home is located in a residential area of Sheffield with access to public services and amenities.

The home was last inspected on 3 January 2017 at which time it was rated overall as requires improvement. There were no breaches of the regulations identified during the inspection, but some improvements were required. Some infection prevention and control practices did not always promote people's safety, staff did not always support people to eat effectively and some quality assurance and audit processes were ineffective.

At this inspection we found that sufficient improvements had not been made to these areas and we found there was now a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 15,Premises and Equipment, Regulation 14, Meeting Nutritional and Hydration Needs and Regulation 17,Governance. We also found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014,Regulation 18,Staffing,Regulation 10,Dignity and respect and Regulation 9, Person centred care.

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.

This inspection took place on 31 October 2017 and was unannounced. This meant the people who lived at Lower Bowshaw View and the staff who worked there did not know we were coming.

There was a manager at the service who was registered with the CQC. 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 and associated Regulations about how the service is run.

The numbers and deployment of staff were not appropriate to safely meet the needs of people who used the service.

People were not consistently cared for in a safe and clean environment.

Some people's nutritional needs were not being met. Meal times were not appropriately spaced and some

people were not eating for long periods of time.

Although some people and their relatives told us that staff treated people with kindness and were caring, we saw a number of examples where this was not the case and some people's privacy and dignity were not upheld.

We found people did not always receive care in a person centred way. This was because the deployment of staff meant staff's approach was mainly task and routine focused, which did not take into account people's own preferences.

Staff were aware of safeguarding procedures and knew what to do if an allegation was made or if they suspected abuse. People told us they felt safe.

We found systems were in place to make sure people received their medicines safely so their health was looked after.

Staff had regular updates to their training and were provided with relevant supervision and appraisal so they had the skills and support they needed to undertake their role.

Staff recruitment procedures ensured people's safety was promoted.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) code of practice and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The registered provider's policies and systems supported this practice.

People had access to a range of health care professionals to help maintain their health.

People and their relatives were confident in reporting concerns to the registered manager and felt they would be listened to.

Staff told us the registered manager was supportive and communication was good within the home.

There were quality assurance and audit processes in place to make sure the home was running safely. However these were not effective or acted upon to ensure care provided was adequately monitored, risks were managed safely and the service achieved compliance with the regulations.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

The numbers and deployment of staff were not appropriate to safely meet the needs of people who used the service.

People were not consistently cared for in a safe and clean environment.

People told us they felt safe. Staff were aware of their responsibilities in keeping people safe.

Appropriate arrangements were in place for the safe administration and disposal of medicines.

Is the service effective?

Requires Improvement

The service was not effective.

Some people's nutritional needs were not being met. Meal times were not appropriately spaced and some people were not eating for long periods of time.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Some parts of the environment were worn, but a refurbishment plan was in place and was being implemented.

Is the service caring?

Requires Improvement

The service was not always caring.

Not all care provided was person centred, caring and kind.

People were not always treated with dignity and respect.

Some staff had been provided with end of life care training so they had the skills and knowledge to care for people when this

support was needed.

Is the service responsive?

Requires Improvement

The service was not responsive.

We found people did not always receive care in a person centred way. This was because the deployment of staff meant staff's approach was mainly task and routine focused, which did not take into account people's own preferences.

People's support plans and risk assessments were reviewed regularly and in response to any change in needs.

Some activities were provided for people, although there were none witnessed on the day of our inspection.

There was a complaints policy and procedure in place. People and their relatives said they were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Inadequate

The service was not well-led.

Staff told us the registered manager was supportive and communication was good within the home.

The registered manager and provider had not ensured sufficient staff were deployed to meet the needs of people and to maintain the cleanliness of the service.

There were quality assurance and audit processes in place to make sure the home was running safely. However these were not effective or acted upon to ensure care provided was adequately monitored, risks were managed safely and the service achieved compliance with the regulations.

The service had a full range of policies and procedures available for staff.

Lower Bowshaw View Nursing Home

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 checked 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 inspection took place on 31 October 2017 and was unannounced. This meant the people who lived at Lower Bowshaw View and the staff who worked there did not know we were coming. The inspection team consisted of three adult social care inspectors, an expert by experience and a specialist advisor. 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 specialist advisor was a registered nurse.

Before the inspection, we had received a concern about the level of care being provided by the service and whistle-blower concerns were raised that people using the service may be at risk of abuse. As a result, the inspection was brought forward.

Prior to the inspection we gathered information from a number of sources. We reviewed the information we held about the service, which included correspondence we had received and notifications submitted to us by the service. A notification should be sent to CQC every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury.

We also contacted staff at Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Information was provided from two local authority's contracts and commissioning teams. The Sheffield local authority team had also visited the home since our last inspection.

At the time of our inspection there were 35 people using the service.18 people were receiving accommodation and personal care and 17 people were receiving accommodation and nursing care.

We used a number of different methods to help us understand the experiences of people who used the service. We spent time observing the daily life in the service including the care and support being delivered.

During our inspection we spoke with 15 people living at the home and four of their relatives to obtain their views of the support provided. We spoke with nine members of staff, which included the registered manager, a registered nurse, senior care and care staff, the cook in charge, a member of laundry staff and the administrator. We also spoke with a health professional who was visiting the home on the day of our inspection.

We looked around different areas of the service; the communal areas, bathrooms, toilets and with their permission, some people's rooms.

We spent time looking at records, which included five people's care records, seven people's Medicine Administration Records (MAR), three staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Inadequate

Is the service safe?

Our findings

All the people we spoke with said they felt safe at Lower Bowshaw View. This was supported by people's relatives when we spoke with them. Comments from people included, "Most of the staff are alright, but I do feel safe here," "I must say the staff do all that they can to keep me safe," "Oh yes, I am so grateful to be feeling safe," "I am pleased that my loved one is now in a safe place. I can settle now" and "Keeping people safe is paramount here."

People and relatives were really clear that they would speak to someone if they were worried or had any concerns. One relative said, "I would not hesitate reporting safety matters to the manager."

The registered provider had a process in place to respond to and to record safeguarding concerns. Staff were clear of the actions they would take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior staff and they felt confident they would listen to them, take them seriously and take appropriate action to help keep people safe.

Staff comments included, "Residents are safe here, the manager would listen to me if I was concerned about anything," "I have had safeguarding training, and we know to report anything we are worried about" and "I have no worries about people being safe. We have had training so residents are not at risk."

We reviewed the registered providers safeguarding file, where allegations that had been received, the nature of the allegation, the outcome and the action taken were clearly recorded. We spoke with the registered manager, they were able to provide us with this information and update us on the one on-going investigation surrounding the care and support people at Lower Bowshaw View had received.

We found where incidents had taken place in the home which placed people at risk of harm these were reported to the local authority safeguarding team and to the Care Quality Commission. The registered manager was liaising with the local authority safeguarding team, other agencies and Care Quality Commission about an on-going safeguarding concern.

A fire risk assessment was in place, together with all associated checks for fire maintenance. We did observe the escape route outside the ground floor fire door was partially blocked with empty cardboard boxes and old chairs which were awaiting disposal. This was brought to the registered manager's attention and the escape route was immediately cleared.

The service supported some people with the day to day management of their finances. We saw the financial records were kept of financial transactions. They showed all transactions and detailed any money paid in or out of their account. We checked the financial records against a sample of receipts held for people and found they corresponded. We also checked a sample of monies against the balance recorded on the

financial transaction record and found they corresponded. The administrator at the service was aware of the actions to take when handling people's money so safe procedures were adhered to. This helped protect people from the risk of financial abuse.

We discussed with the administrator and registered manager the benefit of additional measures and external auditing of records being put in place. These additional checks would provide further safeguards to people's monies. They agreed to implement these measures.

We saw each person had individual risk assessments for things such as moving and handling, deterioration in skin condition and bed safety. All identified risks were assessed and ways to reduce the likelihood of the person being harmed were considered. Any actions agreed were recorded and reviewed regularly.

There had been a recent falls analysis completed by the local 'NHS falls team'. This analysis had identified the number and time of falls and measures that could be introduced to reduce the number of falls. The clinical nurse manager at Lower Bowshaw View was working closely with health professionals to analyse this data.

We checked there were sufficient numbers of staff to keep people safe and meet their needs.

People, relatives and friends we spoke with said they were not confident people were always safe and well cared for. This was because they felt that people were not always supervised as sometimes there were not enough staff. Some people told us there calls for assistance from staff were not responded to in a timely manner.

People's comments included, "Sometimes it's chaos here, they are short of staff," "You'll see for yourself, this place is not run properly, there are not enough staff," "Sometimes I have to wait a long time when I use the nurse call. They (staff) are busy helping other people" "If I buzz in the night staff take a long time to come," "When I call for help they [staff] will say 'we'll be back in a minute', but they take a long time" and "When I want to go to the toilet they [staff] come and say they will be back in two minutes, but its ages after and I sometimes get 'belly ache' holding it."

Relatives comments included, "Sometimes there are not enough staff. We have to wait ages for help and assistance."

When we spoke with staff some told us they thought there were sufficient staff to keep people safe and meet their needs. However, two staff commented, "Sometimes we are short staffed, but we get through it" and "There are no domestics on duty today, we will have to tidy up."

Health professionals and stakeholders we spoke with also raised recent or previous concerns about insufficient staffing numbers and/or deployment .Comments included, "The main concern for me during my visit was that staff appeared very busy in the morning and some residents were being supported a little later than they might otherwise have liked" and "There are never staff around, I always have a job getting into the home."

We looked at staffing levels to check whether enough staff were provided to meet people's needs. We found one qualified nurse and six care staff, including a senior care, were provided each day. The rota for the week of this inspection showed that one qualified nurse and four care staff were available each night. However, the feedback we had received from people, relatives, health professionals, stakeholders and our observations during the inspection showed that this level of staffing was insufficient to safely meet people's

care needs.

Ancillary staff such as domestic and kitchen staff were also provided each day, however there were no domestic staff on duty on the day of our inspection. We found the system in place to ensure there were sufficient domestic staff on duty to maintain the cleanliness of the home required improvement. Our findings during the inspection showed there were not sufficient number of domestic staff deployed at the service.

On the day of inspection we asked several staff where the domestic staff were because we found areas of the home and carpets that were an infection risk and required cleaning. Staff and initially the registered manager did not appear to notice there was no domestic staff on duty and were then unclear if this was due to sickness or an error in the rotas.

During the course of the day only one member of laundry staff was on duty and they were rostered to work from 2pm.

People said, "I know they are sometimes short of cleaners. The lounge has not been cleaned today so far."

We checked the domestic duty rota and saw on three days a week there was only one domestic and a laundry staff(starting at 2pm) rostered to work. The rota identified on 3 days a week additional domestic staff (up to three) were rostered to work. The registered manager confirmed on these days a 'deep clean' was carried out. In view of our findings the low number of domestic staff on duty seems woefully inadequate to keep Lower Bowshaw View clean and free from malodours.

The registered manager confirmed, and we saw evidence that people's dependency needs were assessed. However these assessments were completed individually for each person. The registered manager did not have an overall or total view of people's dependency needs throughout the home on a day to day basis. The registered manager said the required staffing numbers were calculated purely against current numbers of people within the home and not on the assessed needs of people. We saw the system in place did not ensure staffing levels and skill mix was continuously reviewed and adapted to respond to the changing needs and circumstances of people using the service. During the inspection we saw the dependency needs of the majority of people in the home were high or very high with a number of people requiring the assistance of two staff to meet their care needs.

Throughout the inspection we observed there were not sufficient staff deployed to meet people's needs and we observed staff were slow in responding to people's needs.

We found three people were left alone, without any staff member in the near vicinity, for periods of up to 30 minutes in lounges and the dining rooms. Members of the inspection team were concerned for the safety of one person and asked staff three times to come and assist the person in a wheelchair as they were slowly slipping out of the chair. On one occasion staff said, "We are busy doing bed turns." After 30 minutes the person was eventually assisted by staff into a lounge chair and it was very noticeable how comfortable and 'settled' they looked.

On three other occasions a member of the inspection team had to summon staff, at a person's request, because they wanted moving or assistance to go to the toilet and they could not attract staff's attention.

Particularly throughout the morning of the inspection we found call assist buzzers were ringing constantly. On occasions there were three call bells ringing at the same time.

At 10.30am we saw a person was still in bed. They told us they were 'ready for breakfast'. The person's diet sheet stated they had last eaten at 8.30pm the night before and this was four biscuits. Records indicated the person had been over 14 hours without food. At 10.40am we checked another person's diet chart who said they had not eaten breakfast. The chart indicated they last ate some ice cream at 6pm the day before meaning they had been over 16 hours without food. The people were served breakfast at 11am.

A person who was waiting for breakfast said "Am I having a drink and somert to eat." The person was agitated and angry. Staff brought the person a jam sandwich at 11.45. At 1.10pm (Just over an hour later) the same person was still seated in the dining room and was served their lunch, they ate all their lunch in a hurried manner suggesting they were hungry.

We saw the registered manager monitored call response times by staff once a week and records showed timescales for responding were within two minutes. We did not find this was the case on the day of inspection. Response times were up to five minutes. This reflected the feedback we received from some people using the service.

This showed there were not sufficient staff deployed to keep people safe and meet people's care needs. People were having to wait for staff to provide personal care, food, to keep them safe and to help them mobilise around the home.

The numbers and deployment of staff was not appropriate to safely meet the needs of people who used the service. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

At our last inspection we found some infection prevention and control practices did not promote people's safety. At this inspection we checked to see if sufficient improvements had been made. We found sufficient improvement had not been made, we saw people were not consistently cared for in a safe and clean environment.

During the inspection we found a range of concerns about the cleanliness of the home and equipment.

Relatives spoken with did not feel that all areas of the home were clean and well presented. Some commented on malodours. Comments included, "The cleanliness suffers when they are short of staff" and "Some of the rooms smell awful."

A health professional said, "It does smell of urine on the top floor."

We found a strong malodour coming from the laundry room. We saw both the washers and dryers were full of clothes and large plastic bins were full of sheets and clothes waiting to be laundered. The lids on the bins were cracked and ill-fitting so there was a pungent malodour smell being omitted from the bins into the corridor of the home.

The lounge on the first floor had an offensive odour to it. One bedroom on the first floor, where a person was being nursed in bed, had heavily stained carpets and an offensive odour.

On the upper level of the home corridors, bedrooms, some toilets and bathrooms were offensive in odour and some paintwork was chipped and heavily stained which was an infection control risk.

We found one person's bedroom carpets were heavily stained and had faeces on the floor.

The clinical room floors and walls were dirty and stained.

A number of over bed tables in people's rooms were unclean with areas of dried food debris around the wooden up stand edges.

An NHS employed Infection Prevention and Control (IPC) Nurse carried out an IPC audit in January 2017. Following this visit they raised concerns with infection prevention and control practices. We contacted the nurse prior to this inspection. The nurse said the manager of the home had updated them with areas they had improved. We spoke with the registered manager who confirmed all areas in the IPC report had now been addressed and she had responded to the IPC Nurse directly to let her know of the completed actions.

However as highlighted above we found additional concerns surrounding infection prevention and control practices and the premises and equipment used by the service were not clean.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Premises and Equipment.

We checked to see if medicines were being safely administered, stored and disposed of. We found there was a medicine's policy in place for the safe storage, administration and disposal of medicines so staff had access to important information.

People said they received their medicines on time and one person said they could have their extra prescribed medicines during the night if they needed it. Other comments included, "I get my medication just when I need it" and "You don't get your tablets until you get up and it's up to me when I get up."

A relative said, "[Family member] takes regular pain killers. She always gets them on time when I am here and I visit at different times."

We observed the nurse and a senior care assistant administer prescribed medications on the top and lower floor of the home, this was done in a correct manner following safe handling of medicines policy and procedure, the staff explained to people what the medicines were and ensured people had a drink to take their medicine with. Staff showed patience whilst the person had taken them. We evidenced that the Medicine Administration Record (MAR) was completed when medicines were administered.

We checked the MAR of seven people and found they had been had been fully completed. The MAR held photographs of the person, any known allergies and protocols for administering medicines prescribed on an 'as needed' basis (PRN.) The medicines kept corresponded with the details on MAR charts. Medicines were stored securely. At the time of this inspection some people were prescribed Controlled Drugs (CD's.) These are medicines that require extra checks and special storage arrangements because of their potential for misuse. We found a CD register and appropriate storage was in place. CD administration had been signed for by two staff and the number of drugs held tallied with the record in the CD records checked. This showed safe procedures had been adhered to.

Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff could describe these procedures and told us the registered manager and other senior staff regularly observed staff administering medicines to check their competency. We saw regular audits of people's MAR's were undertaken to look for gaps or errors and we saw records of monthly medicines audits which had been undertaken to make sure full and safe procedures had been adhered to.

We looked at the procedures for recruiting staff. We checked three staff recruitment records. Each contained references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. The staff spoken with confirmed they had provided references, attended an interview and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

Requires Improvement

Is the service effective?

Our findings

At out last inspection we found staff did not always support people to eat effectively. At this inspection we found no improvements and some people's nutritional needs were not being met. Meal times were not appropriately spaced and people were not eating for long periods of time.

People's experience of the food varied. Some people complimented the food, when others felt that it was sometimes cold, they didn't know what the meal was and meals were not served at times to meet their needs.

People said, "The food is alright," "It's cold most of the time," "I have no idea what is for lunch today," "All the menus are on display and we can always see what we are having for our meals," "Sometimes it's (the food) cold," "I like all the food they give us," "The cooks do all they can for you" and "The food is very late today. It is now twenty to two and I will be getting another meal at four o'clock."

Relatives said, "[Name of relative] never complains about the food," "Sometimes they give her a really big plate of food, she hates it, she likes small portions," "They [staff] have offered me a meal, it was lovely," "We always know what is for lunch, there is a menu in the dining room" and "The staff get very busy, the meals can be late sometimes."

We observed the breakfast and lunchtime meal service in two dining rooms and some people's rooms. During the mealtime we observed that the menus on display corresponded with the meals on offer. When people or their relatives were asked what was for lunch they pointed us towards the menus on display.

We spoke with the cook and they provided us with details of people who had allergies or required a specialist diet.

We did see staff offering people 'mid-morning drinks' at 12.10pm. It was positive that this staff member was trying to ensure people remained hydrated. The staff member said, "I know we are running late, but people still need plenty of fluids."

We sat with people during breakfast being served, the care staff were serving hot drinks and food, and we did not observe any one being asked their preference. People were asked if they would like to wear an apron protector, this was the only interaction we saw throughout the whole of the meal being served, there was no other verbal interaction

At lunch people were offered choices for their meal, the drinks however were pre-set on the tables. No condiments were offered nor were they available on the tables. A number of people ate there lunchtime meal in their rooms (by choice). According to two people their meals were around 40 minutes late. One person said that they did not always mind it being late, but that having their meal at 1.40pm was a concern, because that were having another meal at 4pm.

One member of staff delivered a meal to a person in their bedroom. This meal was left by the bedside on a table (with the meal covered in foil) whilst the person was sat at the other side of the room by the window. The staff member delivering the meal did so in silence. The staff member lacked verbal and non-verbal communication skills when serving the meal.

Two people told us they were hungry or 'ready to eat' as they had not eaten from the evening before and were still waiting to be served breakfast at 11am and11.45am.

The comments made by people and their relatives and our observations meant meal times were not appropriately spaced and some people were not eating for long periods of time.

The nutritional and hydration needs of people were not being met to support people's good health. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Meeting Nutritional and Hydration Needs.

We checked staff had received the training needed to ensure they were suitably qualified and competent to carry out their role.

We checked the staff training matrix, which showed staff were provided with relevant training so they had appropriate skills. Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Training such as moving and handling, first aid, medicines and safeguarding was provided. This meant all staff had appropriate skills and knowledge to support people. Staff spoken with said the training provided gave them the skills they needed for their role. One staff told us, "I learned a lot of things, training is good. We have our own training room."

We found new staff were completing the Care Certificate as part of their learning and development. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. It is based on 15 standards, all of which individuals need to complete in full before they can be awarded their certificate.

We checked records of staff supervisions and appraisals. Supervisions are meetings between a manager and staff member to discuss any areas for improvement, concerns or training requirements. Appraisals are meetings between a manager and staff member to discuss the next year's goals and objectives. These are important in order to ensure staff are supported in their role. The records showed care staff had been provided with regular supervision and an annual appraisal for development and support. All of the staff asked said that they received formal supervisions and could approach management at any time for informal discussions if needed. This showed that staff were appropriately supported.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The service was aware of the need to and had submitted applications for people to assess and authorise that any restrictions in place were in the best interests of the person.

There were consent forms completed for care and treatment and notification of DOLS authorisations, best interests and any conditions (this specific documentation was held in a separate file, which we also evidenced.)

We looked at five people's care plans. They identified people or their relative had been consulted and had agreed to their plan. The plans had information detailing people's choices and preferences. The plans had baseline observation recordings that were completed monthly, including weights, this enabled staff to identify and action any potential health problems quickly.

People said they were offered choices about how they spent their day. When we arrived at 8.30 am the majority of people were still in bed .There were six people walking in corridors or in dining rooms. They said they had chosen to get up early and they could choose what they did for the rest of the day.

Do Not Attempt Resuscitation (DNAR) forms were completed and where people lacked capacity to make this decision a mental capacity assessment, best interest decision, had been made by the appropriate people which were signed and dated by the relevant persons.

The care plans we checked showed people were provided with support from a range of health professionals to maintain their health. These included physiotherapy, dieticians, tissue viability nurse, incontinence nurse and other medical professionals involved in health care. This told us that the home did work in partnership with other medical professionals to ensure the health and wellbeing of people The outcomes of any visits by health professionals were recorded in the plans.

We asked people living at the home and their relatives about support with healthcare. Relatives comments included, "She [family member] always gets to see the nurse on duty" and "[Family member] has a whole range of health care professionals coming in. Staff are great at communicating this, they keep me informed of everything."

Health professionals and stakeholders we contacted gave mixed views about Lower Bowshaw View. Comments included, "I have not received any concerns about the service," "Overall my last visit was positive with staff interacting well with residents. The staff I saw had a very positive approach to their work and were respectful with the residents," "I feel the home is grim and depressing it lacks atmosphere" and "I never see staff, I make my way to see my patients, there is no one around to communicate with."

Some parts of the environment were worn and unkempt, but a refurbishment plan was in place and was being implemented.

A relative said, "The home looks untidy these days" and a member of staff said "There are no cleaning staff today; we will do all we can to tidy up."

We found the home untidy some curtains were hanging off their tracks, some curtains in communal areas had not been opened by mid-morning, chairs were missing from lounges and other communal areas

appeared unoccupied or unfinished.

The registered manager confirmed the refurbishment redecoration plan was 'well underway'. They confirmed new lounge chairs and dining furniture would be delivered in the next five weeks, lounge carpets had been replaced and seven bedrooms had already been redecorated and refurbished.

Requires Improvement

Is the service caring?

Our findings

Some people and their relatives told us that staff treated people with kindness and were caring. We saw a number of examples where this was not the case and some people's privacy and dignity were not upheld.

We received mixed comments about the staff from people we spoke with. Comments included, "Most of the staff are alright they look after me," "I think some of the staff are unhappy," "Some of the staff are so kind and patient," "Some of the staff are rude and sharp," "Some of the staff are smashing ,but not all of them," "The staff are so good to us," "The staff are wonderful ,they go to so much trouble," "I cannot always tell what the carers are saying to me," "You couldn't want for better staff to look after you," "The night staff are lovely" and "The helpers who look after me are wonderful."

Relatives said "The staff know and love [name of relative]," "Staff have such devotion," "Me and my family can rest assured he [family member] is well cared for," "The care is kind and considerate and dignified," "She [family member] couldn't receive better care," "They [staff] are all very kind" and "I come every day so I get a good idea of what's going on. Some of the staff are great."

We saw staff's time was very task oriented. Staff were, at all times were very busy. Observations showed that staff appeared not always to treat people kindly and with respect. Staff did not knock on doors or call out before they entered people's bedrooms. Staff only apologised when they entered a room to find the expert by experience speaking with people. Some of the staff and people did look comfortable together. There was some laughter between people and one particular member of staff. People said that they got on well with "most staff".

We saw some interventions that appeared uncaring and did not uphold the dignity of person. For example, a staff member was lifting one person's feet onto the wheelchair foot plates. During this time the person was crying and shouting out to the staff. It was unclear if they were in pain or distressed or both. The staff member carried on this task without speaking or offering any reassurance to the person. People should be treated by staff in a caring and compassionate way.

Some people living at the home were not always well groomed. One man's beard having dried food and debris in it and long unkempt finger nails again with dried food in them. A number of people had long unkempt nails that were not clean and a number of men had not had a shave on the day. There was nothing recorded in these gentleman's care plans to suggest they should not or did not want to be shaved. People must not be neglected and their dignity upheld.

People were left in wheelchairs for long periods of time, up to 2 hours. This was not recorded as a need or person's wish in their care plan. We didn't hear staff offer people a choice to sit in a comfortable arm chair. We questioned whether this was for staff convenience to enable them to move people around the home more easily.

We saw confidential files were left open on display on the coffee table in a communal library .This was an

area for people and their visitors used. The file cover stated on the front "Confidential Do Not Leave In Library." The files were titled: "Clinical Handover Notes" and "24 hour Care Logs." This was not respecting people or upholding their privacy and confidentiality.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Dignity and Respect.

Some staff spoken with said they had been provided with end of life care training and end of life care was always discussed in team meetings and handovers so they had the skills and knowledge to care for people when this support was needed.

In the reception area we saw there was a range of information available for people and/or their representatives. This included: details of advocacy services, support organisations and the registered provider's complaints procedure. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Requires Improvement

Is the service responsive?

Our findings

We found people did not always receive care in a person centred way. This was because the deployment of staff meant staff's approach was mainly task and routine focused, which did not take into account people's own preferences.

Staff did not respond to people's needs around nutrition ,personal care or moving and handling on an individual/person centred way . Many of the staff interventions we saw were task orientated and fitted in around the timetable of staff.

We evidenced very little staff interaction with people throughout the inspection. There was little atmosphere on the first floor of the home, support appeared task driven. Some people were left seated much of the day in wheelchairs; one person was asking constantly to be placed in a 'comfy' chair.

We saw people sleeping for long periods of time with no interaction with staff. At times rooms were silent with no music or TV to occupy people's time.

One person was left in the dining room for two hours between breakfast and lunch. They had no communication with staff during this time and still had jam left on their hands from breakfast.

We looked at one person's daily care records. The person was being nursed in bed. The charts stated the person's hygiene needs had been met at 8 am. When we asked staff if the person had been supported with a wash and oral care staff said yes. However the sink in the bathroom was dry as was the washing bowl. The person's towel was dry and there was no flannel present in the bathroom. The person's hair had not been combed. When we queried this with staff, they said they had fetched water from another area. After ten minutes we observed the same staff going into the room to support this person. On our return to the room later in the morning the person's hair was combed and they looked comfortable in bed.

We found people did not always receive care in a person centred way, that meets their needs and reflects their personal preferences whatever they may be.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:Person Centred Care.

Before accepting a placement for someone the registered manager carried out an assessment of the person's needs so they could be sure they could provide appropriate support. This assessment formed the basis of the initial care plan.

We looked at five people's care plans. They were well set out and easy to read. They contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care

professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

People spoken with told us staff had asked them about their care needs and what was important to them so that their views were reflected. Relatives asked said they had been involved and consulted in developing their family members care plan. The care plans seen contained evidence of relative's involvement.

Relatives spoken with told us they were always kept involved in their family members care and support and had regular contact and discussions with staff. Comments included, "Staff inform us if [family member] is unwell" and "The staff call you at any time if there is a problem."

Staff we spoke with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. People's most up to date information was relayed to new staff coming on duty. Handover meetings were held between staff during each shift change, which meant staff would know of any changes to a person's needs or anything important that had happened during the earlier shift. This meant people were supported by staff that knew them well.

All of the people spoken with, and their relatives, said there were normally activities provided and they [or their family member] were free to choose to join in or not, depending on their preference.

Staff told us there was a bonfire party was planned for the 5th November. There was also a team of 'befrienders'. This group met with people to discuss their needs and preferences and minute these meetings for managers to use for improvements.

People said ,"We had a great Halloween Party last night, it was such fun," "I recently enjoyed planting out the daffodil bulbs," "I love the singers and entertainers that come in," "We have not been on an outing for ages," "I would happily pay extra to go out on trips," "The activity worker is always asking us what we want to do that's different," "We get a church service, it means so much to me" and "We had a lovely talk about how the Victorians lived and the entertainers came dressed as Victorians. I loved it."

Relatives said "[Name] has really come out of himself, he really benefits from the activities, "The staff try to involve us in everything, they are always asking us for ideas," "The activity person has made a big impact on [name] and has helped him settle in well," "All the activity people work so hard" and "There are some great events, all kinds of parties and social occasions."

There was no activity worker available during the visit. On the day on inspection there were no examples of the care staff sitting with people and chatting. The task orientated duties continued into the afternoon giving little time to respond to people's needs when requested.

There was a clear complaints procedure in place. A copy of the complaints procedure was included in the service user guide, which had been provided to each person living at the home. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw the complaints procedure was on display at the home so people had access to this important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint.

All of the people spoken with said they could speak to staff if they had any worries and staff would listen to them. People said, "I always say it like it is. I would say if I wasn't happy" and "I would tell [named nurse] if anything was wrong."

A relative we spoke with told us if they had concerns they were confident the nurse or manager would deal with them. Relative comments included, "I would let anyone know if I was unhappy and I have done," "No problems, but I would pop in a see the manager if I did" and "I will always make sure [name] is safe. I would stop at nothing in complaining."

Inadequate

Is the service well-led?

Our findings

The home was last inspected on 3 January 2017 at which time it was rated overall as requires improvement. There were no breaches of the regulations identified during the inspection, but some improvements were required. Some infection prevention and control practices did not always promote people's safety, staff did not always support people to eat effectively and some quality assurance and audit processes were ineffective.

At this inspection we found that sufficient improvements had not been made to these areas and others and we found there was now a breach in six regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People care plans were person centred, but the registered manager had failed to ensure that there were sufficient staff to provide person centred care and respond to people's needs in a timely manner. We saw the failure to provide adequate number of staff had put people's health at risk. For example, people's hydration and nutrition needs were not being met and staff were slow in responding to people's needs.

We also saw examples where people dignity was not upheld and examples of poor interaction. Living in an environment which is not clean is not upholding people's dignity. This was reflected in the mixed views received from people about staff. During the inspection we saw confidential files were left open on display on the coffee table in a communal library. This raises concerns about the vision and values within the service.

The manager was registered with CQC. Some people, relatives and friends spoke highly of the registered manager although not everyone knew the who the manager very well.

People said, "The manager is very nice but I don't see much of her," "The manager is smashing, she is so friendly" and "I don't know the name of the manager. I always see the senior nurse if I have a problem."

Relatives said, "The manager made herself known to us as soon as we arrived," "The management are marvellous nothing is too much trouble" and "I tend to not see the manager about but there is always someone to help you if you need it."

Staff told us the registered manager was approachable and they could talk to them at any time. They said they enjoyed working at Lower Bowshaw View and felt supported. Staff said, "The manager is 'old school', she does sometimes work on the floors, when needed" and "I think we have a great staff team. We help each other and pull together."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found a quality assurance policy was in place and saw audits were undertaken as part of the

quality assurance process, covering all aspects of the running of the home. Records showed the registered manager, and other senior staff at the home undertook regular audits to make sure full procedures were followed. Those seen included care plan, infection control, finance, call buzzer response times and medication audits. We saw environment checks were regularly undertaken to audit the environment to make sure it was safe.

However despite these audits being completed some actions were not being acted upon and lessons learned. An example of this was the weekly registered manager 'walk around' audit that was completed one week before this inspection. The audit identified areas of home untidy, handrails not clean, malodours, rooms untidy with shredded pads, rooms dirty and carpets stained. Much of what we found one week later during our inspection. This showed that these audits were being operated ineffectively by the registered manager.

People and their relatives and friends gave mixed views of whether they were involved in the home and whether their views were taken into account to improve the service.

People and relatives said, "I once went to a meeting. I'm not bothered anymore," "There have been no meetings since I have lived here. It would be good," "I'm not really sure they are planning any improvements," "I am not sure if I have filled in any questionnaires about the service," "If there were meetings with relatives then I would definitely go," "This home is run well. The staff have the patience of Job" and "We have not been asked our views and opinions since Mum has been here."

We saw evidence and minutes of meetings of a 'resident and relative/ dignity' meeting. The meeting was attended by 10 people who used the service and five befrienders/relatives. The registered manager created a mini action plan from the minutes of this meeting. The meeting highlighted that some people would like to go out more although this was not reported through the action plan.

The registered manager told us some years ago they combined the 'resident and relative' meeting with the dignity meeting because it was found people would attend the dignity meeting but not the 'resident and relative' meetings.

We saw a satisfaction survey had been sent to people and their relatives in February 2017. We saw the results of individual returned surveys. Records showed the registered manager had contacted people directly to try and address any concerns they had raised on the survey.

Records showed staff meetings took place every one to three months to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant staff could be kept fully up to date with current legislation and guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care We found people did not always receive care in a person centred way, that meets their needs and reflects their personal preferences whatever they may be.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 10 HSCA RA Regulations 2014 Dignity and respect People's confidentiality, privacy and dignity were not upheld.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The nutritional and hydration needs of people were not being met to support people's good health.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment used by the service were not clean.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance

Diagnostic and screening procedures

Treatment of disease, disorder or injury

The quality assurance and audit processes in place to make sure the home was running safely were not effective or acted upon to ensure care provided was adequately monitored, risks were managed safely and the service achieved compliance with the regulations.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The numbers and deployment of staff was not appropriate to safely meet the needs of people who used the service.

The enforcement action we took:

Warning notice.