Bowood Care Homes Limited

Bowood Court & Mews

Inspection report

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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

The inspection took place on 16 and 17 May 2017 and was unannounced.

personal care. The home was split across two building called Bowood Court and Bowood Mews. At the time of the inspection, Bowood Court offered Nursing and personal care and there were 53 people living at the home. Bowood Mews offered specialist Dementia Care and there were 33 people living at that building when we visited. A registered manager was not in post when we inspected the service as they had recently left. However, a new manager had been appointed and was due to commence employment at the home. 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 home is run across two buildings with one registered manager overseeing both sites.

People felt safe around the staff supporting them and relatives felt assured that they could leave their family members there safely. Staff had received training and guidance on protecting people from harm. Staff recognised the signs of abuse and understood how their concerns needed to be escalated to management in order to protect the person from harm. Risks to people's health had been identified for staff to refer to in order to support people appropriately. People had access to support from staff when they needed and staff underwent background checks to assure the registered provider of their suitability to work at the home. People received help to take their medicines and regular checks were made to ensure people received their medicines correctly.

People felt confident that staff had the training needed to support them. Staff had access to training which was reviewed and updated regularly. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People were offered choices in the meals and drinks they were offered and alternatives were suggested where people did not like any of the meals on offer. Where special diets were needed, people were catered for. Staff worked with other health care professionals to ensure people had access to services that met their healthcare needs. Advice suggested by professionals was incorporated into people's care.

People liked the staff caring for them and enjoyed their company. People explained to staff how they needed help and staff supported accordingly. Relatives were kept informed about their family member's health and were involved in making decisions about their care, where appropriate. People were treated with dignity and respected and staff understood how to enable people to maintain their independence.

People's care needs were assessed and care provided in response to their needs. As people's needs changed, care was adjusted to ensure people had access to the support they needed. People had access to a variety of activities that they enjoyed taking part in. Friends and relatives were encouraged to visit whenever they chose to. People and their families were offered opportunities to feedback what they thought

about the service they received at the home. A number of different methods were used by the management to gather views about the service.

There had been a number of changes within the home in terms of staffing, management and in the ownership of the home. The registered provider had recognised some areas of care at the home needed improvement and was putting into place measures to address these areas. Plans were in place to improve the overall appearance of the home as well as people's experiences of care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and knew the staff supporting them. Staff understood how to keep people safe from harm and how to ensure the risks to their health were minimised. Staffing levels were monitored to ensure people had access to a sufficient number of staff. Background checks were completed on staff before they took up employment at the home. People were supported to take their medicines in a way that reflected their preference.

Is the service effective?

Good

The service was effective.

People were supported to make decisions about their care and whether they wanted care and support. Staff understood which decisions people could make for themselves and which they could not. People were offered choices in the meals they were offered. Staff understood when additional healthcare advice was needed and accessed this support for people.

Is the service caring?

Good

The service caring.

People received care and support from staff they liked and knew. Staff understood how people needed support and staff understood how to deliver this in a way that promoted the person's independence and dignity. People were able to receive visits from family members whenever they chose.

Is the service responsive?

Good

The service was responsive.

People were encouraged by staff to take part in interests they liked and enjoyed. People's needs were reviewed and amended based on their changing needs. People and family members were encouraged to feedback what they thought about the

home and the care they received.

Is the service well-led?

Good

The service was well led.

The home was undergoing a period of transition and systems within the home to monitor care were being updated in line with the Registers Provider's expectations. Staff had experienced a number of changes and measures were being implemented to improve the culture within the home.

Bowood Court & Mews

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 inspection took place on 16 and 17 May 2017 and was unannounced. There were three Inspectors as part of the inspection team.

We looked at the information we held about the provider and the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with 10 people living at the service. We also spoke with 12 relatives, 11 care staff, one nurse, one district nurse, the operations director, two deputy managers, the activity co-ordinator, the wellbeing manager, the care co-ordinator, the training manger, the compliance manager and one domestic staff.

We reviewed five care records, the complaints folder, recruitment processes, minutes of meetings, newsletters, as well as monthly checks the manager completed in order to monitor quality at the home.

We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe. One person told us, "The staff seem alright. They don't brow beat you or shout at you." Another person told us, "It's alright living here." We saw people were comfortable and relaxed around care staff. Relatives we spoke with also told us they were happy for their family members to live there.

Staff understood the importance of ensuring people were protected from harm. Staff spoke confidently about their understanding of safeguarding and told us they had received training to make them aware of the signs of abuse. Staff understood the need to escalate concerns to senior staff and the process for doing so. Information we reviewed prior to the inspection also confirmed that where appropriate, the Local Authority and CQC were notified of any concerns.

People told us they could access help from staff when they needed. One person told us, "I have a buzzer and they come quickly." We saw that call bells were answered promptly and when people indicated they needed help from staff, people were supported. Relatives told us they were always able to speak with a member of staff, should the need arise. We spoke to the management team about how they assessed the number of staff needed. The Operations Director told us, that staffing was dependent of people's assessed need. The Operations Director explained the home was undergoing a period of transition which meant that the management team and care teams within the home were changing. Although there had been a recent turnover in staff and that this had caused some staff to feel unsettled, they told us staffing had now settled.

We saw that staff understood how to support people safely. We saw examples where staff patiently, supported people to move from one chair to another using specialist equipment. Throughout the process we saw staff talk to people and reassure them if they became anxious about being moved and that people responded positively to the encouragement. Risks to people's health were detailed in people's care plans for staff to refer to. Staff understood the health conditions that people lived with and what was needed to keep people safe. They told us if they were unsure about any aspect of a person's care that they could speak to the senior staff at the home.

We reviewed the registered provider's process for recruiting staff to work at the home. There was a system in place so that staff recruited had the necessary pre-employment checks to ensure they could work with people at the home. Three staff files we reviewed contained confirmation of the necessary pre-employment checks. We saw that references has been sought and that staff had completed Disclosure and Barring Service (DBS) checks before commencing work. The DBS is a national service that keeps records of criminal convictions. Staff we spoke with also described the same process to us and confirmed they completed the necessary checks before commencing work at the home. Staff we spoke with told us they undertook all the checks before commencing working at the service and that they did not commence work until these were completed.

We saw people were supported to take their medicines and were supported in a way that reflected their preferences. We saw that some people were offered squash rather than water with their medicines and staff

knew how each person needed support. People told us they received the support they needed. One person told us, "The medicines are on time. They bring them in for me to take." The recording of people's medicines had recently been changed from a paper based system to an electronic system. Staff demonstrated how this was used and how this would reduce the likelihood of errors in people's medications. The Operations Director explained that the management of the home had overhauled the care planning process. By doing so they aimed to better understand and review if people received their medicines as they should. We saw staff were given guidance on allergies people lived with as well as any other information staff needed to be aware of. We spoke with a nurse who told us about people's health and spoke confidently about how each person needed their medicines. We checked how people's medicines were stored and saw that these were stored appropriately. We also saw there was a system in place for ensuring medicines were correctly allocated to people and that any unused medicines were disposed of appropriately.

Good

Is the service effective?

Our findings

People we spoke with told us they received the care they needed and that staff understood how to support them. Relatives we spoke with also confirmed they had confidence in the staff supporting them and that they felt their family members received the care they needed.

Staff received training and support from the management team. One senior carer we spoke with told us they always spoke with staff to ensure they understood how each person required support. Training had been reviewed since the registered provider had taken ownership of the home and staff were being encouraged to attend refresher training to ensure staff understanding across the home was consistent. For example, the Operations Director told us about specialist dementia training that had been organised so staff could better understand people's experiences. Staff we spoke with told us they were able to access training and support.

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.

People told us they were encouraged to make their own decisions about the care offered to them, and where they wanted to spend their time. A relative we spoke with told us staff always respected their family members decisions about their care and that they did not have any concerns.

Staff told us they had received training so they could develop an understanding of how MCA affected the way they needed to care for people. Staff understood how to check people were in agreement to the care which was offered. We saw examples, where people were offered food or support with care and they declined. We saw staff respect people's decisions and came back later to see if the person had changed their mind. Staff could also explain what it meant to support people by making decisions in their Best Interests. Two of the staff we spoke with told us they had been included in Best Interest meetings with the family of the people they were supporting.

The Registered Manager had submitted applications to a 'Supervisory Body' where they had assessed people were potentially receiving care which restricted their liberty. We saw records which showed us the management team had consulted with people's families and other health and social care professionals, or organisations with responsibilities for promoting people's rights. Where the supervisory body had made a

decision, their decisions had been followed, so people's rights were protected. The Operations Director told us that the outcome of decisions had not always been sent to the Care Quality Commission but that this was being addressed.

People at the home told us they liked and enjoyed the food they were offered. One person told us, "There's plenty to drink." Another person told us "The food is excellent." We saw people being offered choices in the food and the drinks they offered. Where people declined the food choice they were offered, they were provided with alternatives. We saw people were being supported if people required assistance. Staff could describe to us which people needed support and any preferences people had. Staff also understood any specialist diets people were on and ensured people received these. For example, people some people needed higher or lower calorie diet than others and staff ensure people received these.

People at the home accessed a number of professionals. For example, during our inspection we saw an incident when a person became unwell and an ambulance was called. We also spoke with a representative from the Falls Clinic. They told us people were appropriately referred and that instructions left with staff were followed and incorporated into people's care.

Good

Is the service caring?

Our findings

People liked the care staff supporting them. We saw numerous examples throughout the day of staff engaging with people and demonstrating kindness. We saw staff use tactile reassurance to comfort people when they became upset and people reciprocated by engaging with staff in friendly chatter.

Relatives we spoke with, all spoke warmly of staff and the care and support their family member's received. One relative told us, "The care staff are all good." Another relative told us "The girls are really good with my [family member]." Relatives described a warm, caring environment were their family members lived. Relatives told us communication was forthcoming and that they were kept informed of any changes in their family's member health.

Staff we spoke with knew the people they were supporting and could explain to us how each person preferred to be supported. Staff could tell us about people's families, their favourite pastimes and about how the person spent their life. One staff member told us, "I'd do anything for the residents?" We saw staff bend down and speak with people so that people that had difficulty hearing were able to hear the staff member. We also saw staff speak to people about their family members, and we saw this offered people comfort.

People described to us how they made decisions about their day to day care. One person told us, "I can have a shower whenever I want." Another person told us, "I go to bed when I want and I wake up when I want." People said they told staff about how they needed support and that staff supported them accordingly. For example, when one person expressed a need to go to their bedroom to rest, we saw staff supported them.

People told us they were visited by family and friends whenever possible. One person told us, "Visitors can come whenever they please." We saw throughout the day relatives and friends visit the home to see their family. Relatives we spoke with also told us that they were able to visit freely and that they felt welcomed by staff.

We saw examples throughout the inspection of staff demonstrating how to support people to maintain their dignity. We saw staff support people to maintain their independence in ways that were specific to each person. For example, where people tried to walk independently, staff supported the person by offering them equipment to ensure they were able to walk wherever they chose to.

Staff told us about their understanding of maintaining a person's dignity. Staff described training they had received and how this helped them support people. One staff member told us, "I see it as looking after my own mum and dad." Staff described some of the relationships they had had with people living at the home in a warm and affectionate manner. We saw one relative thank staff for the care and compassion they had shown their family member.

Good

Is the service responsive?

Our findings

We saw people take part in and enjoy a number of different activities throughout the inspection. People were supported to take part in gentle exercises, singing, bingo and trips to a local restaurant. Two people we spoke with told us they were supported to observe their religious preferences. We spoke with the Wellbeing Manager who explained how they worked with people to understand what they liked. They told us they tried different activities and recorded which ones people liked so that they could be helped to pursue these.

Family members we spoke with told us about how their relatives had progressed through the home. Four relatives we spoke with told us their family member had initially been a residential placement but as their needs had advanced, they had moved to nursing care within the home. They told us they had been involved in making decisions and had been involved in discussions about their care.

Five care plans we looked at detailed how people's care was reviewed. We saw that where people needed risks assessments these were listed and guided staff about the level of support people needed. Where people's needs changed, people's care was amended to ensure they received the care that reflected their needs. For example, within Bowood Mews, if people's care needs increased, information was listed that guided staff about how the person's needs had changed and what they now needed help with.

We reviewed how the registered provider sought the views of people and families about the service at the home. We reviewed minutes of meetings and saw there was a regular opportunity for people to contribute what they thought about the home. We also saw a "You asked, we did" display so that people could see what had been changed as a consequence of their requests.

During the inspection, we were invited to attend a relative's meeting. The meeting had been arranged with the specific objective of discussing the proposed closure of the nursing unit. Whilst people expressed their unhappiness that the unit was closing, the Operations Director encouraged people to contribute what they thought about the change. They took on board some of the suggestions made by family members. For example, some people needed additional help with establishing contact with a Social Worker and this was arranged.

People and relatives we spoke with understood the complaints process and how they could complain. Some family members preferred to speak to individual staff members to resolve any issues they had. For example, one relative told us they had spoken to staff when they had become concerned about a lost item of clothing, but the issue was resolved. We reviewed how complaints were recorded and the system for dealing with complaints. We saw that where complaints had been raised, the complaint had been investigated and action taken. We saw were it had been identified that staff practice was involved, training was offered to staff and learning shared through team meetings.

Good

Is the service well-led?

Our findings

The registered manager of the home had recently left in the weeks prior to the inspection. The home was being supported by an interim manager whilst another manager had been appointed but was not yet in post. The home had had a number of changes of ownership within recent years and this had left some staff feeling unsure and anxious about changes. Staff we spoke with described a feeling of uncertainty. One staff member told us, "It's been up and down. It takes time to adjust to a new company." Staff described their relationship with the previous manager as warm and the sudden departure of the registered manager had left some staff feeling unsettled.

A number of changes were planned for the home which included a refurbishment of the building together with the closure of the nursing unit. When we spoke with staff about the refurbishments, staff, including some senior staff, staff could not describe how their area within the home would be affected. Although, we saw displays within the home outlining the proposed changes and refurbishment details, staff described a feeling of separation from management. When we told the Operations Director about this, they accepted that there had been changes and this may have caused some staff to feel unsure. However, they advised us that a pre-planned staff meeting later that week would include some of the areas we highlighted so that staff had a better understanding of developments within the home.

We also saw there were inconsistencies in how staff reported incidents and how these were responded to. We talked with staff and saw in people's records that it was not always clear what action had been taken when incidents had occurred. For example, we saw there had been an incident when a person had received some bruising. We could not be assured that the incident had been investigated and action taken. On another occasion we saw a person had accidently had two medical patches applied. Although action was taken with the staff member, the incident had not been recorded to further identify trends.

When we presented this information to the Operations Director, they had made of us aware of areas for improvement the home were already working towards. They told us that care planning had been identified as not being effective. They described care plans as being mixed because some care plans contained systems from a number of historic providers. The Operations Director explained that the system needed to be uniform so that it made it clear when reviewing for the quality of care being delivered at the home what action needed to be taken. They described changes that were being made to care planning records so that they would be easier to monitor. They demonstrated how prompts would be integrated into the records so that staff would be alerted of any particular areas that needed addressing. The Operations Director accepted that there had been a huge period of change and uncertainty for staff but was hopeful that the new manager would help to stabilise the teams within the home.

The Operations Director also recognised that the changes in staffing had meant that there were inconsistencies in how staff applied their training to their practice. Whilst we observed positive interaction between staff and people, we highlighted some examples when interaction could have been even better. They told us training on specialist Dementia care had been arranged for all staff and that all staff would need to attend.

Staff told us they were invited to staff meetings and could discuss issues important to them. One staff member told us they had made suggestions to management about how access to equipment could be improved and this had been implemented. They told us previously, they had sometimes struggled to get the right equipment but that now they ensured people had the right equipment.