

Bowlacre Home

Bowlacre Home

Inspection report

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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

This inspection was unannounced and took place on the 6 and 7 June 2018.

We last carried out a comprehensive inspection of this service on 28 September 2016. At that inspection we found five breaches of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. The breaches related to the safe management and administration of medicines, capacity and consent, infection control, improvements to the environment and good governance. A recommendation was also made with regards to the development of an activity programme. The service was given an overall rating of 'Requires Improvement'.

Following the inspection, we required the provider to complete an improvement action plan to show how they would improve the key questions; safe, effective, responsive and well led to at least good.

Prior to the inspection we had been made aware of two concerns about the safe care and treatment of people living at Bowlacre. These matters were currently subject to investigation by the local authority.

At this inspection we looked to see if the required improvements had been made. We found three repeated breaches in relation to management and administration of medication, capacity and consent and good governance. A further five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were also identified. These relate to recruitment procedures, fire safety, safe water temperatures, staff training and support and care records. We have also made three recommendations, advising the provider to refer to good practice guidance in relation to legionella, dementia friendly environment and activities and opportunities for people.

Bowlacre Home 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 home is a large detached property set back from the main road in its own well-maintained grounds. The building has been adapted and extended over the years to provide accommodation for 37 people. The home is owned and managed by a voluntary housing association. At the time of our inspection there were 26 people living at the service.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We again found the provider did not have effective governance systems in place to continually monitor and review the service so that required improvements, as found during this inspection, could be identified and

acted upon.

Whilst some improvements had been made to the management and administration of people's prescribed medicines, some issues remained and did not demonstrate a safe and effective system was in place.

The provider did not carry out all necessary recruitment checks prior to new staff commencing employment to ensure that people were kept safe.

Suitable arrangements were not in place to help maintain the safety and protection of people using the service particularly in relation to fire safety and risk of scalding.

Following a recent accident, no action had been taken to minimise potential risks to other people living at the home. We recommend the provider refers to good practice guidance to help identify and mitigate risks so that people are kept safe.

Improvements were being made to enhance the appearance of the home. Whilst some consideration had been given to developing a 'dementia friendly' environment, we have recommended the provider should refer to good practice guidance so that facilities help encourage people to maintain their independence and movement around the home.

Suitable arrangements were in place to ensure people were protected against the risks of cross infection. We have recommended the provider refers to guidance on the management of legionella in hot and cold-water systems.

Relevant authorisations were in place where people were being deprived of their liberty. However, care records did not show that capacity and consent had been considered when planning people's care and support.

Care plans were not always updated to reflect people's current and changing needs as well as their individual needs, wishes and preferences.

Staff said there was good teamwork within the home and that sufficient numbers of staff were available to meet people's needs. However, we found staff had not received all the necessary training and support essential to their role so that the current and changing needs of people could be met in a safe and consistent way.

Whilst some activities and opportunities were made available, further consideration was needed to help encourage and support those people less able or living with dementia. We have recommended the provider explores more meaningful activities so that people have a sense of purpose to their day and are actively engaged.

People told us they were happy and well cared for. Whilst some of our observations of staff interactions with people were positive, at times support was task focused and did not always demonstrate people were treated in a dignified manner.

Staff were aware of their responsibilities and knew what to do to protect people from abuse.

People were offered adequate food and drink throughout the day. People told us they were happy with the quality and variety of meals offered.

Staff worked in co-operation with healthcare professionals to ensure that people received appropriate care and treatment.

People and their visitors told us they could raise any issues or concerns with care staff and felt these would be dealt with.

You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The 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. If not, enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action.

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.

Is the service safe?

The service was not safe.

Records need to reflect the safe management and administration of people's medicines so that they are protected.

Robust recruitment procedures were not in place. Staff understood their responsibilities in protecting people from abuse and knew what to do should an incident arise.

Maintenance checks were completed in relation to the safety of the building and equipment. Improvements were needed in relation fire safety procedures and checks to water outlets so that people were kept safe.

Inadequate ●

Is the service effective?

The service was not effective.

Consideration had not been given to people's mental capacity and seeking their consent when planning their care and support. Lawful authorisation had been sought were people were being deprived of their liberty.

Further opportunities for staff training and development were needed so that the team were clearly directed and supported in the delivery of care people wanted and needed.

People told us they enjoyed the choice of food provided. People had access to the relevant health care support so that the health and well-being was maintained.

Requires Improvement ●

Is the service caring?

The service was not always caring.

At times support offered was task focused and did not always demonstrate people were treated in a dignified and respectful manner.

Staff spoke with people in a kind and friendly manner. People we spoke with were happy living at Bowlacre and felt they were

Requires Improvement ●

cared for. People's visitors told us they could visit at any time and staff always made them welcome.

Is the service responsive?

The service was not responsive.

Care plans did not always reflect people's current and changing needs. More person-centred information was needed to reflect people's individual needs, wishes and preferences.

Whilst some activities and opportunities were made available, further consideration was needed to help encourage and promote the experiences of those people less able or living with dementia.

People told us they could raise any issues or concerns with care staff and this would be dealt with.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Adequate governance systems had still not been implemented to demonstrate clear management and oversight of the service so that areas of improvement were identified and acted upon.

Opportunities for people, staff and other stakeholders to feedback about their experiences were not routinely provided.

The provider had submitted notifications to CQC when they were required to do so. We saw the CQC rating was displayed within the home in addition to a copy of the previous inspection report.

Inadequate ●

Bowlacre 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 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.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to investigation and as a result this inspection did not examine the circumstances of the incident.

However, the information shared with CQC about the incident indicated potential concerns about the management of risk of falls from heights. This inspection examined those risks.

This inspection took place on 6 and 7 June 2018 and was unannounced on the first day. The first day of inspection was undertaken by two adult social care inspectors 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. This person had experience of this type of service. The second day was undertaken by one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also reviewed information we held about the service and provider, including notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority and Health watch Stockport for their views on the service. No concerns were raised with us.

During our inspection we spoke with nine people who used the service, four visitors, the provider, the registered manager, a care team leader, two care staff, a domestic worker and the cook.

Some of the people living at Bowlacre Home were not able to clearly tell us about their experiences. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We looked at the environment and the standard of accommodation offered to people. We also reviewed four care files, medication administration records (MARs), four staff recruitment files and training and development records as well as information about the management and conduct of the service.

Is the service safe?

Our findings

During our last inspection in September 2016 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not kept secure including controlled drugs, stored at the correct temperature, administered as prescribed, records lacked guidance for staff and action required following an audit check had not been addressed. Due to our findings a requirement action was made and the overall rating for this key question was requires improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

At this inspection we looked to see if the required improvements had been made. We found some improvements had been made but the breach in regulation had not been met.

People we spoke with confirmed that staff supported them with their medication. We were told, "My medicine is done for me, they are very good. I have a buzzer to call someone if I need them" and "Staff do my medication for me."

We noted that medications including controlled drugs were stored safely. A photograph to help identify the person and their personal details had been placed with the medication administration records (MAR's) as well as a new checklist identifying those people who require medicines before food. A review of these records showed that medicines had been signed for on administration.

We did note however that records in relation to the administration of topical creams were signed for by the person administering medication and not by the care staff who applied the creams when assisting people with care tasks. This did not demonstrate that an accurate record was maintained.

A stock book was completed when checking medicines delivered to the home each month. We were told that some items, such as paracetamol, would be 'carried forward' and not reordered unless necessary. There was no record of this on the MAR to show what stock was available.

A review of the MAR's also identified that one person self-administered their prescribed creams. We were told a risk assessment had not been completed and monitoring checks were not carried out to make sure they were taking their prescribed medicine correctly.

At our last inspection we identified that regular temperature checks were not being completed to make sure medicines were stored below the maximum recommended temperature of 25°C. During this inspection we asked the care team leader how this had been managed due to the recent hot weather. We were told this had been difficult to maintain and records showed that temperatures of 26.5°C had been recorded. This meant medicines may not have been fit for use and increased the potential risk of harm to people who used the service.

We also identified at our last inspection that protocols for PRN medicines (when required) were not in place.

We asked the care team leader if this information was now available to help guide staff, particularly where a person lacked the capacity to ask for it. We were told these had not been developed. This meant there was an increased risk people may not receive their prescribed medication when needed.

We saw that internal medication audits were carried out as well as an annual check by the supplying pharmacist. We noted the internal audits did not evidence the checks completed, for example which MAR's were checked. Records had also been ticked to say PRN protocols were in place when they were not and that staff responsible for the administration of medication were up to date with their training. This too had been identified on the pharmacy audit advising the registered manager of training available to them. Whilst one member of staff said they had completed medication training in 2017 another said it had been 'several years'. A review of the staff training record provided no evidence of any medication training having been completed by those staff responsible for the administration of people's medicines

Systems were not in place to ensure the safe management and administration of people's medicines so that they are protected. This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that one person received their medication covertly (this usually involves disguising medication by administering it in food and drink). This had been discussed with the person's GP and a best interest decision was made for medication to be given this way.

Systems to ensure staff had been safely recruited were not in place. We reviewed the personnel files for four staff. The registered manager told us that three of the four staff had moved from a local agency to work at the home. The registered manager told us that recruitment records from the agency had been provided for two of the three applicants. However, a review of the records for the four staff showed that all necessary checks required by the service had not been completed, including a check with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Checks required to ensure applicants could work in the UK had not been sought. On one person's file we saw photocopied documentation from the Home Office, which had been taken by the agency. The registered manager confirmed they had not seen any of the original documentation.

Robust recruitment procedures were not in place to check that applicants who applied to work at the home were fit and able to do so. This meant there was a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the staffing arrangements in place at the home. We were told and records showed that in addition to the registered manager there were four care staff, one team leader, three domestic staff, two kitchen staff and a handy man available throughout the day. A minimum of three 'wake-in' staff were provided during the night time. This means staff are awake throughout the night to help and assist people should support be needed. Staff spoken with felt there were sufficient numbers of staff available to meet people's needs. One staff member told us "It's a really good team, supportive of each other." From our observations staff responded to people's requests for support in a timely manner.

We looked at what systems were in place to help protect people from the risks of harm or injury. We saw the service had a business continuity plan, which provided information for staff about what to do in the event of an emergency such as a failure of the gas or electricity supply to the premises.

Records we looked at showed staff had received training in fire safety and this was confirmed by those staff we spoke with. A fire risk assessment was in place however this had not been kept under review and updated where necessary. Internal checks were completed with regards to testing the fire alarm and there was information about evacuation procedures, false alarms and fire drills. This meant the fire alarm was in working order and that in the event of an emergency staff should have the knowledge to respond appropriately. However visual checks were not completed to check fire exits were kept clear and fire equipment and emergency lighting were in good working order. Individual personal emergency evacuations plans (PEEP's) had also not been developed identifying the level of support required by people in the event of an emergency.

We were told that prior to this inspection a visit had been undertaken by Greater Manchester Fire and Rescue Service (GMFRS) to carry out an inspection of the service. Action identified included the development of PEEP's and an updated risk assessment. The provider agreed to forward a copy of the report to us once received.

We asked to see records to monitor water temperatures to demonstrate these were safely maintained. We were told that all outlets were fitted with thermostatic control valves (TCV) to help control water temperatures, and that checks were not completed. Without periodic checks the provider was not able to demonstrate that the TCV's were working effectively and temperatures were maintained at a safe level.

Suitable arrangements were not in place to help maintain the safety and protection of people using the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said they felt safe and received the support they needed from staff. We were told, "Yes I feel safe here", "If I don't feel safe I can buzz at night and staff come to help me", "Yes, there are always staff to help me" and "I've not had to wait for anything."

People's visitors also spoke positively about their experiences. One visitor told us, "We have no issues here, as far as we are concerned she is looked after well." Another added, "Always staff around. They make you feel welcome. I've never seen anything unusual."

We saw policies and procedures were available within the home to guide staff on safeguarding people from abuse and whistle blowing (reporting poor practice). A review of records and discussion with staff confirmed that training was also provided in this area. Those staff we spoke with were clearly aware of their responsibilities and knew who they could speak with if they had any concerns.

Prior to the inspection we were made aware of two concerns about the safe care and treatment of people. The registered manager was cooperating with the local authority in relation to these matters as they were currently subject to investigation. We discussed one of the incidents with the provider and registered manager to establish what action had been taken to make safe the environment. We were told that advice had been sought and consideration was being given to how best minimise potential risks to other people living at Bowlacre. We recommend the service refers to appropriate Health and Safety Executive guidance and takes appropriate action where necessary.

We looked at how the provider managed areas of identified risk to people's health and well-being so that they were kept safe. We found that people had risk assessments in place relating to their personal circumstances, such as mobility, diet and nutrition and pressure care. These had been reviewed on a regular basis. The service had also recently introduced moving and handling assessments for those people who

required support in this area. Records seen were detailed and clearly guided staff on how to support people appropriately in this area.

We saw that systems were in place for the reporting and monitoring of any falls. One person told us, "I have fallen, recently. Two men had to come and get me up off the floor. I'm ok." We were told and records showed that any accident and incidents were always recorded. Where people had fallen but no apparent injury had been sustained a 24-hour monitoring sheet would be completed to check that the person was unharmed. The registered manager told us monthly reports were also forward to the local authority for monitoring purposes. Where issues had been identified additional advice and support was sought as well as access to equipment, such as alert mats, to help reduce identified risks.

We saw up to date servicing certificates were in place to show the premises and equipment were safe and in good working order. Checks included gas safety, small appliances, hoisting equipment and the fire alarm. We noted on the 5-year electric circuit check was assessed as 'unsatisfactory'. We asked the provider to send us evidence that the work required had been completed ensuring a safe system was in place. This was provided immediately following our inspection.

During our last inspection in September 2016 we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because effective systems were not in place to monitor and manage the prevention and control of infection and areas of the premises were not properly maintained. Pressure cushions, mattresses and some items of furniture were dirty and stained and some areas of the service including the bathrooms and shower areas had deteriorated and were impossible to effectively clean. Due to our findings a requirement action was made.

At this inspection we looked to see if the required improvements had been made. Overall, we found the environment to be clean and tidy with no malodour. Designated domestic staff were identified to work throughout the week. We observed staff using personal protective equipment (PPE), such as aprons and gloves, when supporting people with personal care and when supporting people with meals and drinks. These help to reduce the risk of cross infection and promote good practice.

We found that improvements had been made to an upstairs bathroom. This has been developed into a wet room and provided good facilities for people. Improvements to a second shower room were also planned, which would separate the laundry shoot from the shower area. We were told that this room was currently not used by people as it was not suitable.

We saw new washable vinyl covered chairs had been provided in the lounge and old mattresses had been replaced. The cleaning of pressure cushions was also now part of the daily cleaning schedules. Records showed that mattress audits had been introduced however had not been completed since 4 September 2017. Pressure cushion audit sheets were also available but had not been completed.

During the last inspection it was identified that people's toiletries were left in the communal bathrooms. This was discussed with the registered manager at that time who arranged for them to be removed. The same issue was identified during this inspection. We advised the register manager that this was unsafe and potentially placed people living at the home at risk. We asked the registered manager if environmental audits were undertaken to help identify such issues. We were told formal checks were not carried out. These checks would help to identify any issues so that prompt action can be taken.

We looked at the laundry area and found a dirty to clean system was in place to reduce the risk of cross infection and that the staff working in the laundry were knowledgeable about infection control and the

procedures to effectively manage soiled laundry.

We saw information to show an infection control audit had been undertaken by the local authority in August 2017 and an overall rating of 86% compliance. Recommendations were made for the service to consider as well as a copy of an audit tool. However, this had not been implemented. Whilst improvements to the environment had been made since our last inspection, on-going monitoring in the management of infection control need to be implemented so that standards are maintained. This is referred to under the well-led section of this report. Issues in relation to the effective auditing and monitoring of the service have been referred to under the well-led section of this report.

We asked to look at the legionella risk assessment. We were told that following advice this was no longer required as the service did not have water storage within the home. We recommend the services refers to the Health and Safety Executive guidance on Part 2: The control of legionella bacteria in hot and cold-water systems and where necessary takes appropriate action.

Is the service effective?

Our findings

During our last inspection in September 2016 we found that the home was in breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the Mental Capacity Act (2005) guidelines were not always followed. Due to our findings a requirement action was made and the overall rating for this key question was requires improvement. Following the last inspection, we asked the provider to complete an improvement action plan to show what they would do and by when to improve the key question to at least good.

At this inspection we looked to see if the required improvements had been made. We found the breach in regulation had not been met.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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. Where people lack mental capacity to make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care services. DoLS are part of the MCA legislation, which is designed to ensure that the human rights of people who may lack capacity to make decisions are protected. 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.

We were told that nine people were currently subject to a DoLS. However, we found the registered manager did not have a clear understanding of the MCA when determining if an application for a DoLS was required. We saw no information on people's records to show how it had been determined that an application to deprive them of their liberty was needed.

Those people able to chat with us told us they could decide things for themselves. People told us; "Yes I choose what I want to do. I get up when I want to go to bed when I want to", and "I make my own decisions. Staff check with me first before doing anything." However, on review of people's records we found no evidence to show how people had been involved and consulted with about their care and support or whether the person lacked the mental capacity to make decisions for themselves and needed help in doing so. The plans did not identify that an authorisation was now in place and how this impacted on the person.

Our findings did not demonstrate the principles of the Mental Capacity Act 2005 were being followed. We found this was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Policies and procedures were in place with regards to MCA and DoLS. This information is essential to help inform and guide staff where people lack the mental capacity to consent to their care and where restrictions are in place ensuring practice is lawful. A review of records showed that training in MCA and DoLS had not been provided. The registered manager said that a further training course had been planned for July 2018 which would include safeguarding adults and MCA/DoLS. Staff spoken with were able to tell us how they afforded people choice when offering care and support

During our last inspection in September 2016 we found that the home was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because little consideration had not been given to design and decoration of the home to support people living with dementia, helping to minimise issues around sensory impairment as well as enabling them to orientate themselves around the home. Due to our findings a requirement action was made.

At this inspection we looked to see if the required improvements had been made. We found a programme of redecoration and refurbishment was being undertaken. The dining room and hallways had been redecorated, new flooring had been laid in the reception area, main lounge and upstairs hallways, a walk-in shower room had been created, bedrooms were being refurbished and new washable chairs and mattresses had been purchased. The relatives of two people told us, "The home is having work done, they are trying" and "[Relative] has her own room, her stuff is ok, and it's like home from home."

The home had a well-maintained garden which was easily accessible to people. There was a lawn and patio area providing seating. Level access was provided with handrails to steady people wishing to walk around the gardens.

Further consideration was still needed so that people living with dementia were provided with accommodation that promoted and enabled them to live well. For example; areas should be decorated using appropriate contrasting colours, have easily identifiable handrails and door frames. Whilst looking around the home we saw that bathrooms and toilets had signs of a man or woman but not of a toilet or bathroom meaning that people, particularly those living with dementia may struggle to identify what these rooms were. It is good practice for services offering support to people living with dementia to have easily identifiable signs which have both the name and a picture to identify the room. We recommend the services refers to good practice guidance on the design or layout of the environment so that this helps promote the well-being of people living with dementia and enables them to retain their independence, and reduce any feelings of confusion and anxiety.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living at Bowlacre. We spoke with the registered manager, staff and examined training records.

Staff spoke positively about the team work within the home and confirmed that training was provided. We were told; "We all work well together", "Communication is good", "We're kept informed with the handovers", "I have great job satisfaction" and "The training is really good." One of the people we spoke with said, "Staff know me well and I know them. They know what they are doing."

We were told that any new staff would complete an induction on commencing work. Of the 4 staff files we reviewed we found only one person had completed an induction. A new staff member we spoke with said they had not received an induction however had been asked to sign a 'checklist' confirming their understanding of their role and responsibilities. We discussed with the registered manager the implementation of the 'Care Certificate' and how this can support new staff in learning their role, particularly

when new to care work. The Care Certificate is a standardised approach to training for new staff working in health and social care. This included an introduction to the home, information about the individual staff member's role and policies and procedures.

We saw no evidence to show that staff had received regular supervision and support. The registered manager acknowledged these had not been carried out in line with the home's policy. Records also identified that no recent team meetings had been held, the last one being November 2017. This meant staff were not provided with an opportunity to discuss their work, share their ideas and areas of working practices.

A review of the training records showed that regular training was provided in areas such as, moving and handling, fire awareness, infection control, first aid and food hygiene. Further training had been planned for the care team leader in mental health awareness and all staff were to complete safeguarding and MCA and DoLS. One staff member we spoke with said they would also like training in end of life care. There was no evidence that training had been provided in medication, dementia care or areas specific to the needs of people.

Staff had not received all necessary training and support needed to carry out their role so that people using the service received safe and consistent care and support. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that people had regular access to health care support when needed. One person told us, "I can see a doctor when I need one. The nurse come to look at my feet." People were registered with a GP and had access to podiatry, opticians and dieticians. Staff completed case records and multi-agency notes detailing any appointments and outcome. The service also worked closely with the district nurses; a dedicated room had been made available for their use and the storage of their equipment.

During the inspection we spoke with the visiting district nurse who told us; "staff respond appropriately and act on advice" and "I've no issues regarding the standard of care. Staff are very good and know people well."

We checked to see if people's nutritional and hydration needs were met. We spent some time observing the lunchtime period. Food served looked appetising. The mealtime period was well organised and sufficient numbers of staff were available so that people got their food in a timely manner. Tables were set with table clothes, place mats, cutlery and condiments making it a pleasant area for people to eat their meals, however we found the area was not cleaned fully between meals meaning people were eating their lunch with breakfast crumbs still on the table.

People we spoke with told us they enjoyed the meals. They told us, "The food is good, I enjoy it. Plenty to drink you only have to ask", "There are two choices for food. If I don't like it I can change to something else, it's no trouble" and "Food is ok, it's not everyone's choice but I'm ok with it." One person relative also said, "I've seen the food, seen people, they eat it all" and "Always eats the food, tells me it's ok as well. No concerns about her weight."

Kitchen staff we spoke with had worked for the service for many years and had a good understanding of people's needs, choices and preferences. The chef told us they took care to ensure that those on special diets were not discriminated against and those on soft diets would have their food separately pureed to the right consistency and served to ensure that it still appeared appetising. The chef told us that "On the whole people enjoy the food here" and "We don't get many complaints". The chef demonstrated that they understood how to meet people's needs and fortified meals were calorie content needed to be increased as

well as how to support people by offering food to people who did not have an appetite at meal times.

The kitchen was clean and well organised and there were rotas and monitoring systems in place to ensure food was stored safely and the risk of infection was reduced through cleaning processes. The kitchen had been inspected by the food standards agency in April 2018 and had received the highest rating of 5.

We were told that where it had been identified people were losing weight fortified meals and high protein drinks were provided. People were assessed in relation to the risk of inadequate nutrition and hydration and food and fluid intake were monitored. We saw that action was taken, such as referral to a dietician or their GP, if a risk was identified.

Is the service caring?

Our findings

During the inspection we saw that staff spoke with people in a kind and friendly manner. Some staff had positive relationships with the people living at Bowlacre and would use humour and make jokes together. One person commented, "Staff are lovely, kind to me. I feel listened to." Another said, "It's ok here, I like it."

People relatives also spoke positively about the care and support provided. We were told, "I've no worries. The staff are great", "Yes, I do like the way [relative] is cared for. They always look clean and well", "Staff are kind, I've no concerns", "I've seen people asking for something, nothing is too much trouble for them", and "Very pleasant girls. Always chatting to us when we come and offer us cups of tea."

We observed staff asking and checking with people what they would like, offering drinks and biscuits. Staff were pleasant in their approach to people.

People we spoke with felt staff treated them with dignity and respect when offering care and support. For example, staff were observed administering medication and speaking with people in a dignified manner, offering encouragement and coming to the person's eye level whilst supporting them. One person told us, "I am respected, staff treat me well. Staff knock on my door to come in." Another person commented, "Staff cover me up when I'm having a wash. I have a bath every two weeks, I love a bath with bubbles."

However not everyone experienced the same standard of care. At times we observed staff coming in and out of the lounge area to check if people were alright however there was little interaction with people. We also saw staff speaking about people without any consultation with them. For example, "I'll take her in there", "I'll put [person's name] in there now" and "Where is [person's name] going in there or in here." Two other instances included; whilst we were speaking with a person staff came along with their wheelchair and took them to the lounge without asking and another person who was seen repeatedly to get up from their chair was continually told to "sit back down, you will fall." These observations were task focused and did not demonstrate people, particularly those less able to advocate for themselves, were offered choice and supported in a respectful manner.

We did observe staff supporting people safely with their moving and handling needs. We saw staff supported one person to move from one chair to another with the aid of a hoist. Staff spoke to the person throughout the process and ensured their dignity was maintained by covering their legs as they were wearing a skirt.

We looked at how people were helped to maintain their independence. One person told they were able to maintain their independence, adding "I can look after myself, so yes staff do let me do things like that. They are good." During the lunchtime period we saw that staff supported people appropriately and encouraged them eat. Suitable aids were provided to enable people to eat and drink independently.

When being shown around the premises we found bedrooms to have people's photographs, names and room number on the doors which could orientate people and enable them to find their own bedrooms

easily.

We were told that people's bedrooms were locked throughout the day to protect the people living a Bowlacre and ensure their safety but that people could request keys to their own room and could choose to spend time alone if they wished. Our observations indicated that it was only those who were fully mobile and independent that had a choice. One person told us, "If I want to go into my room that's ok, staff don't stop me. I have my room the way I want it." Those people dependent on care staff were often limited in their choice and put in the same seats in the lounge and dining area.

Is the service responsive?

Our findings

At our previous inspection we found care records were not sufficiently detailed and did not provide clear information for staff; this was reported on under the well-led section of the report. Due to our findings the overall rating for this key question was requires improvement.

The registered manager told us there were two team leaders on duty on certain days to assist in assessing the needs of anyone who may wish to live at Bowlacre. We were told that information would be gathered from the person where possible, as well as family members and the local authority making the placement. Opportunities would also be made available for people to visit and spend time at the home should they wish. One relative told us, "Yes been involved, they ask me things always checking in with me" and "When she moved in they asked me about things yes."

Following a recent accident, it was identified that the assessment and admission process undertaken by the service was not as robust as it should. The registered manager had been working with the local authority quality improvement team in developing a more thorough assessment form. This explores people's physical and mental health as well as support needs and people's wishes, preferences and routines. This information will help make an informed decision about the suitability of placements so that only those people whose need can be met are admitted to the home.

We looked at four people's care records. We found that one person's file contained a detailed and fully completed residence profile which included information about their life history, employment, hobbies and interests. However, this information was not available in the three other files we looked at. We found that the daily living and needs assessment and care plans provided information to enable staff to provide appropriate levels of care. There was evidence that care records were reviewed on a regular basis however information recorded in people's multi agency case notes had not always been transferred to the care plan. This meant we could not be certain that people were being supported according to their current needs in areas such as moving and handling, reducing the risk of falls and managing pressures relief.

Care records should include clear and accurate information about people's current and changing needs as well as their individual wishes and preferences so that care is delivered in a way people want and need. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans did refer to "staff must provide dignity, privacy, choice and support" and people's wishes were recorded with regards to the religious and cultural needs. This meant that consideration to people's privacy, dignity and preference had been given and staff were encouraged to provide safe and person-centred care.

We asked people living at the home, how they spent their time and if enough activities were provided to keep them occupied. Whilst some people could follow activities of their own choosing others relied on the support and encouragement of staff. We were told and information seen showed that activities were available on a weekly basis. An activity co-ordinator visited once a week to offer activities such as arts and

craft and reminiscence sessions. Staff would then offer activities such as bingo and music however these were not structured and arranged on an informal basis. Arrangements were also made for entertainers to visit the home.

During the inspection we observed people sitting in the lounge for most of the day. We saw a bingo session being prepared prior to lunch however did not see it take place. Those people we spoke with told us, "Yes we have bingo. We had bingo yesterday as well", "Sometimes there is something on, not all the time", "No there is nothing on. I'm ok, but the others sit in the hole (lounge) all day every day" and "I've not been out for a long time." One person's visitor also commented, "I've seen bingo and a sign song going on. We have been to open day's things like that."

One person told us that they did have the opportunity to go out shopping with staff on occasions, which they enjoyed. Another person said they would like to do gardening. The registered manager advised us that there was a sensory garden with raised beds which was easily accessible for people. However, during our inspection, we did not see anyone being assisted or encouraged to go out into the garden despite pleasant weather. We asked if opportunities were made available for people to go out for the day and visit places of interest. The registered manager told us that due to rising costs it was not possible. The registered manager told us they "try to bring in as much as we can" and "keep people as active as possible on a daily basis". We were told that a hairdresser visited the home on a weekly basis and saw there was a private space for people to have their hair washed and cut.

The registered manager told us there were no process in place to obtain feedback from people regarding activities either on a group or individual basis. Best practice guidance in the National Institute for Health and Care Excellence (NICE) guidance published in 2013 - Quality standard for supporting people to live well with dementia recommends people living with dementia should be enabled, with the involvement of their carers, to take part in leisure activities during their day based on their individual interests and choices. This is important as people living with dementia increasingly need the support of others to participate in meaningful activities to help maintain and improve the quality of their life. We recommend the service considers current guidance in relation to the choice of activities offered to help promote the well-being of people living with dementia, enabling them to retain their independence.

People we spoke with and their relatives did not raise any issues or concerns and knew who they could speak with if they had any complaints about their care. People and visitor comments included; "I've no complaints really. The care is good", "I've no complaints. If I did I can speak to someone" and "If there have been any niggles they have been sorted."

We saw the complaints procedure was display within the home and contained within the service user guide, which was given to people upon admission and was accessible of the provider website. The home had a complaints file in place, in which any complaints received would be logged, along with action taken. We found no recent complaints had been received.

We saw the service had received thank you cards and notes from people's relatives. Examples of recent communication received from relatives included, "My father's stay under the care of your staff was a happy time for him", "Bowlacre was like home from home for mum" and "We would like to extend our deepest gratitude to you for the love and devotion you gave our mum. We truly feel you extended her life."

Is the service well-led?

Our findings

The service had a manager who was registered with the Care Quality Commission (CQC), meaning the registered provider was complying with the conditions of their registration. The registered manager was supported on a daily basis by the provider and care team leaders.

We asked people and their visitors their views about the management of the home. People we spoke with told us, "I'm not sure who it [manager] is", "Yes I know who it is. I can talk to them if I want to. She is ok" and "Yes it's a lady and a man, I see them in the day." People's relatives also commented, "Yes, I know who the manager is", "I speak to staff if I need to know anything" and "I know the chairman."

We also spoke with staff who said, "Personally [registered manager] has been very supportive with me", "Accommodating, good with rota's", "Supported to a point" and "[The provider] is very supportive."

During our last inspection in September 2016 we found that the home was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the quality assurance systems in place were not effective in assessing, monitoring and improving the quality and safety of the service. Due to our findings a requirement action was made and the overall rating for this key question was requires improvement.

Following the last inspection, the provider submitted an action plan and provider information record (PIR) telling us what they intended to do to meet the regulations. We were advised that care plans audits would be undertaken on a regular basis and these audits would be recorded. Information also stated the service used a Quality Assurance System to monitor and review the service ensuring staff were following the policies and procedures.

At this inspection we looked to see if the required improvements had been made. We found the breach in regulation had not been met.

We asked the registered manager what audits were undertaken to monitor and review the service provided. We were told that medication audits were completed as well as monitoring of falls, as this information was required by the local authority on a monthly basis. Checks of pressure mattresses had also commenced however, these had not been undertaken since September 2017. Monitoring and checks in other areas, such as care plans, staff recruitment, training and development, health and safety and the environment were not completed.

The registered manager told us they checked care plans and walked around the environment however these were not recorded. We saw a range of audit templates available were available in the Quality Assurance System used by the service however these had not been implemented. These checks would have assisted in addressing the breaches identified at our last inspection and identifying the shortfalls we found at this inspection. From feedback received it was felt that further improvements could be made to the environment and personalising care plans. Our findings demonstrated there was no effective oversight of the service

ensuring good quality outcomes for people as well as compliance with the regulations.

During this inspection we asked people and their visitors if their views had been sought about events within the home. We were told that resident and relative meetings would usually be planned twice a year. However, a review of records showed that no meeting had been held in the past 6 months. This was confirmed by the registered manager. One person told us, "I think there are meetings, I'm not sure." We were told feedback surveys had previously been distributed in November 2017 however responses had been poor. One person's relative told us, "Not had any questionnaire as far as I can remember." Feedback from people about their views of the service is important so that improvements made enhance the experiences of people living at the home.

Opportunities had not been made available for staff to comment on events within the home. A review of records and discussion with staff identified that team meetings had not been held since November 2017. Opportunities for staff to meet together and discuss their work are important as they help to promote good team work as well as improve morale.

We examined the home's 'Statement of Purpose', which stated that care and support was provided for people living with dementia. However, during our inspection, we found improvements were needed in several areas to enhance the lives of people living with dementia. This included enhancements to the environment, staff training and development and the social and recreational opportunities made available for people.

We saw that formal policies and procedures were in place to help direct staff in areas of their work. These were kept under review and reflected what was expected of staff. Policies included quality monitoring, medication management, safeguarding and whistleblowing, recruitment and supervision and support for staff. However, our findings during this inspection did not demonstrate these were adhered to.

We again found the provider did not have effective governance systems in place to continually monitor and review the service so that required improvements, as found during this inspection, could be identified and acted upon. This was a continuous breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a Service User guide which was available within the home and on the provider website. This provided people with information about what to expect should they chose to live at Bowlacre Home. We were told that information was available in different formats on request, such as in another language or format (large print, braille, audio) should this be required.

Notifiable events such as accidents or incidents, which CQC should be made aware of, had been notified to us. Authorisations to deprive people of their liberty had recently been agreed. Notification forms were sent to CQC during the inspection. This helps us to monitor the service ensuring timely and appropriate action has been taken to protect people. The registered manager was reminded that failure to notify CQC of events within the home is an offence.

It is also a requirement that the provider display a copy of their last CQC inspection report and overall rating for the service. We saw a copy of the last inspection report including the rating was displayed in the reception area and was easily accessible to people living at the home and their visitors. Information was also detailed on the provider's website.

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	Regulation 11 HSCA RA Regulations 2014 Need for consent People's care records did not demonstrate the principles of the Mental Capacity Act 2005 were being followed ensure their rights were protected.
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were not in place to ensure the safe management and administration of people's medicines so that they are protected. Suitable arrangements were not in placed to help maintain the safety and protection of people using the service.
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Care records should include clear and accurate information about people's current and changing needs as well as their individual wishes and preferences so that care is delivered in a way people want and need.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received all necessary training and support needed to carry out their role so

that people using the service received safe and consistent care and support.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective governance systems in place to continually monitor and review the service so that required improvements, as found during this inspection, could be identified and acted upon.

The enforcement action we took:

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Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Robust recruitment procedures were not in place to check that applicants who applied to work at the home were fit and able to do so.

The enforcement action we took:

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