

John-Edwards Care Homes Ltd

BOWS

Inspection report

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31 December 2016

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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

This inspection took place on 31 December 2016 and was unannounced. We gave the service one day's notice. This was because it was a care home for younger adults who are often out during the day. The previous inspection of Bows was on 20 June 2013. There were no breaches of the legal requirements at that time.

Bows is a care home for up to five young people. The accommodation is a detached bungalow in the town of Trowbridge. Bows is home for up to five young adults with a learning disability. All of the young adults have a severe learning disability. Three of the people who live at the home go to college with staff support two mornings per week.

There was a registered manager for the service. 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 2008 and associated Regulations about how the service is run.

There were systems in place that helped minimise risk to ensure people were safe. There were enough staff to support people and take action to reduce the risks of people experiencing harm. Staff had been trained about how to provide safe care and how to protect people if they had any concerns about their wellbeing.

People were helped by staff to manage their medicines safely. People were well supported to stay healthy and to have positive relationships. Individual support plans were produced with people and their relatives involvement. Care plans were reviewed regularly to make sure they were up to date and reflected people's current range of care and support needs.

People were supported by staff that were well trained and properly supported. Staff went on regular training courses and were developed and supported in their work. This helped them to improve and develop their skills and competencies. Staff were properly supervised to help to ensure they were competent in their work. Staff spoke positively about working as a team and the good morale that existed among them.

Staff worked hard to promote people's independence and support them to take part in activities they enjoyed. People told us they liked going out for example to attend College and other social events. Staff were kind and caring and the interactions we saw between people and staff were warm and respectful.

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.

Risks to people's safety were assessed and action put in place to minimise harm. Staff understood their responsibility to keep people safe from abuse and knew how to report any concerns.

There were proper checks were undertaken to ensure new staff were safe to be working with people. The staffing numbers were kept under review so that people received support which safely met their needs.

People's medicines were managed safely by the staff.

Is the service effective?

Good 

The service was effective.

The service was meeting the needs of the people who lived at the home. Independence was promoted and staff supported people to make choices in their daily life.

People's rights were respected because the service complied with the legal requirements of the Mental Capacity Act 2005.

Staff had a good understanding about people's needs and provided support, which helped people to stay healthy. People enjoyed the meals and were able to prepare their own food with support.

Staff received training and support which helped them to carry out their role effectively.

Is the service caring?

Good 

The service was caring.

There were relationships between people and staff that were warm close and positive.

Staff helped people to maintain positive relationships with the people they lived with.

People's privacy was respected and their independence was promoted.

Is the service responsive?

Good ●

The service was responsive.

People were supported with their needs in a way that was flexible to the wishes of each individual. Care plans were regularly reviewed and updated to reflect people's changing needs.

People took part in a range of activities in and out the home. These reflected people's choices and interests.

Is the service well-led?

Good ●

The service was well led.

The home was run in the best interested of the people who lived there. There was an effective management structure in place, with clear roles and responsibilities.

There were systems in place to monitor the safety and quality of the service. This helped to ensure that any shortcomings were identified and actions put in place where necessary.

BOWS

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 took place on 31 December and was announced. We gave the service very short notice because the home was a service for young adults who are often out during the day. One inspector carried out the inspection.

Prior to the inspection we looked at the information we had about the service. This included statutory notifications we had received. A notification is information about important events which the provider is required to tell us about. We had also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and the improvements they planned to make. We received the PIR on time and reviewed the information to assist us in planning the inspection.

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 spoke with the registered manager and with three members of the staff team. We spoke to three relatives by phone about the care and support that their relatives receive at the service. One healthcare professional emailed us after our visit.

We looked at two people's care records, together with other records relating to people's support and the running of the service. These included staff employment records and records in relation to quality assurance.

Is the service safe?

Our findings

The relatives we spoke with told us that their relatives at the home were safe at all times. One relative said "I never worry when I drop them back at the home I know they are very safe."

The provider informed us after our visit that In Feb 2016 they requested a fire officer to come out to speak to the service users about the risks of fire. Weekly fire meetings were also held to remind people what to do in the event of a fire and what to do when they hear the alarm. These were good examples of helping people to learn how to stay safe in the event of a fire emergency.

The registered manager and the staff told us about the systems in place to help ensure that people did not come to harm. They said that all known risks were assessed when people were going out and in their day-to-day activities. A staff member described the risks that had been assessed when they accompanied a person on their bike. Possible incidents had been identified and actions taken to reduce the risks arising from these. People's records also showed that risk assessments were regularly reviewed and updated to reflect any changes to their circumstances. The staff told us that relevant information and new observations were recorded. This information was then used so that any changes in risk would be picked up when the assessments were reviewed. For example when a person's behaviours had changed and they had become more agitated in mood this had been identified. Actions to take to help the person to feel safe had been identified.

The staff responded very promptly and were readily on hand when incidents occurred. For example, when two people seemed to become annoyed by each other suitable action was taken to keep both people safe. People's records included guidance for staff about how to de-escalate any incidents and how people should be supported in challenging situations. The staff had been on training on a course about how to prevent and defuse potentially harmful situations. The registered manager said all actions they took were preventative and there was no culture of restraint at any time.

The staff told us they had also received training in safeguarding. Staff were aware of different types of abuse and how to report any concerns they had about people's safety. The staff all said they were able to approach the registered manager if they were ever concerned for someone at any time. The registered manager was also on call when not on duty. Staff also told us that the subject of safeguarding people was also discussed at staff meetings. This was to make sure that they kept up to date about how to raise any concerns. Notifications received from the service showed that incidents had been followed up and reported to the local authority in accordance with safeguarding procedures.

There was enough suitably competent staff to keep people safe and meet their needs. This was seen in a number of ways. Staff were also readily available when people needed two staff to help them with their mobility needs. Staff sat with people, spent time and engaged them in social conversation. Staff provided prompt one to one support to people who needed extra assistance with eating and drinking. The registered manager and staff also told us staffing levels were good and always at a high level. They said people were well supported with what they wanted to do. For example staffing levels were increased on the days that

people went to College and to other community based activities.

We saw that new staff had been recruited since our last inspection. There was a recruitment system in place that helped ensure that staff were safe to work with people at the home. Staff employment records showed that a range of checks had been undertaken to determine applicants' suitability for the work. References had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with vulnerable adults. Other checks had been made to confirm the applicant's identity and their employment history.

There were safe procedures in place for the management and administration of people's medicines. Medicines were being kept securely. Records were kept of medicines kept in the home and when they were given to people. The records we looked at showed that people received medicines when needed. Guidance was in place for the administration of medicines that were prescribed for use on a PRN (as required) basis. This guidance helped to ensure that these medicines were given in a safe way and as part of a well-planned approach to support people at the home.

There were systems in place to try to reduce risks from cross infection. For example, cleaning equipment used to clean toilets was not used to clean bedrooms and communal areas. Staff wore protective plastic gloves and aprons when giving personal care. This was to reduce risks of cross infection. Staff told us and records confirmed that they had been on training to help them to keep up to date about safe infection control practises and procedures.

Is the service effective?

Our findings

One relative told us "I'm very happy with what is going on. My relative is well looked after. The staff are very friendly, very approachable and very efficient. They take on the residents as if they are their own family. "

We spent time sat observing how staff supported and communicated with people. This was because people were not able to give their verbal opinion about the service they receive. The staff used a gentle tone of voice and an open body posture when they communicated with people. We saw staff sit next to people who were sat on the floor. We also heard staff sing with people different songs that we were told the people concerned really liked. People responded to all of these approaches. We also saw that staff offered people choices throughout the day of different activities they may enjoy. Two people went and played snooker in the purpose built gym building in the garden. It was evident from the laughter and interactions between people and staff that mealtimes were relaxed and informal. People could choose what to eat from a choice of freshly prepared food.

A healthcare professional sent us an email after our visit. They wrote very positively about their contact with people and staff at the home. 'The staff were always respectful; person centred and had an excellent knowledge of the residents. Care plans and behaviour support plans were well laid out, accurate and detailed. It was clear from reading them that staff had a good understanding of customers wants, needs, likes and dislikes. Residents were spoken to in an appropriate manner and encouraged to join in activities. Both staff and residents appeared happy, relaxed and content in each other's company '.

At meal times we saw that people were served food that reflected their likes and dislikes and specific needs. The staff sat with people and helped them eat their meals in a discrete way. We heard staff talk with people and tell them what the food was. The staff were organised and they communicated among themselves to ensure everyone had their meal in a timely way. There were pictorial menus available in to help people make a choice from the options to be served. We observed a choice of water other soft drinks were available. People were also offered tea and coffee and other drinks throughout the day. Staff also helped some people make their own drinks. Records showed that people's nutritional needs had been identified and actions taken to support them. Staff we spoke with were aware of people's dietary requirements and individual preferences.

Staff told us the registered manager always kept them up to date if any information had changed due to peoples changing needs and behaviours. The registered manager told us and records confirmed this that other health and social professionals provide support and guidance when needed. For example a speech and language therapist had provided guidance about using pictures and items such as plastic cups and plastic fruit. These were being used successfully to assist a person to communicate some of their needs.

Staff showed in discussion and when we observed them that they understood how to obtain consent. Staff told us about the importance of ensuring peoples' rights were always upheld before they offered them care and support. The staff said they asked and then explained what they were about to do before carrying out care. We saw staff asking people before they carried out any part of their care. People's care records showed

they had signed consent to care where able to do so. Families were involved where people were not able to sign their care plans and be involved in planning their care.

The staff team had attended Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. The Mental Capacity Act 2005 is a legal framework to support decisions to be made in the best interests of adults who do not have the capacity to make an informed decision. There was guidance available about the Deprivation of Liberty Safeguards Law (DoLS). This information meant staff could get hold of guidance, if needed to ensure safeguards were in place to protect people in the least restrictive way. This information also helped to inform staff how to make a DoLS application. At the time of our inspection, there were five DoLS applications that had been accepted in place. These records were specific to decisions in each person life. They were detailed and clearly, set out the reasons why these applications were felt to be needed for the best interest of the people concerned.

People benefited because the staff were competent and well supported to do their jobs effectively. This included having regular supervision meetings with the registered manager. The staff told us and records confirmed they met with the registered manager regularly to review how they were performing. They also explained that at each meeting the needs of people were discussed with them. This meant people were assisted by staff that were well supervised and motivated in their work.

We spoke with recently employed staff who told us they had completed an in-depth induction programme and this had included working alongside experienced staff learning how to provide good care. Staff said they were well orientated and trained before they began working with people who lived at the home. The induction programme included learning about different health and safety practices and procedures, the needs of people with learning disabilities, safeguarding people from abuse, and safe management of medicines. When they started working with people who lived at the home they worked closely with more experienced and knowledgeable staff. This was to help them to know how to support people safely and effectively with their needs.

Staff training covered a range of subjects relating to the specific needs of people at the home, such as 'epilepsy', 'understanding autism' and 'responding to behaviours that may challenge'. Staff told us this training was very relevant. The selection of training records we looked at showed that staff members had individual training and development plans and had attended courses covering a variety of subjects relevant to their role. The providers enabled staff to go on a course about the CQC fundamental standards to enable the implementation of the standards when they came into place.

Is the service caring?

Our findings

The relatives we spoke with said that all of the staff were very caring in nature. One comment was "They are all lovely to everyone here." Relatives also said staff were warm and caring towards them whenever they visited as well.

Staff spoke very respectfully to the people they supported. They were also respectful in how they talked about people and about people's strengths and personal qualities. One staff member said that people were like their own family. Another staff member commented that a caring approach was about offering choices, respecting people, and encouraging them to do meaningful activities.

People were supported to be independent as much as possible. Care records showed that some people regularly went out with staff support to take part in a range of activities in the community. The registered manager also told us that on two occasions advocacy services had been used. These services are independent organisations that represent the views of people who may not be able to make their own views known. They had been used to support people to make choices about where they wanted to live.

The registered manager told us and the care records showed how there had been a significant improvement in the lives of two people at the home. The staff had worked with people to increase their independence in relation to continence management. This had also meant the two people were able to attend to their own intimate personal care. This in turn meant due to staff support people were able to maintain their dignity in this area of their life.

The interactions we observed between staff and people were warm and friendly. For example staff members sat beside people while talking and gently laughing with them. Other staff members were observed comforting people who had become agitated, speaking gently with the person and gently touching their arm.

People were relaxed and comfortable in the company of staff. People took opportunities to talk to staff about what they were doing. At lunchtime in the dining room, staff sat down with people which helped to make the meal a warm relaxed time.

Each person had their own bedroom and this meant that people were able to spend time in private when they needed time alone. The bedrooms we viewed had been personalised with people belongings. We saw people had photos, items of furniture and other personal items in their rooms to look homely. We saw that there was also a quiet lounge that people were using when they wanted 'space' and privacy.

People received support to maintain positive relationships with those they lived with. There was information in care records about behaviours people may exhibit. There was guidance for staff about how to respond and diffuse incidents that may arise between people. This helped to ensure that people's relationships with each other remained positive. We saw one person became upset and the staff listened and supported them in a calm and caring way.

The staff gave examples of how they treated people with respect. They said they offered people choices in all aspects of their life. These included what time people wanted to get up, what they wanted to wear, and what they wanted to do during the day. We saw staff offer people these types of choices in a respectful way throughout our visit.

Is the service responsive?

Our findings

Staff were responsive and flexible in their approaches with people they supported. With some people they used gentle humour and sang with them or played music people liked. With others people they played games. The staff used a different tone of voice and made suggestions in different ways to people. These approaches showed that staff responded flexibly when they supported people. Staff told us how they had got to know over time how people liked to be supported, and this information about the preferred approaches was clearly set out in their care plans.

People had a detailed individual care plan in place that showed in detail how to meet their needs. The care plans we saw addressed covered different areas of people's lives. These included daily life skills, communication needs and healthcare needs. People's likes and dislikes were included in their care plan and there was information about how people liked to be supported. For example some people liked to have a lie in and other people liked to get up early. Information in the individual plans and other records helped to ensure that people received personalised support from staff. People each had goals and achievement that they worked towards. One person had a goal of cooking their favourite meal. They enrolled on a college cooking course and said told the staff they would like to learn more cooking at home. Staff had made an individual recipe with photos to assist them to make the meal. This was good evidence that people were being encouraged to build up confidence in daily living skills.

There were records in place to support people in relation to behaviours that may challenge. The staff described the way in which people received support with managing behaviour. This included information about signs and triggers that may impact on people. The actions staff should take to help ensure a positive outcome for people were clearly set out in their care records. Timetables had been planned with people that set out their choices of plans for the week. We saw that attention was given to making sure activities reflected people's interests and preferences. For some people this included being supported into College and with establishing a regular routine during the day. Other people's weekly activities included going out for exercise and attending social groups.

The provider informed us after our visit that two people at the home practised different religions and they both attended church. Extra staff were on duty to allow for them both to attend their churches. One person was being supported by staff to attend a Lourdes holiday with their church this year. The provider also told us that for the last three years, there had been an annual on holiday and three people have been to an activity centre of their choice. Last year people went to the Queen Elizabeth centre in Southampton, where they experienced a range of different activities. The registered manager has also worked with some local organisations to look at the volunteer programme. This was to see if any adaptations can be made so that people could volunteer there as part of an on-going project.

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There was a spacious log cabin built in the garden that housed a gym and snooker equipment and also a sensory room. The provider informed us after our visit that people who lived at Bows were asked what else they would like in the home. A sensory room was decided on. This is a good example of how the service responded to the needs and wishes of people who lived there. There was also a hot tub in an all-weather glass building that allows for use all year round. These were built at the request of a person who had lived at the home. These were facilities which enabled people to increase their independence. There was an outdoor-seated areas with swings. The seated area had been built away from the main part of the home. The registered manager told us this was for people who liked plenty of quiet time and privacy away from others. The staff and the relatives we spoke to told us people used these facilities on a daily basis.

The provider informed us after our visit that monthly service users meeting were held. These were to enable the staff and people at Bows to plan meals for the season, trips out for the month, any other activities, anything that they aren't happy with and about people coming to the home. An example of a request in the meeting was how people asked to go to London and the staff supported two people to make this trip.

There was a complaints procedure was in place for people and their representatives. We saw that records were kept of any complaints made and that the actions taken in following up the complaint were clearly set out. The outcome of the complaint was recorded, together with any learning points that had arisen because of the investigation. The registered manager told us that advocacy services.

Is the service well-led?

Our findings

People and the relatives told us that the registered manager was open and supportive. One relative told us "The manager (and all the staff too) is very friendly and approachable. I think they are lovely, they are all really welcoming and they do a good job. They meet everybody's needs." Another relative told us "The manager keeps me up to date and sends me emails. We are really relaxed that he is here I know he is very well looked after. I also have the manager's mobile phone number. I have no worries about them being well looked after."

We saw the registered manager spend time with people and with the staff during our visit. Staff and people were very relaxed and comfortable in their presence. The staff also told us the registered manager always acted in the best interests of the people who lived at the services in the way they ran the home. For example while staff were expected to undertake domestic duties the registered manager encouraged this to be done in a very relaxed and non-task led way. This was to help to make the home a relaxed place that would feel like a home.

People's families were asked for their views of their care and the service. We saw that the registered manager had met with relatives to seek their feedback. At a recent meeting with a family the subject of Christmas plans had been raised with people and families. Plans were being put in place for a range of events.

The staff told us and records showed that team meetings took place regularly. The registered manager told us a meeting was planned to take place in the near future. Staff told us they were able to make their views known about the way the home was run. Where required, actions resulting from these were followed up. For example, policies and procedures had been after a recent staff meeting.

A representative of the provider and the registered manager carried out regular checks the quality of the service. Audits and checks looked at a range of areas to do with daily life for people at the home. These included checking on people's view of their care, care plans, staffing levels, training and health and safety checks. This meant the services people received was properly checked and monitored. We saw that the registered manager had recently reviewed care plans and medicine records to make sure they were up to date and in good order.