

Totalwest Limited

# Lower Bowshaw View Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Lower Bowshaw View Nursing Home is a care home, providing nursing and personal care and accommodation for up to 40 people some of whom live with dementia. At the time of the inspection, 36 people were living at the service. The service is in one adapted building. There are large communal lounge and dining areas.

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

Not all risks to people's safety and wellbeing were assessed or recorded and improvements were required relating to safe medication practices and procedures. Satisfactory arrangements were not in place to ensure there were enough staff to meet people's needs as the tool used to determine the number of staff required was reliant on up to date needs assessments, which were not evident. Findings from this inspection showed lessons were not always learned and improvements were not made when things went wrong. Staff knew what to do to safeguard people. Safe recruitment practices were in place to make sure the appropriate staff were recruited. People were protected by the prevention and control of infection.

Not all staff training and supervision was timely although the interim manager had a programme to address this. People were supported to access healthcare services and receive ongoing healthcare support. The dining experience for people was positive and people were complimentary about the meals provided. The service worked with other organisations. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, best interest assessments were not completed where bedrails were in place.

Not all people using the service had an up to date care plan in place detailing their current care and support needs. Improvements were required to ensure information clearly recorded people's care and support needs and the delivery of care to be provided. People were able to engage people in activities and supported to participate in social activities within the local community. The service was compliant with the Accessible Information Standard to ensure people's communication needs were met. People and those acting on their behalf were confident to raise issues and concerns.

The provider's quality assurance systems were not frequent or robust enough and did not demonstrate they had systems to assess, monitor and improve the quality of the service effectively. Their audits had not identified the shortfalls in care planning, medicines and risk. The provider and interim manager expressed a strong desire to improve the service.

People's comments about the quality of care and support they received was positive. People told us they were treated with care, kindness, respect and dignity.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 17 August 2018). There was also an inspection on 29 July 2019 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### Enforcement

We have identified breaches in relation to safe care and treatment and governance arrangements at this inspection. Please see the action we have told the provider to take at the end of this report.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Lower Bowshaw View Nursing Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. However, they had recently left the organisation and their registration was not yet cancelled. A new, interim, manager had just started at the service and was involved in the recruitment of a registered manager. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We did not request a provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support

our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with the provider and interim manager. We also spoke with five care and two kitchen staff.

We reviewed a range of records. This included six people's care plans and a range of people's medicines charts, risk assessments, staff rotas and staff recruitment records. We also reviewed a variety of records relating to the management of the service, including policies and procedures and meeting minutes.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found and received additional information from the interim manager.



# Is the service safe?

## Our findings

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

At the inspection on 17 July 2018 this key question was rated as Requires Improvement.

Assessing risk, safety monitoring and management; Using medicines safely

- Not all risks to people's safety and wellbeing were assessed and recorded. For example, one person had bed rails in situ. The bed rails were noted in the pre-admission assessment however, the care plan did not contain a risk assessment or daily checks for the use of bed rails. Bedrails were also omitted in the mobility and sleep sections of the care plan. The potential risks relating to entrapment or rolling over the top of the bedrails had not been previously assessed. The interim manager addressed this on the day of inspection.
- Information about specific risks to people's health and wellbeing and the steps required to mitigate these was not completed or acted on. For example, one person who had a history of regular falls in August and September 2019 had not been referred to the falls team and their mobility plan had not been updated since July 2019. Other people assessed as underweight were not weighed with the frequency stated in the care plan.
- People received their medicines as prescribed. However, we identified not all current practice within the service fully protected people from risks associated with medicines. The Medication Administration Records [MAR] for six people were viewed. Although there were no unexplained gaps on the MAR, we found other issues relating to aspects of medication. For example, liquid and creamed medication did not have an opened-on date recorded and some MAR were hand written without staff signatures.
- Some people were prescribed medicines to be taken 'when required' [PRN] such as paracetamol for pain relief. Protocols showing when these medicines should be administered, the amount to be administered and the maximum permitted daily dosage were not routinely in place for all people or individual PRN medicines.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff had been recruited safely to ensure they were suitable to work with people. The provider had carried out checks to explore staff members' employment history and had taken up references before staff started work. New staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks.
- Our observations of care and mealtimes showed there were enough staff to facilitate people's needs in a timely way.
- People and visitors were positive about the staffing levels at the service. Comments included, "When I use the call bell they come quick. They are there when I need them" and "I don't have any issue with staff, they are always around" and "Yes, I think there is enough staff."

- Staffing levels were calculated using a dependency assessment tool to guide and inform decisions about staffing levels. However, people's care plans had not been updated for some time and the dependency assessment did not always reflect the most current information.
- Staff we spoke with did not feel there were enough staff at all times. For example, one staff member said, "From breakfast through to lunchtime can be so busy we don't always have time to meet everybody's needs such as getting people to the toilet on time."

We recommend the provider ensure the dependency assessment tool reflects the most up to date information regarding people's individual needs and the impact this may have on staffing levels.

#### Systems and processes to safeguard people from the risk of abuse

- Staff understood their responsibilities to protect people from abuse. They had received appropriate training and were able to describe what abuse meant. They told us how they would report, both inside and outside of the organisation, if they witnessed anything untoward.
- One staff member said, "We have policies and procedures to guide us. There are also information posters with contact information if we suspect abuse or see something that is not right. I wouldn't hesitate to report something."
- People told us they felt safe. One person told us, "I feel very safe here. If I was ever concerned about something, I could speak to the staff."

#### Preventing and controlling infection

- Staff told us they had access to personal protective equipment (PPE) such as disposable gloves and aprons.
- The service had some areas of malodour when we inspected. However, the provider was aware and had made progress on a programme of refurbishment of floor coverings. Corridors had new floor coverings and bedrooms were to be addressed in the near future.
- An infection control audit on 13 January 2020 identified the carpet issue and the interim manager told us the home would benefit from a deep clean which they were in the process of organising.

#### Learning lessons when things go wrong

- The provider had systems in place to ensure appropriate actions would be taken following any incidents. These would be investigated, and outcomes shared with all staff. However, these systems were not always followed as risk assessments and care plans were not always updated in response to incidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the inspection on 17 July 2018 this key question was rated as Requires Improvement.

Staff support: induction, training, skills and experience

- Some staff who delivered care and support had not completed the required training at Lower Bowshaw to give them the skills and knowledge of safely working with people. For example, one staff member said, "I have done safeguarding training at a previous job a while ago, but have not done it here. We found no evidence that people had been harmed."
- Staff told us they were provided with one to one supervision sessions although these did not always happen with regularity. During these sessions they received comments about their work performance and were given opportunities to discuss their individual work and development needs.
- Following the inspection, the interim manager sent us a training and supervision matrix identifying when each member of staff would receive these aspects of their employment and development.
- People and visitors told us they found staff were competent and they had no concerns about the care and support they received. One person said, "Staff provide good care and are very hands on."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had their healthcare needs met through involvement with healthcare professionals.
- Regular visits were provided by healthcare professionals such as advanced nurse practitioner (nurse able to prescribe medicines) and doctors. Staff told us healthcare professionals were requested to visit people as needed in-between routine visits.
- A relative told us staff had taken suitable action to ensure the healthcare needs of their family member had been met. They said, "They [staff] are very good at getting the doctor in."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Prior to people moving in to the service their needs were assessed. These assessments were used to develop the person's support plans and make the decisions about the staffing hours and skills needed to support the person.
- The assessment included making sure that support was planned for people's diverse needs. People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.
- The provider's policy was to reassess people's needs monthly or as their needs changed to ensure the care they received was appropriate. This frequency was not evident in the care plans we looked at. This has been addressed in more detail in the well led section of this report.

Supporting people to eat and drink enough to maintain a balanced diet

- People's comments about the food were complimentary. Comments included, "The food is very nice,

there is nothing I don't enjoy" and, "Food is lovely, plenty of it and always a choice."

- The dining experience was positive. People could choose where to have their meal, for example, at a table in the dining room or in the comfort of their bedroom. People were not rushed to eat and where necessary, staff provided in a respectful manner.
- Catering staff had access to information on people's dietary needs and preferences and provided for a variety of diets, including fortified foods, vegetarian and diabetic diets.

Adapting service, design, decoration to meet people's needs

- The design and layout of the service met people's needs.
- Appropriate signs were in place to help people living with dementia. People knew where their rooms were and where to find communal areas such as the lounge, dining room, bathrooms and toilets.
- People were able to personalise rooms which supported their individual needs and preferences.
- There was accessible outside space for those who enjoyed sitting in the garden and a secure courtyard which was well maintained.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

- The management team had correctly applied for DoLS for some people living at the service. Where these applications had been authorised by the local authority the interim manager, nursing and senior staff monitored compliance with any specific conditions and when they were due for renewal.
- Care records showed that MCA assessments had taken place in relation to specific decisions. People with capacity to consent to decisions about their care had signed consent forms.
- We observed people made decisions about their care and treatment. We heard people declining and accepting offers of food, drink, personal care and people chose whether to participate in activities. Staff told us they encouraged people to make their own choices about the assistance they had and asked for permission before helping them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection on 17 July 2018 this key question was rated as good.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring and treated them well. People felt comfortable with staff.
- People described staff as being caring, friendly and respectful. Comments included, "Staff really are lovely and caring", "Wonderful girls. We have a laugh and joke but they are very respectful."
- Relatives were complimentary about the staff and the management team. Relatives said, "Staff are always really friendly" and "I am always made to feel welcome."
- Staff were knowledgeable about people, their support needs, individual preferences and personal histories. This meant they could discuss things with them that they were interested in and ensure that there were good and meaningful interactions.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in making decisions about their care and support and they were encouraged to express their views on how they preferred to receive their care and support.
- Staff supported people to make decisions about their care and daily lives. People said staff asked for their views and listened to them.
- People were encouraged to attend meetings and feedback to staff. People and those acting on their behalf had been given the opportunity to provide feedback about the service through the completion of satisfaction questionnaires.

Respecting and promoting people's privacy, dignity and independence

- People were supported with dignity and respect. Staff were discreet when asking people if they needed to use the toilet. Staff ensured any support with personal care was carried out behind closed doors.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People's clothing choices were respected and people were supported to wear items of jewellery.
- People were supported to be as independent as possible. For example, people were encouraged to carry out personal care tasks themselves on areas of their bodies that they could reach. One person told us, "I'm pretty independent with all aspects of my personal care, I do make my own choices."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the inspection on 17 July 2018 this key question was rated as good.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were not always reflective of people's current care needs. The lack of up-to-date and accurate information placed people at potential risk of receiving inappropriate care. For example, one person had the assessments of moving and handling, falls, nutrition, continence and malnutrition last completed in July 2019. Another person had not had any aspect of their care plan reviewed since August 2019. The interim manager told us they had identified all care plans required significant improvement and was making this an immediate priority.
- Staff were able to describe person-centred care and came across as passionate about providing it. They understood what was important to people and worked hard to meet their needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There were a variety of posters and information in the service in easy to read and pictorial formats to help people to understand the information.
- The provider told us they would provide information in alternative formats if this was required to support people to understand it. This included using translation services to communicate with people whose first language was not English.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service employed two activities coordinators to cover a full seven day week. A range of activities were available for people who lived at the service and people were able to choose if they wished to join in with activities.
- Activities included, arts and crafts, armchair exercise, board games, card games, quizzes and memory games. People also had regular access to church services. The activities coordinator told us, "We have links to three different churches. We have a mixture of them coming in here with their befriending service and we also take approximately six to eight people out twice a month to attend a service. One person told us, "We have plenty to do. I love music, so I enjoy it when the singers come in." Another person said, "I am really looking forward to the race night we are having soon."
- The activities coordinator visited people in their bedrooms to provide one to one activity for people who chose to stay in their rooms or those who were too unwell to join in with group activities in communal areas.

#### Improving care quality in response to complaints or concerns

- The complaints policy was on display and gave people all the information they needed should they need to make a complaint.
- People and relatives knew how to raise concerns and complaints about the service and were confident the staff and management, would address any concerns. One person told us, "I don't have any concerns. If I did I'm sure the staff would sort it out." A relative said, "I have no complaints at all."
- A system was in place to ensure a record was maintained relating to each complaint or concern received. The elements of any complaint would be investigated, and any outcomes relayed to the complainant in a timely manner. There had not been any complaints received since our last inspection.

#### End of life care and support

- We saw evidence that people's wishes with regards to their end of life care had been obtained and recorded.
- In the week prior to our inspection one person had been prescribed pre-emptive medication. These are medicines for the last days of life for the common symptoms of pain, anxiety and restlessness. However, an end of care plan was not yet in place.

# Is the service well-led?

## Our findings

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

At the inspection on 17 July 2018 this key question was rated as Requires Improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care.

- There was a lack of effective oversight or systems to monitor and improve the quality of the service. The provider's governance arrangements had not been sufficient to identify the issues we raised regarding bedrails, falls and medicines. For example, the last completed medicines audit was undertaken in November 2019. Elements of care plans we looked at had not been reviewed in excess of six months and as such did not show people's most up to date care needs.
- The provider had not continuously improved the service to ensure it was meeting people's needs. They had failed to improve the overall rating and failed to act on all of the concerns raised at the previous inspection.
- There were provider audits and systems which had identified some areas for improvements. However, there were gaps and the issues identified at the inspection had not been identified by the provider's own governance systems. This is the fifth consecutive inspection where the provider has not achieved a good rating.
- The interim manager and provider were receptive to our findings and suggestions and demonstrated a commitment to improving the service to enable greater oversight and governance of the service, making sure people received safe care and treatment.

The provider had failed to ensure robust quality assurance systems were in place which meant people were at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since the registered manager had left the provider had employed an interim manager who had been in post for two days. They had also recently employed a consultant to review aspects of the home's performance and create a plan of improvement.
- The interim manager was aware of events and incidents which required reporting to the Care Quality Commission and would be making a retrospective notification immediately. A list of regulations and a description of reportable events was available for the interim manager to refer to. The rating from the previous inspection was on display in the reception area of the home for people to see upon arrival at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives told us they knew the provider and felt that there was an open culture. Comments included, "Oh, everything is fine, I have no complaints" and "I know all the staff and the owner, everything is good."

- We observed people interacting and engaging with the provider, staff and interim manager. The provider knew people well and took time to support people in the service.
- Staff told us the management team encouraged a culture of openness and transparency. Staff felt well supported by the management team. A member of staff said, "The culture has always been good and open. I think the new manager will continue that" and "[The provider] is often here and is always approachable."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had held 'resident's meetings' and relative's meetings on a regular basis, where people and their relatives were asked their opinions about the service. People's views and opinions were listened to and respected. A relative told us, "I can't get to the meetings but I am always kept informed of decisions because they are published on the board."
- The provider sent out surveys to people and their relatives to gain feedback about their experiences. The comments had been analysed and action taken for example, changes to the menu. One person told us, "Staff are always asking me what I think of this and that. It's nice to know they care what I think."
- Staff told us that they were able to share their ideas and felt listened to. Staff meetings had taken place. One staff member said, "Management have always involved and informed us through staff meetings. I don't see a new manager changing that."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team had a good understanding of their responsibilities under the duty of candour.
- The provider acted on the feedback they received from people and relatives to improve the service and shared any improvement plans and actions with them.

Working in partnership with others

- Information available showed the service worked in partnership with key organisations, such as, GP surgeries and district nurse services.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems were not in place or robust enough to demonstrate safety, risk and medicines were effectively managed.



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
Treatment of disease, disorder or injury	The service did not maintain an accurate and complete record of people's care and treatment. The provider did not operate effective systems to monitor and assess the quality of the service.

### **The enforcement action we took:**

Issue of warning notice