

Stanley House Limited

Bowley Court

Inspection report

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03 November 2020

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Bowley Court is a residential care home providing personal and nursing care to people living with either Huntington's Disease, acquired brain injury or mental health needs who may also have a physical disability. Care and support are provided in one adapted building and there were 19 people using the service at the time of the inspection. The service can support up to 20 people.

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

Since our last inspection the provider had implemented robust systems for recording and monitoring the management of medicines. Risks to people's health had been identified, assessed and monitored to ensure people received safe care. Staff understood how to recognise signs of abuse and how to report. The provider had a robust recruitment process. People were kept safe from the risk of infections.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The manager completed regular checks to ensure the people received high quality care. People knew how to complain and were confident they would be listened too.

Quality assurance and monitoring systems were now in place to help drive improvements at the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 17 July 2019).

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bowley Court on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bowley Court

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Bowley Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 in post who will be making an application to register with the Care Quality Commission.

Notice of inspection

This inspection was unannounced and took place on 03 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the 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 were unable to speak with people who use the service. We spent time to see how people were cared for by staff. We spoke with six members of staff including the manager, deputy manager, facilities manager, clinical nurse lead and two nurses.

We reviewed a range of records. This included people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives about their experience of the care provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Since our last inspection the provider had changed to a new electronic system. People's care plans and risk assessments were regularly reviewed and contained up to date information about people's care and support needs and how they were to be safely supported.
- A relative told us, they were "Really happy with the care provided...Very holistic – family orientated care."

Using medicines safely

- Since our last inspection we found areas of improvement were required to ensure the safe management of administration of medicines. At this inspection we found necessary improvements had been made. For example, additional recording and auditing was now in place.
- Medicines were received, stored, administered and disposed of safely.

Systems and processes to safeguard people from the risk of abuse

- Staff told us they had received safeguarding training and understood how to report any concerns to maintain people's safety.
- A relative told us, "I feel it's a safe place."
- The provider had safeguarding procedures in place for monitoring any suspected or witnessed abuse and ensure appropriate external agencies were notified.

Staffing and recruitment

- The provider recruited people safely, staff files included references, employment work history and DBS. A DBS check refers to the disclosure and barring services. These checks help providers make safer decisions when employing staff to work with vulnerable people.
- The manager told us staffing levels were determined using a dependency scale tool depending on individual's needs.
- The manager monitored the nurses employed had current PIN number to show they were registered with the Nursing and Midwifery Council [NMC].
- There was enough staff to provide care and support to people which ensured people's needs could be met safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The manager monitored and communicated to staff any information about incidents so any learning could be taken and risks to people were reduced.

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 last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had developed new systems to monitor and improve the quality of the service provided. For example, 'flash meetings' have been introduced three times a week giving staff further opportunity to discuss any changes or concerns.
- Relatives we spoke with were positive about the manager. For example, one relative described the manager as, "Open honest and transparent."
- Staff felt supported by the manager. One staff member said, "Management listened and reacted to their suggestions for improvements."

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 manager understood their legal responsibilities to notify external agencies and the CQC of certain events and their legal obligation of being open and honest with people who used the service.
- The provider was meeting their legal responsibility of displaying their last CQC inspection rating in the home.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection there has been a change to management. The new manager was in the process of registering with the Care Quality Commission.
- The provider had a clear management structure and staff understood their roles and responsibilities.
- Managers monitored performance of staff through supervisions where any additional training or support needs would be identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- A relative told us, "I am involved and consulted with [person's name] care plan. I feel I'm listened to."
- The manager has kept people and their relatives updated during the covid-19 pandemic by sending newsletters and information.
- Staff team and resident meetings regularly took place where feedback on actions from previous meetings

were reported on and any action taken.

Working in partnership with others

- The service had good working relationships with external health professionals and social care professionals to discuss any changes to people's support and care needs.