

Totalwest Limited

Lower Bowshaw View Nursing Home

Inspection report

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Date of inspection visit:

05 May 2021

12 May 2021

Date of publication:

17 June 2021

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Lower Bowshaw View Nursing Home is a residential care home which provides personal and nursing care to older adults. The home can support up to 40 people in one adapted building over two floors. There were 20 people using the service at the time of this inspection.

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

Significant improvements had been made to the way the service assessed and managed risks and to the planning and review of people's care. This supported staff to deliver person-centred care to people which met their needs. People were happy with the care they received. A range of activities were provided to keep people occupied and entertained. People's relatives were being supported to visit the home in a safe way, in line with governance guidance during the COVID-19 pandemic.

We have made a recommendation about staffing levels. We identified staff could be deployed more effectively during busy periods in the day, such as during the morning medicines round. Some improvements were needed to the provider's recruitment practices. People received their medicines, as prescribed, though records for the support people received with some creams required improvement to ensure they were consistently completed. People were protected from the risk of infection. Staff wore personal protective equipment and the home was regularly cleaned.

People were supported by staff who knew how to meet their needs effectively. Staff felt well supported in their roles. 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. People were provided with good quality food options, in line with their individual needs and preferences.

The registered manager had ensured necessary improvements were made to the service since the last inspection. A range of checks and audits were completed to identify issues and continuously improve the service. A new system had been introduced to support the provider to have increased oversight of the management of the home and the quality and safety of the service. People, relatives and staff all provided positive feedback about the way the home was being managed.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 8 August 2020) and the provider was in breach of regulations relating to safe care and treatment and good governance.

The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 January 2020. Breaches of legal requirements were found. The provider completed an action plan after that inspection to show what they would do and by when to improve the governance systems and the safety of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of 'is the service safe?', 'is the service effective?', 'is the service responsive?' and 'is the service well-led?' as these are the key questions in which we previously identified concerns.

The rating from the previous comprehensive inspection for the key question of 'is the service caring?', which was not looked at on this occasion, was 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 Lower Bowshaw View Nursing Home on our website at www.cqc.org.uk.

We looked at infection prevention and control measures under the key question of 'is the service safe?'. 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 COVID-19 and other infection outbreaks effectively.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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.

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

This inspection was completed 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 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 registered with CQC. This means that they and the provider are 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 sought feedback

from the local authority, professionals who work with the service and Healthwatch. 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 all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, nurses, care staff and other ancillary staff.

We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three 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 sought some more documents from the registered manager. They were provided in a timely manner and were used to inform our judgements.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Some improvements were needed to the deployment of staff in the morning when medicines were being administered to people. We observed staff administering medicines were regularly interrupted during the morning medicines round, as they were required to support staff with other tasks.
- Staff were deployed effectively at other times of the day.
- We received mixed feedback from people using the service about staffing levels. Comments included, "Oh yes, we've got a buzzer. We press that and they come straight away. We've got a good number of staff" and "We need more staff; we have to wait a while." We observed there were periods of the day which were busier than others, such as during the morning medicines round, and at those times people had to wait longer for support from staff.
- Staff did not raise any concerns about staffing levels.

We recommend the provider considers how the deployment of staff can be improved during the busy periods of each shift.

- The provider completed suitable pre-employment checks to assure themselves staff were suitable to work at the service. However, we identified several occasions where the provider had not fully explored gaps in a staff member's employment history prior to their employment commencing. The registered manager acted on this immediately and provided assurance they would audit all staff files to ensure they contained all necessary checks. We were satisfied the provider's future recruitment would be safe.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the service had a malodour in the morning, however this disappeared after effective cleaning. The registered manager had already identified this issue and was trialling different ways of managing and addressing this. We also found the flooring of a sluice room was damaged which compromised its ability to be cleaned effectively, however the room was visually clean.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with government guidance.

Using medicines safely

At our last inspection we found the provider had failed to consistently manage medicines safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were ordered, stored, administered and disposed of safely. People received their medicines, as prescribed.
- People's care plans contained detailed information about the support people needed with their medicines, including medicines that were prescribed on an 'as required' basis. This supported staff to provide person-centred support in respect of people's medicines.
- Staff were patient and respectful when they supported people to take their medicines.
- Some improvements were needed to the recording of support staff gave people with their creams. We found staff did not always complete these records consistently. This was rectified on the day of the inspection and despite the issue with some records, we were satisfied people were being supported with their topical medicines, as prescribed.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from avoidable risks and their safety was promoted. People's care records contained assessments detailing the specific risks posed to them, and clear guidance for staff about how to manage those risks.
- Risks to people were kept under regular review and staff were knowledgeable about the action they needed to take to keep people safe. People were involved in the review of risk and had input into how staff would manage the identified risks. People's care records showed staff were following the guidance in people's care plans.
- Staff completed regular checks of the building and the equipment they used, to ensure it remained safe. The home had safety certificates in place for the premises and the equipment they used.

Learning lessons when things go wrong

- The provider had suitable systems in place to learn from any accidents or incidents. All accidents and incidents were recorded by staff. Accidents and incidents were analysed each month, to try to identify any themes or trends so action could be taken to reduce the risk of them happening again.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to safeguard people from abuse. Staff received training about how to safeguard adults from abuse. They were all confident the registered manager would act quickly on any concerns they raised.
- The registered manager was aware of their responsibility to make referrals to the local safeguarding authority, when required.

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 last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider used effective assessment tools to ensure people's needs were assessed and kept under review. A detailed care plan was written for each person, to guide staff in how to care for them.
- People and their relatives were involved in the assessment and care planning process, to ensure care was delivered in accordance with people's needs and preferences.
- People and their relatives were happy with the care they received.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled; they carried out their roles effectively. Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. Staff were happy with the training they received.
- Staff received regular support and supervision to review their competence, discuss areas of good practice and consider ways they could continue to improve. Staff told us they felt well supported by the registered manager. They felt able to raise any concerns or questions with them.
- People and relatives told us they found staff were competent and they had no concerns about the care and support they received aside from some people's concerns about the staffing levels. One person said, "Oh yes, we're being looked after."

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

- People's nutritional and hydration needs were met. When people required a special diet, this was catered for. Kitchen staff were provided with information about people's dietary requirements and people's care records contained detailed information about their dietary needs and preferences.
- Staff followed good practice guidance when people required a modified texture diet to reduce the risk of choking. Staff used the International Dysphagia Diet Standardisation Initiative (IDDSI) framework which is a global initiative to use common terminology to describe food textures and fluid thickness where people required a modified texture diet.
- People were happy with the food they received and the range of options available. A person commented, "They ask what we want for tomorrow... We always get a Sunday dinner on Sundays. It's a little bit special." We observed the food looked and smelled appetising.
- Where people were identified as being at risk of malnutrition, their weight and dietary intake was monitored.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked alongside a range of health professionals to ensure people's physical and mental health needs were met. Staff regularly sought advice from community health professionals such as the GP and district nurses. This supported staff to achieve good health outcomes for people.
- Staff supported people to maintain their health. People's care plans contained useful information about their health conditions to help staff understand how they may affect them and how staff could support them in these areas.

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

- The design and layout of the service met people's needs. Some areas of the home had been refurbished since the last inspection and the provider had plans to refurbish other areas of the home. The provider planned to obtain people's feedback and input in the ongoing refurbishment so they could be involved in making decisions about the redecoration of the home.
- Appropriate signs were in place to help people navigate the building.
- People had been supported to personalise their bedrooms in line with their individual needs and preferences. This supported people to feel at home.
- There was accessible outside space for those who enjoyed sitting in the garden.

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, whether any deprivations of liberty had the appropriate legal authority and whether any conditions on authorisations were being met.

- Staff understood the importance of supporting people to make their own decisions and they obtained consent from people before they provided any care and support.
- People's capacity to make certain decisions had been assessed, where appropriate. Best interest decisions were recorded in people's care records and we were satisfied relevant people had been involved in making those decisions.
- DoLS applications were appropriately submitted to the local authority, when required.
- We were satisfied the service was working within the principles of the MCA.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- People's care plans were detailed, person-centred and easy to navigate. The quality of the care plans had improved significantly since the last inspection. The content of the care plans demonstrated staff had a good knowledge of people's needs, preferences, likes and dislikes and personal histories. This supported staff to deliver individualised care to each person.
- People's care plans were regularly reviewed to ensure they remained up to date. People were involved in this process to ensure their care remained in line with their preferences.
- Staff were responsive to people's needs. We observed staff tailored their approach to people, based on their knowledge of each person. This enabled staff to care for people in a personalised manner.

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

- People were able to take part in different activities according to their interests. The provider employed an activity coordinator to arrange a variety of activities. Staff sought information about people's previous hobbies and interests to support them to continue to take part in things that were of interest to them.
- People's relatives were happy with the support their family member received to remain meaningfully occupied. A relative commented, "[Staff] do lots with [family member] to keep them occupied... They are contented and that's the thing I'm most happy about."
- The provider was following the government guidance in respect of supporting people's relatives and friends to visit the home, in a safe way, during the COVID-19 pandemic. At times when relatives were unable to visit due to national restrictions, they told us staff were good at keeping in touch with them.

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.

- People's communication needs were assessed and met. Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints procedure in place. People and their relatives told us they felt able to raise any issues or concerns with the registered manager and staff.

- The service had not received any formal complaints since the last inspection. Some informal complaints had been received. They had been recorded and action was taken to improve people's experience of the service in response to the concerns.

End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. People were given the opportunity to express how they would like to be cared for at this time.
- Staff worked closely with community health professionals when providing care to people at the end of their lives, such as the GP and palliative care nurses. This helped to ensure people received consistent and coordinated support.

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 requires improvement. At this inspection this key question has 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.

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

At our last inspection we found the provider had failed to ensure robust quality assurance systems were in place. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Action had been taken to make necessary improvements to the service following the last inspection. This included significant improvements to the assessment and management of risk and significant improvements to the planning of care to ensure people's needs were met in a personalised way.
- The registered manager had implemented systems to monitor the safety and quality of the service. The registered manager and senior staff regularly completed a range of checks and this supported them to identify any areas for improvement. This audit system was being continually developed and reviewed as improvements to the service were made, to ensure they were embedded and sustained.
- Since the last inspection a system had been implemented to increase the provider's oversight of the service, to allow them to monitor it closely and act if continuous improvement was not sustained.
- There was a registered manager in post who provided effective support to the staff team. Staff were clear about their roles and responsibilities and all staff commented the registered manager was approachable and supportive.
- The registered manager understood the regulatory requirements and pro-actively provided information to CQC following significant events at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider, registered manager and staff were all keen to provide high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home. A staff member commented, "The carers actually care. It's like a family."
- The provider had a suitable policy in place about the duty of candour for staff to follow in the event of a serious incident.

- The registered manager was committed to learning from any incidents or complaints. All staff told us they were confident the registered manager would act on any concerns they raised.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff had opportunities to provide feedback about the home. The registered manager had implemented systems which supported communication across the staff team. They had introduced regular 'flash meetings' to provide staff with opportunities to share ideas or concerns with each other and help ensure staff were aware of any changes in people's needs.
- Everyone we spoke with told us the registered manager was approachable. A staff member commented, "[Registered manager] is good. She's got an open-door policy. She's always there for advice."
- People and their relatives were asked for their views about the care they received, and their feedback was used to improve the service. Residents' meetings were arranged on a regular basis and annual surveys were sent to people and their relatives.
- Staff worked closely with relevant health and social care professionals which helped to ensure people received effective care and support.