# Bowood Care Homes Limited

# Bowood Mews

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Requires Improvement |

# Summary of findings

## Overall summary

The inspection took place on 4 May 2016 and was unannounced.

The home provides accommodation for a maximum of 34 people requiring personal care. There were 32 people living at the home when we visited. A manager was in post when we inspected the service who had recently applied to become the registered manager. 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 and associated Regulations about how the service is run.

At our previous comprehensive inspection of this service on 13 March 2015 there were two breaches of legal requirements. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to how people would be treated with dignity and respect and how they would receive person centred care, in accordance with Regulations 9 and 10 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Since that inspection, the provider of the home has changed and a new provider has acquired the home.

People felt safe with the staff that cared for them. Relatives also felt their family members were safe at the home. Staff understood how to keep people safe. Care staff felt able to discuss their concerns with the manager and the manager understood their obligations for reporting concerns.

People liked the care staff supporting them and were supported when they required assistance. People felt assured that if they called for help, a staff member would respond. The manager followed the registered provider's policy for ensuring staff were suitable for working at the home.

Staff understood people's health and the risks to their health. They understood each person's requirements and what was needed to keep them healthy.

Staff understood people's medicines and how people preferred to take their medicines. People received the medicines as prescribed. Regular checks were made so that the manager could be certain that people received their medicines correctly.

Staff had an understanding of each person's needs and preferences and how they would like to be cared for.

The manager understood their obligations under the law but their system for monitoring and checking whether decisions to deprive people of their liberty was not effective. The manager's systems for sharing information needed to be improved so that staff knew what support to provide to lawfully keep people safe.

This is a breach in Regulation 13 of the Health and Care Act 2008 (Regulated Activities) Regulation 2014.

People enjoyed the food they were offered although a greater availability of choices for people to make decisions for themselves would have enhanced their mealtime experience.

People were able to see professionals which included the GP and chiropodist for any other medical needs they had.

People were treated with dignity and care and staff took pride in understanding what delivering care with dignity meant.

Family members visited whenever they chose to and did not feel restricted from visiting in any way. People were encouraged to discuss their care needs with staff to ensure they received the care they wanted. Relatives also contributed to discussions about their family members care.

People understood they could talk to staff about any issues or concerns they had. Information about the complaints process was available to people and their families, as well as information about other organisations they could refer to.

## 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.

People felt safe around staff that supported them and had access to staff when needed. Staff understood people's health risks and people received their medicines as required

### Is the service effective?

**Requires Improvement**

The service was not always effective.

Information about people's ability to make decisions was not always available to staff to refer to ensure staff did not unlawfully restrict people. People enjoyed their meals although increasing the choices available to people would have improved their mealtime experience. People were happy with the support they received to access healthcare professionals.

### Is the service caring?

**Good**

The service was caring.

People received the support they needed in a sensitive and caring way. Care staff understood what caring for people with dignity meant. Relatives visited whenever they chose to.

### Is the service responsive?

**Good**

The service was responsive.

People were supported by care staff to maintain their individual interests. People and their families understood they could complain and knew about the different ways in which they could share their feedback.

### Is the service well-led?

**Requires Improvement**

The service was not always well led.

The manager of the home had recently taken over the home together with a new registered provider. Systems for monitoring people's care were newly established and could not yet be tested. Staff reported an improvement in the way they were supported by the manager and provider of the home.

# Bowood Mews

**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.

This inspection took place on 4 May 2016 and was unannounced. There was one inspector and a Specialist Advisor in Nursing and Dementia as part of the inspection team.

We looked at the information we held about the provider and the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with seven people living at the service. We also spoke with three relatives, three care staff, the Operations Director, Deputy Manager, the Manager and the Activities Manager.

We reviewed three care records, the complaints folder, recruitment processes, handover sheets, minutes of meetings as well as monthly checks the manager completed in order to monitor quality at the home.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person when asked if they felt safe said, "Oh God yes." Relatives we spoke with told us they did not have any concerns for the person's safety whilst they were living there.

Care staff and other support staff at the service understood how to safeguard people. During the inspection, one of the inspectors was challenged to confirm their identity by some support staff who knew that we were not regular visitors to the home. Care staff told us they had had safeguarding training. They were able to tell us about the categories of abuse and how these may present themselves. Care staff felt able to discuss their concerns with the management team. The manager understood the process for discussing concerns with the local authority and notifying the Care Quality Commission of any concerns they had.

Care staff had a good understanding of the health needs of the people they were supporting. Care staff we spoke with knew about people's individual risks to their health. For example, one person had a risk of chocking at mealtimes. Care staff knew they needed to be aware of this risk and to observe the person while they ate and drank. Care staff knew which people lived with diabetes, the symptoms to be aware of and what medication they required. Care staff we spoke with also told us about some of the Mental Health issues people lived with and how they supported them. For example, one person lived with depression and one staff member we spoke with knew and understood how the person was supported through medication and trying to engage with the person positively.

Accidents and incidents were monitored by staff that completed forms and forwarded these to the manager. Body maps were completed if necessary. The forms were then forwarded to the manager and reviewed to identify if any trends emerged so that people's care could be adjusted accordingly.

People told us they could access a staff member when they needed. We saw that during the inspection, if people required support this was available. One relative told us, "There's always a staff member around if you need." Staffing levels were adjusted based on people's dependency levels and the manager felt confident they could request additional staff if needed. Staff we spoke with also felt staffing levels had improved and were now adequate.

We reviewed how the manager assured themselves of the suitability of staff working at the home. We reviewed two care staff files and saw there was a process for checking staff references. The manager amongst other checks ensured care staff had completed DBS (Disclosure and Barring Service) checks.The DBS is a national service that keeps records of criminal convictions. We spoke with care staff to understand if the manager's system was consistent. A new member of staff we spoke was able to describe the same system to us and confirmed that they did not begin work until they had completed a DBS check to verify the suitability for working at the home.

People told us staff supported them to take their medication and that they were happy to receive the support. One person told us, "I have two tablets in the night. They usually come at the same time and help me." We observed a medication round and saw that the staff member knew the people they were

supporting well and understood people's individual choices and preferences. For example, one person liked squash with their tablets. People's medicines were stored in a locked cabinet and staff maintained accurate records for the medicines people received. A pharmacy audit undertaken in February 2016 also noted that there were no concerns with how people were supported to take their medicines. The staff member on duty told us their competency for administering drugs was also reviewed and updated and the staff member felt assured by this.

Requires Improvement

# Is the service effective?

## Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. As part of this inspection we looked at how the manager monitored the progress of applications and fed this back to staff where it had been agreed that it was necessary to deprive a person of their liberty to keep them safe. The manager was unclear about how many applications had been authorised and was reliant on the deputy manager to provide the information. However the deputy manager was not confident in their knowledge of the different stages of people's applications and needed to refer to each individual application to obtain the information.

When we asked how information was relayed to staff to ensure that they could provide the required care to keep people safe, the deputy manager told us individual staff had been invited to meetings with the person's social worker. However, it was not clear how this information was shared with other staff or they were kept informed of these discussions. Staff we spoke with demonstrated that they were not clear about who required a deprivation or the conditions they needed to comply with to ensure that they were acting in a lawful way to keep them safe. We reviewed three people's files and these made no reference to any applications despite two of the people having applications in progress. The manager agreed that the systems for sharing information needed to be improved so that staff knew what support to provide to lawfully keep people safe.

This is a breach in Regulation 13 of the Health and Care Act 2008 (Regulated Activities) Regulation 2014.

We saw people being supported by staff to access drinks throughout the day. At mealtimes people requiring extra support were given the level of support that was appropriate to them. For example, some people required prompting to remember to use their knife and fork, and staff did this sensitively. People appeared to enjoy their meals and made positive comments about the meal, people were not always included in decisions about their meals. Although, people were offered the choice between lasagne and a roast dinner, everyone received gravy and vegetables regardless of their meal choice. We also saw people were all given the same drink without staff checking if that was what they wanted and opportunities to enhance people's meal times with choices was missed.

Staff told us they received training. A number of staff had recently attended training on supporting people

living with Dementia. They told us and we saw that staff did not challenge people's perception of their surroundings and tried not to unsettle people. Staff told us they felt the training had been beneficial to their work because they had a better understanding of what living with Dementia meant to them.

People told us about how they were supported to attend appointments or access support from other health care professionals. One person told us about a hospital appointment they were due to attend. One person told us, "If we are not feeling well, they send for the Doctor." Another person told us about their nail care and said, "I've just had my feet done." People told us they were happy with the support they received to access additional support.

Good

# Is the service caring?

## Our findings

During our last inspection in November 2015 we identified a number of areas that required improvement because people were not always treated with dignity and respect. Also people's experience of care was affected by where they lived within the building. During this inspection we noted that things had improved significantly. People's access to care was consistent across the home. Although there were two units, both units were staffed and people were supported regardless of the unit they lived within.

People told us they liked the care staff. One person told us about care staff, "I don't know what we'd do without them." Another person said of one of the care staff, "She's a really nice girl." One relative told us "It great, I'm so relieved she's here."

We saw care staff supporting people to make day to day decisions about their care. When a person needed to be transferred from a chair to a wheelchair, the person was kept involved in what was happening throughout the process. One person told us they didn't like sitting in the lounge with other people, and staff understood this. Although the person preferred to stay in the corridor, staff would check the person was alright or okay by chatting with them every time they walked past. We saw when people asked for assistance, care staff immediately responded. For example, one person asked to be supported to use the bathroom and care staff helped the person straight away. We saw care staff use tactile reassurance when this was appropriate. One person became very upset and staff immediately responded by sitting with the person and talking about what was upsetting them.

Relatives we spoke with told us they spoke to care staff to share their knowledge about their family member to make it easier for care staff to care for them. For example, one relative told us they had shared information they knew about their family member's family tree so that care staff understood some of the things the person liked to chat about. Another relative told care staff about their family member's former occupation so that staff could chat to the person about this.

Care staff we spoke with and observed demonstrated an understanding of caring for people with dignity and respect. We saw some people living with dementia experienced periods when they became upset or confused by their surroundings. We saw care staff reassure people and use language that did not challenge their understanding of where they were. Care staff sensitively reassured people and used distraction techniques when appropriate. One person was upset and required confirmation that their family member would visit. Care staff continually comforted the person and used a timeframe the person could relate to, to count down until their family member visited. We also saw that whenever a person became upset they were offered reassurance. People living at the home were all able to access clothing of their own choice and people were dressed in a way that reflected their preference. Care staff we spoke with told us they had received training on treating people with dignity and respect. They told us they understood the impact this had on people's lives. One care staff member told us dignity and respect meant showing people respect and kindness.

People told us they were visited by friends and family members. One person told us, "My husband visits me

whenever he can." Another person told us, "All of us get relatives and they pop in whenever they like." Relatives we spoke with told us they visited whenever they chose to. We spoke with a number of relatives who told us they visited regularly. Relatives told us they could sit with their family member wherever they chose to and spend as much or as little time as they needed to.

Good

# Is the service responsive?

## Our findings

During our last inspection in November 2015, we concluded that people did not receive care that was specific to their needs. During this inspection, we found significant improvements had been made to the way people received care.

People told us they liked the care staff and that care staff knew what they liked. One person told us, "I like everything about the place; they bend over backwards for me." Another person told us "The staff are always asking me, are you alright?" People's experience of care was consistent throughout the home. We spoke with people and observed people in both units of the home. We saw that care staff were working with people across both units to engage with them and support them to participate in activities that reflected their individual interests. Work had begun on developing people's life histories so that staff understood people's backgrounds. Staff were working with people and their families to record important information about people so that staff understood people's needs better.

One relative we spoke with told us they spoke with care staff from the home before their family member moved in and "went through all the likes and dislikes." The relative also told us if care staff were not sure about anything, they spoke with them to clarify matters so that their family member received the care they needed.

During the inspection we saw people involved with a number of different activities. Some people were playing skittles, sitting in the garden or participating in group singing exercises. People told us they enjoyed these activities. Some people preferred not to participate and care staff understood who did not and respected their decision.

We spoke with care staff about whether they felt able to support people in their activities. All the care staff we spoke with told us they felt there had been an improvement in how they engaged with people through a mixture of training and by having improved staffing levels. Care staff told us they felt they now had time to sit and participate in activities with people and that people responded positively to this.

People told us they understood how to complain. They understood that they could speak to either care staff or the manager about any issues they were unhappy with. People and their families had access to the telephone number of organisations that may listen to their concerns. We spoke with one relative who told us they had spoken to care staff about adjustments to their family members care. When they asked for things to changed, these were acted upon. We also saw that there was a suggestions box were people could feedback anonymously about any issues that were important to them. The registered provider and manager had also arranged meetings with people and relatives to keep them updated about changes within the home.

Requires Improvement

# Is the service well-led?

## Our findings

The manager at the service had joined the service from one of the registered provider's other homes and was being supported by a deputy manager. The registered provider had also recently acquired the home.

People knew the manager and other management staff at the home. We saw the manager chat to people and talk about things that were important to them. We also saw a family chat to the manager about the relative's recent experience at the home and thank the manager warmly as well as other staff.

Staff told us they had found the change in management positive although they hoped the change in ownership would be a stable move. Staff spoke positively about the manager. One staff member said, "She's always helping out." Another staff member told us, "I like this new management, anything we've raised they've listen to." Three care staff we spoke with welcomed the support they were given and had found feedback they received from the manager positive.

The current manager is seeking registration with the full time support of the homes manager. The manager's system for regularly reviewing care was a new system that had not yet been embedded. It was therefore difficult to assess how effective the system was. The manager also told us they undertook regular walkabouts of the home to experience what people living at the home experienced. We asked how actions were monitored to ensure they were completed. The manager was not able to provide us with this information. The discussions with the deputy manager were informal and were not recorded and therefore progress of actions was difficult to monitor and relied on there being an understanding between them. The manager told us they have a 'resident of the day system' where they select a resident and completely review their care. When we raised with the manager, that some of the systems for monitoring care might not be effective, she agreed. It was agreed other systems which included the system for reviewing and monitoring the applications for authorisations for a Deprivation of Liberty also needed to be improved.

The manager told us they had met with people to assure them of changes that had taken place in the home. The Operation Director also told us it was their intention to send out quality assurance questionnaires to understand people's perceptions of the service. This was not yet possible as the registered provider did not feel they had been in position for a sufficiently long time. They had however arranged a number of residents meetings to speak to relatives and keep them updated about developments in the home as well as learn about any issues that they needed to be aware of.

We spoke with the Operations Director, who had a good understanding of the home and the issues within the home. They recognised that although the previous inspection identified areas of improvement for the previous registered provider to address, they wanted to address these immediately. Audits of the home were being undertaken to address any issues of concern. The registered provider had already begun the process of trying to assure themselves of the quality of care being delivered in the home. How staff engaged with people and included them in activities was reviewed. This was monitored weekly by the Activities Manager to ensure staff continued to treated people with dignity.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care | Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment<br><br>Information about people's ability to make decisions was not always available to staff for staff to refer to ensure that they did not unlawfully restrict people. |