

Lancashire County Council

# Bowgreave Rise Home for Older People

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected this service on 12 May 2016. The inspection was unannounced. The service was last inspected on 15 September 2014, when we found the provider was compliant against the regulations we assessed at that time.

Bowgreave Rise Home for Older People is a purpose built home that can accommodate up to 32 older people, some of whom may have dementia. The home is situated over three floors with a passenger lift providing access to the upper floors. There are 32 single rooms all having a wash hand basin and a call system. There are lounges and dining areas on each floor providing communal space and small sitting areas around the home so people can sit quietly if they wish.

The service is registered to provide accommodation for persons who require nursing or personal care. There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Safeguarding procedures were in place and we felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

Staff delivered support effectively and care was provided in a way that intended to promote people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process.

People told us that they felt that more staff members were needed at times and we have made a recommendation about this.

Staff were kind and respectful towards people ensuring privacy and independence was promoted. Staff understood their roles and people were supported in a person centred way.

People's rights were protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Management applied such measures appropriately and staff understood their responsibilities and how to keep people safe.

People's views had been gathered using effective systems, these included regular resident and staff Meetings.

The service had a registered manager who was available to people who used the service, relatives and staff. People we spoke with told us the manager was approachable.

The provider carried out audits to monitor the quality of the service. However some issues identified on the day had not been picked up prior to our inspection, we have made a recommendation about this.

We found the manager receptive to feedback and keen to improve the service. They worked with us in a positive manner providing all the information we requested.

We have made recommendations around the staff dependency tool and robust quality audits with regards to the environment.

## 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 told us they felt safe living at the service.

The service had systems in place to manage risks and plans were implemented to ensure peoples safety.

Appropriate checks had been carried out during the recruitment process which was effective in recruiting skilled staff.

Medicines were dispensed and received safely and as prescribed.

### Is the service effective?

Good ●

The service was effective.

Staff received an initial induction. On-going support was offered to staff who attended various training courses which enabled them to apply knowledge to support people effectively.

Management and staff had good working knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) to ensure people's rights were protected.

Access to healthcare professionals was available when required.

### Is the service caring?

Good ●

The service was caring.

People and their relatives were pleased with the staff who supported them and the care they received.

Staff engaged with people in a person centred way and had developed warm engaging relationships.

People were supported by staff who treated them with dignity and respect.

### Is the service responsive?

Good ●

The service was responsive to people's needs.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

Care plans were completed and reviewed in accordance with the persons changing needs.

There was a system in place for managing any complaints received.

### **Is the service well-led?**

**Good** ●

The service was well-led.

A range of quality audits and risk assessments had been conducted by the registered manager.

Staff enjoyed their work and told us the management were always available for guidance and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

# Bowgreave Rise Home for Older People

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team comprised of two adult social care inspectors including the lead inspector for the service. The inspection was unannounced and took place on 12 May 2016.

Prior to this inspection, we looked at all the information we held about this service. We reviewed notifications of incidents that the provider had sent us. We received feedback from the district nursing team and their feedback is included within this report.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the time of our inspection of this location, there were 32 people who used the service. We met with them and spent some time observing the care and support provided. We spoke with six people who used the service and four people who were visiting on the day of our inspection. We subsequently contacted five relatives of people who used the service by telephone. This enabled us to determine if people received the care and support they needed and if any identified risks to people's health and wellbeing were appropriately managed.

We observed how staff interacted with people who used the service and viewed five people's care records. We spoke with four care workers, the manager and the senior manager, during the course of our inspection. We also spoke with a visiting professional at the home, as part of the inspection process.

We looked at a wide range of records. These included; the personnel records of four staff members, a variety of policies and procedures, training records, medicines records and quality monitoring systems.

# Is the service safe?

## Our findings

People we spoke with said: "I feel safe here". And: "I'm safe and comfortable".

We asked staff if they felt there were sufficient numbers of care workers to provide care and support for people living at Bowgreave Rise. Staff told us: "Staffing isn't needs led": "The workload is very high and staffing hasn't changed". And: "There isn't always enough staff on especially in the morning when people need personal care, meds and their breakfast".

People told us: "The staff are very pushed for time": "Call bells take a while to answer":

Agency staff were being used and people felt that this had an impact on the care they received. For example one person told us: "The agency staff just put my meals in front of me and don't tell me what it is but I'm blind and can't see what I'm eating."

We spoke to the manager and the senior manager during the inspection. Staff numbers were calculated using the Barthel dependency tool to identify how many staff were needed. The dependency tool demonstrated that the service was sufficiently staffed. From our observations on the day there appeared to be adequate staffing to meet the needs of people who use the service. Following the discussions around staffing management agreed to review the dependency tool to ensure that this remained an effective tool. We recommend that the dependency tool be reviewed to ensure that it is fit for purpose and that the deployment of staff is adequate for busy times within the service.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. Prospective employees were asked to undertake checks prior to employment to help ensure they were not a risk to vulnerable people. We reviewed recruitment records of four staff members and found that robust recruitment procedures had been followed.

Risk assessments had been undertaken and included information about action to be taken to minimise the chance of harm occurring to people and staff. For example, some people needed support to move and transfer within their home. Information was provided to staff about how to provide this support safely.

We found that risk assessments were being reviewed regularly and any changes in need documented to ensure care files contained the most relevant information to ensure people safety.

Accidents were recorded in the accident book and the information submitted to the local authority for review. The information was analysed for themes and trends to help ensure the safety of people who use the service.

We looked at how the service managed people's medicines. We examined medicine administration records [MARs]. MARs did indicate that people received their medicines at the times specified. Records were signed and no omissions were found. We observed people being given their medicines. Staff followed best practice



and current guidance.

We looked at training records and found that all staff had received medication training and updates, as stipulated in the providers' medicine policy and procedure.

Staff spoke knowledgeably regarding medicines management and confirmed that they were trained appropriately, had the necessary assistance from management and were competency checked regularly.

When the medicine round was finished the trolleys were kept locked and stored safely. Where people needed medicines only occasionally (PRN) there were protocols to inform staff when to use them. Controlled medicines were kept separate in a secure cupboard; records for these medicines were completed in full. A daily audit was carried out for each medicine to reconcile administration with remaining stock.

We looked at how people were protected from bullying, harassment, avoidable harm and abuse. We found that the service followed safeguarding reporting systems as outlined in its policies and procedures.

Staff told us they knew how to report safeguarding concerns and felt confident in doing so. We felt reassured by the level of staff understanding regarding abuse and their confidence in reporting concerns.

We looked at how the service provided a safe environment for people. We observed that staff and people who use the service had access to Personal Protective equipment (PPE). This was being disposed of in clinical waste bins to help prevent the spread of infection.

Professionals told us: "Staff wear PPE all the time". And: "There are no issues with infection management".

We found that the home was generally clean and tidy throughout, however there were some areas that required improvement this was highlighted to the manager and rectified during our visit.

Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment that includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan [PEEPs] needs to be completed for each individual living at the home. The PEEPs we saw contained adequate personal information to demonstrate how each individual could be best assisted to evacuate the premises, should the need arise.

# Is the service effective?

## Our findings

The care records we looked at told us about people's dietary preferences. People told us that they were able to make choices in relation to food and drink and we observed them being offered a variety of options.

People we spoke with said: "The food is pretty good on the whole": "We get the menu the day before there is always a choice". And: "If we don't like the main meal we can have something else".

We observed people being offered drinks and snacks regularly throughout our visit, it was a hot day and fluids were offered in addition to ice lollies and ice cream.

We found that the service was pro-active in supporting people to have sufficient nutrition and hydration. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences.

We observed lunch being served. The dining tables were set up in an attractive and orderly manner. People were able to choose where they sat and staff supported those who had difficulty getting to the tables. We observed staff supporting people with their meals. We saw some people who had difficulty cutting their food being offered support. One person who was at risk of weight loss was encouraged by staff to ensure she had a sufficient nutritional intake of food and fluids. We observed people eating in a relaxed manner and they seemed to enjoy their meals.

We saw in daily records the GP and community nurses were contacted when staff felt it appropriate and their advice was followed. We found the service was responding to changes in people's needs by referring them to suitable authorities. This helped to ensure that people's healthcare needs were being consistently met.

People told us: "I had a cough and they got someone to see me straight away". And: "They call the doctor is I need one.

We spoke with a relative who told us: "They always let me know if the paramedics are called, they keep me well informed.

A professional told us: "The staff refer people in a timely manner". And: "They follow guidelines we give them".

We reviewed staff training files and found staff had received training in areas specific to their work. For example, fire training, safeguarding adults and infection control. Staff received induction training when they started to work at the home. This helped them to become familiar with people's needs and supported them to work safely with those in their care.

Staff received an induction into the service before starting work. Staff files indicated that all staff had

received an induction. One staff member told us: "I had time to get to know people during my induction and understood how to meet people's needs by shadowing experienced staff".

Those staff we spoke with said their induction was very good and had provided them with the knowledge they required. Supervision documentation was present in staff files and the manager told us that supervision regularly to ensure best practice. Staff also received yearly appraisals evidenced in staff files.

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).

Therefore we looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. The manager confirmed that some people were subject to continuous care and supervision and did not have capacity to consent to such arrangements and were not free to leave. Subsequently applications for DoLS had been submitted to help ensure people's freedom was not being inappropriately restricted.

The manager, registered manager and staff had a good understanding of the MCA and awareness of how to complete the appropriate assessments with other professionals if it is deemed necessary.

An example of the MCA being embedded in practice was provided regarding concerns staff had in relation to a person's potential lack of capacity and in turn a potential danger to themselves. Assessments had been completed in their best interest and the person continued to be supported by staff with choices involving risk.

We found that staff demonstrated a good understanding of the MCA. We asked staff about their understanding of the MCA. Staff told us: "I have an awareness of MCA, I am doing the workbook now, I know that it is for people who lack capacity to make decisions". And: "We need to assume capacity however if someone lacks this we can make decisions in their best interests".

## Is the service caring?

### Our findings

We saw that staff interacted with people in a kind and caring way. We observed staff speaking with people who lived at the home in a respectful and dignified manner. Staff understood the needs of people they supported and it was obvious that trusting relationships had been created.

Interactions were positive and staff communicated well with people and supported them at their own individual pace. Interactions we observed between staff and those who lived at the home were based on people's strengths, focusing on what people could do for themselves and supporting and encouraging people to remain independent.

Staff knew people well, their preferences for care and their personal histories.

We received some positive comments about the staff and about the care that people received. People we spoke with said: "They treat me with respect": "The staff are really good". And: "The people are so caring not just about people who live here but the visitors as well".

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. People had access to a lounge area within the service and also a garden with seating areas and scenic views.

People told us that their independence was encouraged in a positive way and their privacy and dignity was consistently promoted. Assistance was carried out with respect and consideration. We observed staff knocking on doors before entering. People were dressed in their own clothes and were very well-presented.

Care plans we saw incorporated the need for respecting people's privacy and dignity and supporting them to maintain their independence, particularly during the provision of personal care.

Staff told us: "I always ask people if they need help". And: "I make sure that people are covered during personal care and closed doors to protect their dignity".

Evidence in care files showed people who used the service and relatives took part in reviewing care plans. People told us that they had a key worker; this was a named member of staff that worked alongside them to make sure their needs were being met. People were aware of their support plans and had monthly meetings with their key worker to identify any needs or wants they may have, along with their overall well-being.

One person told us: "They sit down with me and go through things to see if there's any change".

Relatives told us they were invited to take part in the reviews of care plans and were informed of changes in people's needs.

The home had policies and procedures in place, which covered areas such as confidentiality, privacy and dignity. We saw that staff were aware of this guidance and were following it whilst supporting those who

lived at the home.

One professional told us: "The standard of care is really good".

## Is the service responsive?

### Our findings

People received care and support, which was responsive to their needs. This was because staff had good knowledge of those who lived at the home.

People's needs were assessed before people came to live at the service to see if their needs could be met by the service. We saw completed pre-admission assessment reports for people. The manager told us they liaised with other health professionals to plan and discuss people's transfer to the service. This process ensured that medications were organised prior to the transfer date and medicines being omitted was avoided. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. People's needs were discussed with them and a support plan put in place before they came to live at the service.

Care planning documentation evidenced that people's views had been sought and considered. Relatives told us that their views were taken into consideration and that they were actively involved in making decisions about their loved ones' care, treatment and support. One relative told us: "I help with the care plan and get a copy of the review".

There were daily activities scheduled for people to join in. These included singing and chair exercises. There were no dedicated activity organisers appointed at the home. However, all staff were involved in planning and delivering leisure activities.

We looked at care records and found people's personal wishes were recorded. Records showed people's needs were assessed and care plans were in place, with clear person centred information about how people wanted to be supported. In addition, details of how to support people if they were in distress, their social and family histories and what mattered to them most were also included. This helped staff to effectively support the people who used the service and promote their wellbeing.

People were encouraged to raise any concerns or complaints that they had. The service had a complaints procedure which was displayed throughout the home. People and their relatives told us they felt comfortable raising concerns if they were unhappy about any aspect of their care.

Everyone we spoke to said they felt confident that any complaint would be taken seriously and fully investigated. A system for recording and managing complaints and informal concerns was in place.

Residents meetings are held once a month and people told us that they have the opportunity to make suggestions.

We saw evidence in care files that the service was making necessary referrals and seeking support on how best to meet people's needs. We found evidence of the service engaging with other agencies to facilitate joint working. Visits with other professionals were recorded in the care files. These arrangements helped to ensure that people consistently received the care they needed.

## Is the service well-led?

### Our findings

We found that the service had a robust quality auditing system in place. The provider carried out audits to monitor the quality of the service. These included looking at visit records and medicine administration records to ensure they were completed correctly. The domestic audits were completed by an outside agency and had not picked up on some of the issues we found during the inspection.

We recommend that the registered manager has oversight of all audits to ensure a high level of quality in all areas for all people who use the service.

We found that a positive staff culture was reported by all the staff members that we spoke with. Staff told us: "It's a good staff team, I like working here". And: "I like it here why else would I have stayed so long."

We spoke with an agency staff member who told us: "The staff are really helpful and work as a team; they understand that I am agency and take time to help me".

The service had a registered manager in post as required by their registration with the Care Quality Commission.

We found the manager was familiar with people who used the service and their needs. When we discussed people's needs the manager showed good knowledge about the people in her care. For example, the manager was able to identify people with very complex needs and the risks associated to these individuals. This showed the manager took time to understand people as individuals and ensured their needs were met in a person centred way.

Staff told us that they felt well supported by management. They said: "The management team are supportive and will do their best for you".

The people who we spoke with who used the service also spoke highly of the management. They told us: "The manager is very jolly we can talk to her"

We looked at policies and procedures relating to the running of the service. These were in place and reviewed annually. Staff had access to up to date information and guidance procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. Staff were kept informed in a variety of ways including staff meetings and supervision.

We looked at staff meeting minutes, they showed staff were involved in discussions about improving the service and management input was motivating, to encourage the staff team to provide good standards of

care and support.

There was evidence of customer feedback from people who had used the service and their relatives. Surveys were sent out quarterly and asked questions around staff, food, cleanliness and people's needs. The last survey was completed 7 May 2016 16 of these were completed and returned. Comments included: "Staff listen": "I've never been happier in my life". And: "The food is lovely, I'm well looked after".

The responses from the surveys are analysed and a; 'you said we did' document produced to show any actions that were taken to improve the service.

We found the manager receptive to feedback and keen to improve the service. She worked with us in a positive manner and provided all the information we requested.

The CQC registration certificate was on display, along with a copy of the most recent inspection report. The service worked in a transparent way and showed commitment to keeping people who accessed the service up to date with any changes.