

Care UK Community Partnerships Ltd

Bowes House

Inspection report

25 Battle Road
Hailsham
East Sussex
BN27 1DU

Tel: 01323887715

Date of inspection visit:
30 April 2021

Date of publication:
07 June 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bowes House is a residential care home providing personal and nursing care to 81 people aged 65 and over at the time of the inspection. The service can support up to 90 people. The building is divided into four units, each providing specialist support. There are two units for older persons on the ground floor. On the first floor there is a unit providing nursing care and another for people living with dementia.

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

People and their relatives spoke highly of the care and support they received at Bowes House. One person said, "I am very happy with the care, I wouldn't want to change anything." A relative told us, "Staff have provided excellent care, promoting dignity and being responsive to people's needs."

People were receiving their medicines safely. There were effective systems in place for the management of medicines. Risks to people were assessed and care plans provided clear guidance for staff in how to care for people safely. Staff had received appropriate training and demonstrated an understanding of how to support people who were assessed as being at risk of choking.

There were enough staff to care for people and the process for recruiting new staff was safe. Appropriate infection control procedures for COVID-19 were in place to keep people safe. Staff had received additional training and used appropriate Personal Protective Equipment. Incidents and accidents were used as opportunities to learn and improve practice.

Systems for monitoring quality and managing risks had been improved and embedded. There were effective arrangements to support governance and to provide management oversight. Staff told us there had been improvements in the management of the home. One staff member said, "The new manager has been implementing policy which is good. We are going through good changes."

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 good (published 22 March 2019).

Why we inspected

We received concerns in relation to the management of medicines and management of risks of choking. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led only.

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 COVID-19 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 remained good. This is based on the findings at this inspection. We found no evidence during this inspection that people were at risk of harm from these concerns. The provider had identified shortfalls and taken action to mitigate the risks and this had been effective. Please see the Safe and Well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bowes House 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?

The service was safe.
Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-Led findings below.

Good ●

Bowes House

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 undertaken by four inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Bowes House 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 did not have a manager registered with the Care Quality Commission. The manager was in the process of applying to CQC to become the registered manager of the service. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice of the inspection. This was to establish the safest and most appropriate way of carrying out our inspection visit during the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had about the service. 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.

We asked the provider to send us information. These included risk assessments and care plans for five people, and documents relating to quality assurance systems and management oversight. We also sought feedback from partner agencies and professionals. We used all of this information to plan our inspection.

During the inspection

We spoke with two people and nine members of staff, including the manager, unit managers, nurses, the chef and health care assistants. We spent time in the home whilst people were relaxing in the communal lounge and receiving support. This gave us an opportunity to observe staff interactions with people.

We reviewed a range of records including care plans, risk assessments and medicine administration records. We also looked at records relating to the management of the service, policies and procedures and quality assurance systems.

After the inspection

We spoke with seven relatives and three staff members by telephone, to obtain their feedback and views about the home. We continued to seek clarification from the provider to validate evidence found.

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 good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong

- Systems were in place to identify when things went wrong. Incidents were recorded and analysed to determine the cause and identify changes that would prevent a reoccurrence.
- Staff told us they reported incidents and described how learning was discussed with them. One staff member said, "We are told about any changes during handovers and we get updates on our handover sheets."

Using medicines safely

- Medicines were managed safely.
- Staff were trained and had completed medicines competency checks to ensure they administered medicines safely.
- Medicines were stored securely, and systems were in place to ensure people had access to the medicines they were prescribed when they needed them.
- People's medicines were reviewed regularly by the GP and staff could access a GP electronic system to communicate directly with healthcare professionals.
- Staff assessed people in line with the Mental Capacity Act 2005 when medicines needed to be given covertly (disguised in food or drink). Decisions were made in people's best interests and involved the GP, pharmacist and people's representatives.
- We observed that staff had good rapport with people when administering their medicines. Observation charts were used to assess people's pain when they were unable to communicate that they were experiencing pain.

Systems and processes to safeguard people from the risk of abuse

- Staff demonstrated a clear understanding of their responsibilities for safeguarding people. Staff described different forms of abuse and knew the signs and symptoms to look for. One staff member said, "I would always report any concerns."
- Safeguarding incidents had been reported appropriately in line with the provider's policy. For example, following a medication error appropriate actions had been taken to reduce risks and keep people safe.

Assessing risk, safety monitoring and management

- Systems for assessing and managing individual risks to people were robust.
- People and their relatives told us they felt people were safe at Bowes House. People we spoke with were positive about the care provided. One person said, "I really do believe the staff have an excellent understanding of the resident's needs."

- People and their relatives told us that they were included in decisions about managing risks. For example, one person was identified to be at risk of falls. Their relative told us they had been included in the discussion about the risks and proposed changes to the person's care plan to reduce the risk of further falls.
- Risk assessments and care plans were comprehensive and detailed. For example, some people were at risk of choking. Advice from the Speech and Language Therapist (SaLT) identified the type of modified meal that was appropriate, and this was clearly identified in people's care plans.
- Staff who were responsible for supporting people with food and drink had received appropriate training including International Dysphagia Diet Standardisation Initiative (IDDSI) training. Staff explained how they would know if a person required a modified diet and we observed people being supported with eating and drinking as described in their care plan.
- Risks associated with the safety of the environment were identified and managed safely. Personal Emergency Evacuation Plans were in place to ensure people would receive the right support in the event of a fire or other emergency.

Staffing and recruitment

- There were enough suitable staff to care for people safely.
- People and their relatives told us there were enough staff to care for them safely. One relative said, "I am happy with the staffing levels in the home. There are always good regular staff seen in the home." Another relative said, "As far as I am aware Mum gets all the care and help she needs when she wants it."
- We observed staff responded to people's needs in a timely way. One person told us staff responded quickly if they needed help saying, "There is always someone around if you need help, I have a buzzer, and they come running."
- Records showed there was regular use of agency staff to ensure that vacancies and absences were covered.
- The manager explained that new staff had recently been recruited to vacant posts. There were safe systems for recruiting staff.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

Continuous learning and improving care; 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

- At the last inspection in February 2019, we found that systems for monitoring administration of medicines were not consistently robust. This meant that shortfalls in administration of medicines had not always been identified. At this inspection we found that systems had improved. When errors in medicine administration had occurred, this had been identified and measures were put in place to ensure staff were following safe practice.
- The manager demonstrated a clear understanding of the duty of candour. They understood their responsibility to be open when something went wrong. Records confirmed there had been considerable emphasis and focus on addressing issues raised in recent safeguarding incidents relating to the management of risks of choking. Analysis of the causes of incidents had identified that staff had not always followed the provider's policy. The manager explained how they were now ensuring that all staff understood the importance of following the provider's policy and procedures.
- The provider had reviewed their systems and processes to ensure risks associated with choking were being managed effectively. Learning from another of the provider's homes had been introduced to support improved practice at Bowes House.
- Learning from incidents and accidents was discussed and cascaded to all staff members. One staff member explained, "There were some mistakes and the new manager is tightening up on how we do things, it's much better now because everyone knows the procedures." Another staff member said, "We reflect on what went wrong and how we could do things differently to learn from mistakes."

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

- There were robust systems in place to monitor the quality of the service. Concerns and complaints were investigated, and learning was applied to make improvements. Regular audits were undertaken to identify shortfalls in practice, for example monthly audits were undertaken to ensure medicines were managed safely. The manager demonstrated that they had good oversight of the quality of the service.
- Staff were clear about their roles and responsibilities and described feeling supported and motivated. One staff member explained how the team leader, nurse and the manager had all encouraged them to undertake training for a qualification. They told us they felt well supported and said, "There is mutual respect."
- Staff described receiving feedback about their performance, one staff member said, "I was told I'm awesome. The team leader values me as a team member and said the way I care is brilliant; it's really nice to

be appreciated."

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

- A positive culture was evident at the home and care supported people to achieve good outcomes.
- People and their relatives told us staff provided personalised care and supported people to as independent as possible. One person told us, "The staff listen to me, I wouldn't want to change anything." A relative told us, "Residents are given choices daily to enable them to feel in control of their lives."
- Relatives spoke positively about support provided to people who were living with dementia. They told us staff knew people well and understood their individual needs. One relative described their relation as being happy at the home, saying, "They have a degree of independence where he is encouraged to do as much as he can do." Another relative said, "The care and support staff provide is excellent, they could not be better."
- Staff spoke with pride about the care provided at the home. One staff member said, "We want to do a good job for our residents- we want things to be perfect."

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

- People, their relatives and staff were involved in the service. One relative told us, "What I like is the monthly Zoom meeting where there are opportunities to raise any questions concerning the care and support of our relatives and any new developments in the running of the home."
- Staff described having opportunities to meet with managers and colleagues. One staff member said, "It's useful because we can discuss things with the other staff and we can iron out any issues."
- Records showed that information was shared effectively with people living at the home, their relatives, staff and external partners.
- There were good links with local community services including health care professionals.
- Records showed prompt referrals had been made and demonstrated partnership working with healthcare professionals such as Tissue Viability Nurse, SaLT, GP and dietician. One relative described how staff had been proactive in seeking a dentist for their family member.