

Bowling Green Court (Chester) Limited

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## 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

About the service:

Bowling Green Court (Chester) Limited is an Extra Care Housing Scheme that was providing personal care to five adults at the time of the inspection.

People's experience of using this service:

The provider had made a number of positive improvements to the service since our last inspection.

A review had been undertaken of medicines management and improvements made. This ensured that people received their medicines safely and as prescribed.

Steps had been taken to improve the governance of the service with better checks and audits being in place to determine the quality of the care.

The provider and registered manager had made improvements to achieve compliance with the regulations and to ensure that they provided a safe and reliable service.

People who used the service were positive about the impact it had on their lives: enabling them to remain as independent as possible within their own homes. They said that staff were kind, considerate and competent.

There was a range of activities on offer and staff encouraged people to participate in things of interest to them

Clear care records ensured that staff had the information they needed to provide a personal and effective service to people. A regular review of people's care was undertaken to ensure all of their support needs were met in line with the person's wishes.

The registered manager worked in partnership with health and care professionals and the local community to ensure support was sufficient and coordinated.

Staff received a robust induction, on-going training and support so that they could be effective in their roles.

The service met the characteristics for a rating of 'good' in all of the key questions and therefore our overall rating for the service has improved to 'good'.

More information is in our full report.

Rating at last inspection:

At our last inspection, the service was rated as 'requires improvement' overall. Our last report was published on the 22 March 2018.

Why we inspected:

All services rated "requires improvement" are re-inspected within one year of our last inspection. This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Following the last inspection, we asked the provider to complete an action plan to identify the action they intended to take to ensure the service met all of its legal requirements and to improve the key questions Safe and Well Led to at least a rating of good. This inspection checked whether they had made the required improvements.

Follow up:

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 now safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring 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 now well led.

Details are in our well led findings below.

**Good** ●

# Bowling Green Court (Chester) Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by an adult social care inspector and an inspection manager.

Service and service type:

The service provides care and support to people living in 'extra care' housing. Extra care housing is purpose built or adapted single household accommodation in a shared building or site. The accommodation on this site is owner occupied. There are 49 apartments in a gated community, very close to the city centre. There are communal facilities such as lounges, games room and a restaurant. Staff are based on site and someone is available 24 hours a day throughout the year.

People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises and this inspection looked at people's personal care and support service.

As required, this service had a manager registered with the Care Quality Commission. 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:

We gave the service one days' notice of the inspection because we needed to be sure that there was someone available to assist us on the day we inspected. We also needed staff to seek the consent from some of the people using the service to a home visit or phone call from an inspector.

#### What we did:

Our plan took into account information the provider sent us since the last inspection. We also considered information we had received in regards to the service. We contacted the local authority commissioners and safeguarding team who had no information to share in regards to the service. We used this information to populate our planning tool and plan our inspection.

During the inspection, we spoke with four people living in the service about their experience of care. We also spoke with the registered manager, duty manager and two members of staff.

We looked at four people's care records and a selection of medication administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records, two staff files, and records of checks carried out on the premises and equipment.

# Is the service safe?

## Our findings

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

At our last inspection, this key question was rated "requires improvement". This was because we found the management of medicines was not always safe and this meant there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as a result of this.

On this inspection, we found that improvements had been made and the provider had now achieved compliance with this regulation. As a result of the improvements made, the rating for this key question has now increased to "good".

Systems and processes to safeguard people from the risk of abuse.

- All the people we spoke to said they felt secure in their own homes and that staff did all that they could to maintain their safety.
- Policies and procedures in relation to safeguarding and whistleblowing were in place and staff demonstrated a good awareness of these. They knew who to inform if they witnessed or had an allegation of abuse reported to them.
- Staff received regular training in regards to safeguarding adults to keep their knowledge up to date.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management.

- Initial assessments considered the potential risks associated with providing a person's support. This included risks to health, safety and welfare.
- Risks which affected their daily lives, such as mobility, communication, skin integrity, nutrition and continence were clearly documented and known by staff.
- Plans were put in place to mitigate and reduce risks as far as was possible.

Staffing and recruitment.

- People were positive about the staff team and confirmed that they had a familiar core group of staff who visited them.
- People said that staff had enough time to provide the support required and they never felt rushed.
- If care calls were running late, people were informed so that they were not anxious that no one was coming.
- The service was responsive and tried to accommodate changes to call times where necessary.
- Staff files contained the necessary pre-employment checks to ensure that only fit and proper persons were employed.

Using medicines safely.

- Improvements had been made following the last inspection with regards to the management of

medicines.

- Records for the administration of oral and topical medicines were completed correctly.
  - Protocols were in place to direct staff as to how and when to administer 'as required' medicines.
  - Staff received training in the safe management of medicines and their competency was checked throughout the year by a senior member of staff.
  - People's independence to manage all or some of their own medicines was maintained as long as it was safe to do so. Any changes to the administration of people's medication was done with their consent.
- Preventing and controlling infection.
- Staff were aware of the principles of infection prevention and control.
  - Personal protective equipment was available for staff to use when care was provided. People confirmed that it was used.

Learning lessons when things go wrong.

- Management were keen to develop and learn from events. There were on-going systems in place to monitor and learn from incidents and accidents.
- The accident and incident records kept were of good quality and overseen by senior staff who monitored for any themes or patterns so that preventative action could be taken to prevent a similar accident or incident occurring in the future.



# Is the service effective?

## Our findings

Effective– 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.

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

- Assessments of people's needs were detailed, thorough and comprehensive. They were reviewed and updated regularly to ensure that they were an accurate reflection of a person's needs.
- Staff were able to apply what they had learnt in training effectively to ensure that support was delivered in line with best practice.

Staff support: induction, training, skills and experience.

- New staff had an induction of both theory and practice. They were shadowed until they felt confident to work independently.
- Staff appeared to be competent, knowledgeable and skilled and people had confidence in them.
- Staff were provided with on-going training to ensure that they continued to provide good quality care. The registered manager had recognised that some staff required refresher training in core aspects of their work and steps were in place to prioritise this.
- Regular supervisions and appraisals were held with staff which they found to be effective. The registered manager was introducing more robust spot checks to focus on care delivery and quality of care.

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

- A nutritional assessment was in place to ensure that people were not at risk of malnutrition.
- Care plans indicated the support people required to ensure they had sufficient food and drink throughout the day.
- People were supported to prepare meals of their choice.
- People had the opportunity to use the on-site restaurant for a lunch time meal and to have a more social mealtime experience.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Care plans and risk assessments took into account the input from other professionals such as physiotherapists, occupational therapy or the Doctor. They also considered the role of other external care providers where a support package was 'shared'.
- The service worked alongside health and social care professionals when people required additional equipment or support to remain at home.

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

- People were supported to arrange any adaptations to their own homes. Equipment and technology such as personal safety alarms were available and enabled people to remain Independent for as long as possible.
- Alterations, checks of the premises and equipment were done in conjunction with the management

company to ensure that people remained safe.

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 with appropriate legal authority such as through the court of protection. We checked whether the service was working within the principles of the MCA and found that they were.

- Staff started from the premise that people had the mental capacity to make decisions for themselves and this was addressed in any assessment undertaken.
- People had signed their care plans to confirm their consent to support and the sharing of specific information to other parties where it was necessary to maintain their health and welfare.
- Staff talked to us about how people were involved in decisions about their care and how they made decisions in a person's best interest where they maybe lacked in capacity.
- Care records indicated where a person had given legal authority for someone to make decisions on their behalf e.g. through a lasting power of attorney.

# Is the service caring?

## Our findings

Caring – we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity.

- People provided positive feedback about the staff and the service.
- Staff spoke about people with kindness and compassion. They demonstrated that they knew people well and had an understanding of their needs.
- Records indicated that staff had taken the time to find out what really mattered to a person: how they wished to be addressed as well as what made them happy or sad. This ensured that staff were able to provide both physical and emotional support.
- The language used in documentation was respectful and enabling with phrases such as 'I would like' and 'I would prefer'.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence.

- Staff had a genuine concern for people and were keen to ensure that their rights were upheld.
- A person's right to privacy and confidentiality were respected. The registered manager had recently changed the staff uniform so that there was no distinction between housekeeping and care staff. This was to ensure that people receiving support could not be easily identified.
- Care plans focused on the positives in a person's life and also recognised their aspirations such as wanting to learn to use the internet or to get a better body!
- Some people had input from their relatives or other care services; care was provided in an integrated way.
- People were supported to maintain and develop relationships with those close to them.
- The communal facilities were able to accommodate family gatherings and to assist with preparations for birthdays, anniversaries and other special occasions.

# Is the service responsive?

## Our findings

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People's care plans were detailed and contained clear information about specific needs, personal preferences, routines and how staff should best support them to live happy, contented lives. People's needs were identified including those related to their age, disability, ethnicity and gender.
- People said that they were encouraged to be independent and to do as much for themselves as possible. Care records supported this as they were enabling and focused on what a person was able to do or wanted to achieve.
- People's information and communication needs were assessed at regular intervals throughout. This information was documented in care plans. Staff understood the Accessible Information Standards and we saw evidence that adaptations were made to meet a person's needs: e.g. by providing newsletters with different type face or colours for these with visual impairments.
- People were enabled to follow a variety of interests and activities. Ideas and events were initiated by all everyone who lived in the extra care shared living site based upon their interests. There was a varied programme of interesting events and activities for people to become involved with.
- Staff supported people to participate and recognised the importance of people developing friendship groups. One person had identified themselves as 'A social person' and due to some memory loss their care plan included the request 'I may forget (to attend events) so please make sure you remind me'.

Improving care quality in response to complaints or concerns.

- No complaints about the care service had been received since the last inspection.
- There was a complaints process for people to follow and this was readily available within the service. This had been revised to ensure that people has sufficient information on the organisations outside of the service people could complain to if they were unhappy with the provider's initial response to their complaint.
- People were confident that they would be able to raise a concern and that it would be responded to.
- People said that they felt able to speak to the manager at any time.

End of life care and support

- Staff were aware of those people who had expressed a wish not to be revived in the event of specific health circumstances. These people had a Do Not Attempt Cardiopulmonary Resuscitation Order in place for this purpose.
- Staff spoke openly to people about their wishes at the end stages of their lives and any requests were documented so people's rights could be respected.
- The service had supported people to remain at home with an end of life care package in place should this be their expressed wish.
- People felt reassured that they would be cared for at home and not have to leave to go to hospital.

## Is the service well-led?

### Our findings

Well-Led –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 our last inspection, this key question was rated "requires improvement". We found that the systems used to ensure good governance of the service required improvement. At this inspection, we found the service had taken steps to improve the governance of people's care to ensure quality outcomes. Therefore, the rating for this key question has increased to "good".

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- Since the last inspection, the service had implemented its system of audits to monitor safety, welfare and to make improvements when needed.
- A quality audit of all aspects of the service had been completed by the provider in January 2019 and was positive.
- A review of the care service had been undertaken in October 2018 and some actions had been set to ensure full compliance with the health and social care regulations. We found that these actions had been swiftly addressed by the registered manager.
- Paper records such as MARs and care plans were audited when they were returned to the office. These were reviewed to ensure that staff had adequate information on people's needs, people's consent had been obtained and that risk assessments and daily notes were accurate.

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

- Both people using the service and staff said that the service was well led.
- Staff acknowledged that the registered manager had worked within the service and so knew what it was like to work in each of their roles. They said that they were "A good role model", "Led by example" and had some good ideas about how the service could move forward.
- The rating of the last inspection was visible on the service website and in the building.
- The registered manager was aware of their responsibility to notify the CQC of key events but had not yet had to do so.

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

- The service regularly sought the views of people and staff. People were empowered to voice their opinions, and the management team responded to comments put forward.
- The management team, an Owner's forum and the Board of Directors consulted with people about their care and about the service. .
- The registered manager continued to have an open door policy and people came with their individual

matters directly as well informal conversations that took place ad hoc.

- □ The Board had continued oversight of the service. There was regular reporting and systems of meetings in place that enabled the people living at the scheme to make their voices heard.

Continuous learning and improving care.

- The registered manager swiftly took on board any comments made during the inspection to ensure best practice in the future
- □ Staff told us of the positive management structure in place that was open and transparent and available to them when needed. Staff felt supported to gain qualifications and bring any matters to the attention of the registered manager.
- □ The culture of the service was caring and focused on ensuring people received person-centred care that met their needs in a timely way. It was evident staff knew people well and put these values into practice.