

Durham Care Line Limited

Bowe's Court Care Home

Inspection report

Bowes Court
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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

Bowe's Court Care Home is a care home providing accommodation and nursing and personal care to up to a maximum of 23 people. The service provides support to younger and older adults with a range of conditions such as Huntington's Disease and physical and learning disabilities. At the time of our inspection there were 22 people using the service.

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

People and relatives were complimentary about the care provided by staff. They trusted the staff who supported them. They said staff were kind, caring and supportive of people and their families. One relative said, "The staff are brilliant. It takes a special kind of person to do the job."

Staff had received safeguarding training and were clear on how and when to raise their concerns. Where appropriate, actions were taken to keep people safe.

Records provided guidance to ensure people received safe, person-centred care and support from all staff members. Systems were in place for people to receive their medicines in a safe way.

Staffing capacity was sufficient and staff deployment was effective to ensure people's needs were met in a safe, timely way.

There was a cheerful atmosphere at the service. Staff spoke positively about working at the home and the people they cared for. Staff said the manager was approachable and they were supported in their role.

People received a variety of food and drink to meet their needs and any specialist diets were catered for.

There were opportunities for staff to receive training, to give them insight into people's support needs.

People's diversity as unique individuals with their own needs was respected by staff. The staff team knew people well and provided support discreetly and with compassion. People's privacy was respected, and people were supported to maintain contact with relatives.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of all the key questions the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Systems were in place to ensure the right culture was being promoted. People's human rights were respected and their opinions were listened to and valued. People were supported to make choices and achieve their aspirations. Staff adopted the ethos to provide person-centred care.

The service was following safe infection prevention and control procedures to keep people safe.

An effective quality assurance system was in place to assess the standards of care in the service.

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 29 May 2021).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and people's care. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the relevant key questions sections of this full report.

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.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 well-led.

Details are in our well-led findings below.

Good ●

Bowe's Court Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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 carried out by one inspector 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

Bowe's Court Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bowe's Court Care home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a manager in post who had applied to the Commission to become registered as manager.

Notice of inspection

The start of the inspection was announced, and the site visit was unannounced.

We gave a short period of notice at the start of the inspection, which was carried out remotely, so the manager could send the required records.

Inspection activity started remotely off site on 16 June 2022 and a site visit took place on 29 June 2022. The inspection ended on 29 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including the notifications of accidents and incidents we had received from the provider. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we communicated with eight people who used the service and 11 relatives about their experience of the care provided. Not everyone who used the service communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with 15 members of staff including the deputy manager, the head of care outcomes, one registered nurse, one student nurse, one therapy assistant, one CHAP, two senior support workers, and seven support workers. We received feedback from one health and social care professional.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including training information and policies and procedures, were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns about abuse. A professional commented, "Bowes staff were proactive in measures to safeguard and support the client and maintained good communication with the team and family throughout. The home worked with our team to ensure the person's safety and wellbeing."
- People and relatives said people were kept safe. One relative commented, "I do think [Name] is safe there. Most of the time there are enough staff, they keep a check on [Name] throughout the day."

Assessing risk, safety monitoring and management

- Risks were assessed to ensure people were safe and staff took action to mitigate the risk of avoidable harm. Risk assessments were regularly reviewed to reflect people's changing needs.
- Care plans contained explanations of the measures for staff to follow to keep people safe, including how to respond when people experienced behaviours that may challenge. One relative told us, "[Name]'s behavioural issues have almost disappeared. They [staff] talk to [Name], they listen to them. They're a different person now, so calm and so settled. They've worked wonders. Hats off to them."

Staffing and recruitment

- There were enough staff deployed to meet people's needs. A relative told us, "I visit every day. There are enough staff and there's never any issues with them, they're well trained too and always very welcoming."
- A safe recruitment system was in place to help ensure suitable staff were appointed, who were of good character and competent.

Using medicines safely

- Medicines were managed safely. Where people required support to take prescribed medicines, risk assessments and care plans were in place to ensure staff understood how to provide this support in a safe and person-centred way. One relative told us, "Staff manage [Name]'s medicines and let me know any changes. They always let me know. I know they'll call me, and I also have an email address."
- Systems were in place for the ordering, storage, administration and disposal of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A relative commented, "Obviously during the Pandemic we had to adhere to the rules. We had to go and get tested then they'd go and bring [Name]. I could phone [Name] then and we had a sort of chat. We rang them and they would take the phone to [Name]."

- 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. A relative said, "It's spotless, absolutely. Lovely and clean, towels, beds made. It's well-decorated too."
- 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.

Visiting in care homes

- The manager followed government guidance with regard to visiting during the pandemic.

Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on.
- De-briefings took place with staff and reflective practice at staff meetings to analyse any incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people received care, a detailed assessment took place to check if people's needs could be met.
- Assessments included information about people's medical conditions and other aspects of their daily lives.
- Care plans were developed for each identified care need and staff had guidance on how to meet those needs. Staff applied learning effectively in line with best practice, which led to very good outcomes for people and supported a better quality of life. A professional told us, "The staff, have maintained professionalism in their support for the client. They have built up a good rapport with them and their family member. The staff continue to have good oversight and knowledge of the person's condition, how this is managed and maintained to support their quality of life."

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

- People were supported to maintain their health and well-being. A relative commented, "[Name]'s needs are being met, it's why I'm keeping them there because it's so good." Another relative said, "[Name]'s been there since December, there's been no reason to worry about anything. They're thriving."
- Where people required support from professionals or with specialist equipment, this was arranged. The provider employed their own physiotherapists, therapy assistants and positive behaviour specialists who visited the service regularly to support people. Staff followed guidance provided to ensure people's needs were met appropriately. A relative told us, "[Name] has physio in the hydrotherapy pool, they love it. In fact, two staff take [Name] a couple of times a week in the evenings too. They try to get them moving. [Name] really loves it."
- There were care plans in place to promote and support people's health and well-being.

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

- People were supported with their food and drink requirements. A relative commented, "[Name] is very fussy about food. Staff offer them a variety of choices for each meal and sometimes finger food, they adapt for [Name]."
- Care plans described people's eating and drinking needs and food likes and dislikes.
- Staff were aware of and respected the cultural beliefs and traditions of people including their dietary needs. One person told us, "I enjoy the food. There's plenty to eat."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Consent to care and treatment was sought in line with the MCA.
- People's legal rights were upheld. Some people were subject to court of protection orders, as they did not have capacity to make decisions about their care and treatment.
- People and their representatives were involved in decisions about care provided. Where people lacked capacity, best interest decisions had been made appropriately.

Staff support: induction, training, skills and experience

- Staff followed a comprehensive training programme to develop their knowledge and skills.
- New staff completed a comprehensive induction, including the Care Certificate and worked with experienced staff members to learn about their role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. One staff member commented, "There are good opportunities for career progression and development."

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

- The building was adapted to meet people's needs.
- The environment was light and well-maintained with well-furnished communal areas and personalised bedrooms.

Is the service caring?

Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating for this key question has changed to Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well-supported and treated with dignity and respect. One person told us, "It's fantastic, I'm happy living here, I don't want to leave". A relative commented, "The way [Name] is so settled and their happiness is down to the care [Name] receives at Bowe's Court" and "[Name]'s well-looked after definitely. It's how they respond is how we know. [Name]'s eyes light up, they're so happy to be there."
- Due to the caring support of staff people enjoyed an improved quality of life. Staff promoted a person-centred culture where people were at the centre of their care. One relative told us, "[Name]'s so settled there, I hope they stay there for the rest of their life, I like to think that and I wouldn't like to think of them anywhere else" and "I have absolute confidence in everybody in that place, it's like an extended family."
- People and relatives were very positive about the staff and we received consistently positive feedback about the caring nature of staff. One relative commented, "The staff are kind and patient and caring. I overhear little conversations they have with [Name] that are nice, asking how they would like their care" and "The staff are lovely. [Name]'s been receiving one to-one staff support and staff take the time and make sure [Name] is happy with that particular member of staff."
- During the inspection we observed many positive interactions between people and staff. Staff knew people very well. A relative also commented, "The staff all know [Name] they chat, and they hold their hand. They talk to [Name] and [Name] smiles."

Supporting people to express their views and be involved in making decisions about their care

- People were offered choice and supported to express their views and to be involved in making decisions about their everyday living requirements. One person told us, "I can go to bed when I want and have a lie in next day." A relative said, "I believe [Name]'s up early some days and some days a lie-in, it's always their choice."
- Staff asked people questions and offered them choices, to assist their decision making. A relative commented, "[Name] is non-verbal, but they love the staff, [Name] laughs. They [staff] have picture cards for them, for things like shower or TV." Where people needed support, staff asked people's permission and explained what they were doing as they supported them.
- Information was accessible and was made available in a way to promote the involvement of the person. Guidance was available in people's care plans which documented how people communicated.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One relative commented, "[Name] is given privacy and dignity. Staff are all kind and caring, they take time with [Name] and they listen."

- Care records documented how people's independence and autonomy were to be promoted.
- There was a strong staff team, several who had worked at the service for many years. Staff were proud of their caring approach towards people and believed strongly in the values of the service.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating for this key question has remained Good: This meant people's needs were met through good organisation and delivery.

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

- Care and support was person-centred giving people choice and control in their lives.
- People's care records were detailed and documented their history, preferences, health and mental health care needs. This information assisted new staff, who were not familiar with peoples' preferences, as they had guidance to provide appropriate care and treatment. A relative told us, "We've just changed [Name]'s health care plan."
- People's needs were regularly reviewed, and staff worked in close partnership with people, relatives and relevant professionals to make changes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to remain engaged and stimulated. A relative told us, "The service employ a lady who does activities, they do crafts, make flowers and bunting and so on."
- Information was available about people's hobbies and interests. One relative told us, "[Name] has a horse. They [staff] provide transport for them so [Name] can go and see him."
- People were encouraged and supported to maintain and build relationships with their friends and family. A relative told us, "They had a Jubilee Celebration and we were invited. It was a lovely garden party, very well organised" and "We told staff, [Name] was going to come to our house for a visit. They said 'We'll do that for you. We can bring them in the Caddy van, all up to you, just give us a call.'"
- People went out and spent time in the community. One person told us, "I'm going to see the movie Elvis next week." Another person told us, "I like to go shopping." A relative commented, "If [Name] wants to go to the shops, staff take them out, the service has adapted cars."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was accessible and made available in a way to promote the involvement of the person. The registered manager was aware of the Accessible Information Standards and gave examples for its use.
- People's care records gave guidance about how they communicated, including where they did not communicate verbally.

End of life care and support

- People's wishes were respected to remain at the home when they needed end of life care.
- Records showed the relevant people were involved in decisions about a person's end-of-life care choices when they could no longer make the decision for themselves.
- Peoples' care records contained information about their religion and cultural wishes, so their needs could be met in a person-centred way.

Improving care quality in response to complaints or concerns

- A procedure was in place to investigate and respond to complaints and concerns. People and relatives said they would speak to the registered manager if they were unhappy or concerned. One relative commented, "I know how to complain, and I did have a complaint and it was resolved. I called the manager, she dealt with it straightaway."
- Complaints were analysed to learn lessons and improve the quality of care received.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The ethos of the service promoted openness and inclusivity.
- Records provided guidance for staff about people's care and support needs.

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

- An effective quality assurance system was in place and regular audits were completed to monitor service provision and to ensure the safety of people who used the service.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required.
- The management team understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager promoted an ethos of involvement to keep people who used the service involved in their daily lives and daily decision making.
- People were involved in decisions about their care. They were encouraged to be involved in the running of the service. Regular meetings also took place with people.
- Staff told us communication was effective to ensure they were kept up-to date about people's changing needs and any changes introduced into the home.
- Staff said they were well-supported. People, relatives and staff all said the manager was "very approachable". One relative said, "The Manager is definitely approachable. They have been so supportive, not just with [Name] but for me too. The staff have offered full support."

Continuous learning and improving care; Working in partnership with others

- Staff communicated effectively with a range of health and social care professionals and advocated when necessary to ensure that the person's needs were considered and understood so that they could access the support they needed.
- The management team took on board people's opinions and views to make improvements.

