

John-Edwards Care Homes Ltd

Bows

Inspection report

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Date of inspection visit:
13 June 2022
15 June 2022
22 June 2022

Date of publication:
12 August 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bows is a residential care home providing personal care to five people at the time of the inspection. The service can support up to five people.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

The service did not make sure people received support in a safe and hygienic environment. Refurbishment work was needed in the kitchen and bathroom to ensure infection prevention and control measures were effective. Staff did not always follow the provider's infection control policy regarding nail varnish and extensions. This increased the risk that people would be harmed as a result of poor infection control practices.

Risk management plans regarding staffing levels were not always clear, up to date or followed. This increased the risk that people may not receive the support they needed.

People received the support they needed to take any medicines they had been prescribed. The registered manager had worked with people's medical team to reduce medicines they were prescribed where appropriate.

Right Care

A relative told us they felt there were occasions when their relative had not been safe, following concerns about the way the person had been treated. The relative was confident the provider had taken the right action to keep people safe in response to the concerns.

We used a symbol-based communication tool with two people, who both indicated they were happy with, or liked living at Bows. Three other relatives told us they were happy with the support provided and were confident their relative was safe.

Right culture

Our observations and feedback from staff demonstrated a restrictive, task-focused culture; people were not supported in a person-centred way.

The home's lounge was used for staff to sleep in from 10pm, which restricted people from using all of their

home. A member of staff told us it was 'staff choice' whether they stayed up after 10pm to support people to use the lounge.

We observed staff working in ways that did not respond to what people were clearly communicating to them. This included insisting people did things they were communicating they did not want to do and failing to support a person with a choice of meal they were requesting. Staff did not consistently use people's enhanced communication systems.

The provider did not have effective systems to assess, monitor and improve the quality of the service being provided. The systems that were in place had not identified the restrictive culture in the service or that staff were working in ways that were not person-centred.

Concerns raised with us about the way a person was treated had also been raised with a senior support worker. The senior support worker had not reported the concerns to senior managers or to the local authority safeguarding team, but had waited until the registered manager had returned from leave.

People were supported to take part in activities in their community and participate in local events. The service had worked to support people in different ways during the COVID-19 pandemic when they were not able to participate in their usual activities.

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 13 September 2019).

Why we inspected

We received concerns in relation to the way people were treated and the management response to allegations of abuse. 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 have found evidence that the provider needs to make improvement.

Please see the safe and well-led sections of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches of regulations in relation to person-centred care, safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bows

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

Two inspectors and an assistant inspector carried out the inspection.

Service and service type

Bows 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 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

This inspection was unannounced. The first visit of the inspection was completed out of office hours, in the evening.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from partner agencies such as the local authority 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We communicated with five people who used the service and three relatives about their experience of the care provided. People who were unable to talk with us used different ways of communicating including using Makaton, pictures, photos, symbols, objects and their body language.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience.

We spoke with seven members of staff including the registered manager, regional director and five support workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We received feedback from two professionals who regularly visit the service.



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 has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- The service did not always follow effective infection prevention and control measures. This increased the risk of an infection outbreak in the service.
- Kitchen cupboards and the work surface were damaged, with large patches of the surface covering removed, leaving porous wood that could not be cleaned effectively. One of the cabinet doors has broken off, meaning saucepans and cooking equipment was exposed.
- The bathroom had a radiator with large rusted area, which meant it could not be effectively cleaned. The bathroom had tiles on the floor, with dirty grouting.
- These works had been identified by the registered manager as requiring action, but there was no timescale for completion.
- Some staff were not complying with the provider's infection control policy regarding nail varnish and nail extensions.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure the infection control policy was implemented effectively. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- 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's infection prevention and control policy was up to date.
- The provider was supporting people to have visitors in line with the most recent government guidance.

Staffing and recruitment; Assessing risk, safety monitoring and management

- Risk management plans about levels of support people needed were not always clear, up to date or fully implemented.
- Risk management plans for one person stated 2:1 support was required at all times following a number of safeguarding incidents. On the second day of the inspection the registered manager told us they were working to reduce this, following discussions with the person's social worker. This work to reduce the staffing levels was not reflected in the person's risk management plans.
- On the first day of the inspection there were three members of staff on duty supporting five people and the person was not receiving 2:1 support.

- During the second day of the inspection the registered manager contacted the social worker and it was agreed that 2:1 support should remain in place for the person.
- Staff told us 2:1 support was usually in place for this person, but it was very difficult if staffing levels dropped to three.
- Staffing rotas contained contradictory information to the risk management plans, stating the person needed 2:1 support 'from tea'. The rotas demonstrated there were two occasions when there were only two staff between 7am and 9am and 14 occasions when there were three staff between 6pm and 10pm to support five people.

We found no evidence that people had been harmed, however, risk management plans regarding the level of support required were not clear, up to date or fully implemented. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People had positive behaviour support plans in place where needed. These set out the support people needed to manage periods of distress which placed them or other people at risk of harm. The plans included clear information about signs for staff to look out for and actions needed to support the person to stay safe.

Systems and processes to safeguard people from the risk of abuse

- People had not always been kept safe from the risk of abuse. A member of staff had raised concerns with us about the way a person was treated. These concerns were investigated by the provider, following a safeguarding process with the local authority. The investigation found evidence to support some of the allegations and formal employment procedures were used to address this with staff.
- A relative told us they felt there were occasions when their relative had not been safe. The relative was confident the provider had taken the right action to keep people safe in response to the concerns.
- Following the allegation, the registered manager had completed additional training and support sessions with all staff. These sessions were used to check whether staff had any other concerns and to reiterate the ways in which staff could raise concerns. The registered manager had planned additional training for senior support workers to ensure they were aware how to respond to any concerns raised with them. Staff told us they knew how to raise any concerns and were confident the registered manager would take any issues seriously.
- We used a symbol-based communication tool with two people, who both indicated they were happy with, or liked living at Bows. Three other relatives told us they were happy with the support provided and were confident their relative was safe.

Using medicines safely

- People were supported to take the medicines they had been prescribed in a safe way. Medicine administration records had been fully completed, which gave details of the medicines people had been supported to take. Medicines were securely stored in a locked cabinet.
- Where people were prescribed 'as required' medicines, there were clear protocols in place. These stated the circumstances in which the person should be supported to take the medicine. Records demonstrated these plans had been followed.
- Staff had received training in safe administration of medicines and their practice had been assessed, to ensure they were following the correct procedures.

Learning lessons when things go wrong

- Systems were in place for staff to report accidents and incidents. Staff were aware of these and their

responsibilities to report such events.

- Staff took part in reflective practice where necessary following incidents. This was used to reflect on what had happened and assess whether different actions would have resulted in better outcomes for people.
- Accidents and incidents were reviewed by senior managers to ensure appropriate actions had been taken.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Our observations and feedback from staff demonstrated a restrictive, task-focused culture, that was not focused on providing support for people in a person-centred way.
- The service had a member of staff 'sleeping-in' in the main lounge from 10pm each night. A member of staff told us, "Staff go to bed at 10pm. People usually need to be in bed by that time as it was 'staff choice' whether they stayed up past this time." This is a restriction on people using the lounge of their home each night and demonstrated a culture of the service being operated around staffing arrangements, rather than people's needs. The registered manager told us their expectation was that staff stayed up until people went to bed, but this was not demonstrated in what staff told us.
- We observed staff working in ways that did not respond to what people were clearly communicating to them. On the first day of the inspection staff did not respond to clear communication from a person that they did not want to sit in the kitchen to receive their medicine. Staff insisted the person sat at the kitchen table and did not attempt to provide support to the person in a different way. On the second day of the inspection we observed a staff member repeatedly ask a person whether they wanted to go out, despite the person clearly signing in Makaton that they wanted to stay at home each time they were asked. The member of staff did not offer the person any alternative choice of activity when they were clearly communicating they didn't want to go out. We also observed a member of staff ask a person what they wanted for lunch, but denied them their choice of pasta because they said the evening meal was pasta.
- The language used by staff at times did not demonstrate a person-centred approach. For example, one member of staff told us how they respond to difficult situations when supporting people. They explained staff would check with each other, "Do you want [person] for an hour and I'll have [person]. We swap round when it becomes difficult". Another staff member told the inspector "[Person] likes to think everything is hers" when the person was reluctant to complete a task the staff member had asked them to do.
- We observed staff telling people they needed to use the toilet before their lunch. This was undignified and not person-centred.
- Staff did not always use people's enhanced communication systems. During several hours of observations we saw people who used Makaton signing to communicate, however we did not see staff using this when they spoke. Staff told us two people used a communication programme on the iPad to communicate. However, we did not see staff encourage or initiate people to use this to communicate until the third day of the inspection when we asked to see how it worked.

The provider had not ensured staff worked in ways that were person-centred and reflected people's preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and operations director responded immediately to our feedback. They said they were planning to provide additional quality of life training for all staff to help move into better way of supporting people.
- The provider demonstrated some areas of good practice. These included support for people to express their sexuality, use of an individual therapy room to meet a person's specific needs and provision of hydrotherapy activities in the service.

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

- The provider did not have effective systems to assess, monitor and improve the quality of the service being provided.
- A mock inspection had been carried out by the provider's quality team the week before our inspection. The registered manager shared a draft version of the mock inspection outcome, which stated the need for kitchen refurbishments had been outstanding since their previous quality visit in September 2021. Despite being identified in their quality assessments, there was no date for when this work would be completed.
- The mock inspection identified the provision of person-centred care as an example of good practice in the service. Our observations during the inspection, including a visit in the evening when at times there was no management presence in the home, identified numerous examples of staff working in ways that were not person-centred.
- The quality assurance systems had not identified that staffing was not being provided in line with the risk management plans for one person.
- Concerns raised with us about the way a person was treated had also been raised with a senior support worker. The senior support worker had not reported the concerns to senior managers or to the local authority safeguarding team, but had waited until the registered manager had returned from leave.

The provider had not ensured the systems to assess, monitor and improve the service and respond to concerns was effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the investigation the registered manager had provided additional training and support for senior staff in the service to understand their role and legal responsibilities. Staff had also been scheduled to attend additional higher-level safeguarding training.

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

- The registered manager responded to issues raised and let people know what action they had taken. A relative told us the registered manager had worked with them to resolve any concerns.
- Staff told us they felt listened to and valued by the registered manager. Staff said they found the registered manager very supportive
- People were supported to take part in activities in their community and participate in local events. The service had worked to support people in different ways during the COVID-19 pandemic when they were not able to participate in their usual activities. This included using the home's sensory room, hot tub and ball pool. People were supported to maintain contact with family and friends throughout the pandemic.

- The registered manager had a good understanding of their responsibilities under the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had not ensured staff worked in ways that were person-centred and reflected people's preferences. Regulation 9 (3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the infection control policy was implemented effectively or that risk management plans regarding the level of support required were clear, up to date and fully implemented. Regulation 12 (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured the systems to assess, monitor and improve the service and respond to concerns were effective. Regulation 17 (2)