

## Bowling Green Court Limited

# Bowling Green Court

### 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 

## Overall summary

We visited this service on 25 February 2015 and we gave short notice to the service that we were visiting. This was to ensure that people were available at the office.

Bowling Green Court is a domiciliary care service that provides care and support to people living in the complex known as Bowling Green Court. At the time of this report they were supporting twelve people in the apartments.

The service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they were happy with the staff at Bowling Green Court and they felt that the staff understood their care needs. People commented "The staff are pleasant" and "Staff are very friendly and caring." People confirmed that staff stayed for the length of time

# Summary of findings

allocated and arrived on time. People also confirmed that calls had never been missed and that a duty manager was always available. All the people we spoke to had no complaints about the service.

We found that people were involved in decisions about their care and support. Staff made appropriate referrals on behalf of people who used the service, to others such as the GP, where it had been identified that there were changes in someone's health needs. During discussions with the staff we saw that they understood people's care and support needs, and the staff members we observed were kind, thoughtful and respectful towards the people they were supporting. We saw there was a friendly and warm atmosphere between people who used the service and staff.

The care records contained information about the support people required and were written in a way that recognised people's needs. This meant that the person was put at the centre of what was being described. The records we saw were completed and up to date.

The provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw there were policies and procedures in place to guide staff in relation to safeguarding adults.

We found that good recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service. Therefore people who used Bowling Green Court could be confident that they were protected from staff that were known to be unsuitable.

# Summary of findings

## 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.

Safeguarding procedures were in place and staff had received training in safeguarding adults. We saw that staff managed people's medicines safely.

We found that recruitment practice was safe and thorough. Policies and procedures were in place to make sure that unsafe practice was identified so that people were protected.

Good



### Is the service effective?

The service was effective.

People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf. The service had policies and procedures in relation to the MCA 2005.

Arrangements were in place to ensure staff received and completed relevant training. Staff were provided with regular supervision and an annual appraisal of their work performance. They were also invited to attend and participate in staff meetings. This meant that the staff had opportunities to discuss their work and the operation of the service.

Good



### Is the service caring?

The service was caring.

We saw that people were well supported. Staff showed patience and gave encouragement when they supported people. We saw that staff encouraged people to make decisions on day to day tasks and that staff were kind, patient and caring.

Everyone we spoke with commented on the caring and kindness of the staff team. People told us that their dignity and privacy were respected when staff were supporting them, and particularly with personal care.

Good



### Is the service responsive?

The service was responsive.

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care.

People said they would speak to the staff or manager if they had a complaint or if they were unhappy. We looked at how complaints were dealt with, and found that if concerns were raised that processes in place were appropriate and concerns would be dealt with in a timely manner.

Good



### Is the service well-led?

The service was well led.

The service had a registered manager who was registered with the Care Quality Commission. People confirmed that they had access to the manager and that she visited people in their own apartments.

Good



# Summary of findings

The service had quality assurance systems to monitor the service provided. Records seen by us showed that any shortfalls identified were addressed.

# Bowling Green Court

## Detailed findings

### Background to this inspection

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

This inspection took place on 25 February 2015 and we gave short notice of our visit. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to ensure someone was available at the office.

We spent time looking at records, which included three people's care records, three staff recruitment files and other records relating to the management of the service.

The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed all the information we held about the service. This included notifications received from the registered manager and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted the local safeguarding team, the local authority contracts team and Healthwatch for their views on the service. Healthwatch is the new independent consumer champion created to gather and represent the views of the public. They all confirmed that they had no concerns regarding the service.

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

We spoke with six people who used the service and two staff members during the visit. We also spoke with the registered manager and their line manager, the services manager.

# Is the service safe?

## Our findings

People who used the service told us they felt safe and secure with the staff. People who used the service said “The staff are very good” and “Staff are lovely.” People said they could talk to a member of staff or the registered manager to raise any concerns about their safety.

We looked at staff rotas over a month period which showed the staffing levels at the service. We saw that the service provided support for people across the day and evening at times and these times had been agreed with people who used the service at the beginning of the package of care. The registered manager was additional to the rota. We saw that the manager also produced a daily duty sheet. This showed which staff member was supporting each individual and contained a brief description of the support required. It also included information on domestic tasks and support required in the restaurant. The registered manager said that it was useful as a quick reference guide for her and the staff team.

We spoke with the staff and the registered manager about safeguarding procedures which were designed to protect adults from abuse and the risk of abuse. The training plan showed that all the staff had undertaken safeguarding training within the last year. During discussions with staff we noted that they had the knowledge and understanding of what to do if they suspected abuse was taking place. One staff member said “Any mistreatment or suspected abuse must be reported to the duty or registered manager immediately.” The service had a safeguarding adult’s policy, whistle blowing policy and that a copy of Cheshire West and Chester’s policy was also available in the office. The registered manager had not made any referrals since the last inspection to the local authority safeguarding team. We saw that appropriate documentation was in place if required.

We looked at the recruitment records of three staff members and spoke with staff about their recruitment experiences. We found recruitment practices were safe and that relevant checks had been completed before staff worked unsupervised at the service. This included taking

up references regarding prospective employees and undertaking Disclosure and Barring Service (DBS) identity checks. Therefore people were supported by staff that had received appropriate checks to ensure they were not unsuitable to work with vulnerable adults. These records were well maintained.

People’s care plans and risk assessments were well written and up to date. Risk assessments had been completed with the individual and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. These included moving and handling and medication. People who used the service and relatives confirmed they had been involved in developing their care plans. We saw that two of the moving and handling risk assessments were basic documents, however, one we saw was more detailed. A discussion regarding this was held with the registered manager and she agreed to implement the “better” document for all people who used the service. We noted that people did not have an environmental risk assessment in place. We discussed this with the registered manager and she agreed to implement this.

We saw the medication administration procedure for two people who used the service. Some medication was within a monitored dosage system with other tablets in the original boxes or bottles where needed. Medicines were stored in each person’s own apartment in their preferred place. The Medication Administration Record sheets (MARs) were correctly filled in, accurate and all had been signed by the staff member. The service had a policy on medication procedure which gave information on the safe practice of medication administration. There was also a document to record medication errors or near misses. We noted that none had been recorded since the last inspection. We spoke with two staff members regarding medication administration. They were satisfied with the training provided which was undertaken by an external training company. We noted that all staff who administered medication had undertaken the medication safe handling and awareness course within the last year.

# Is the service effective?

## Our findings

People who used the service told us they were involved in decisions about their care. People commented on the support they received and said “The staff are lovely” and “The staff help me.”

We had a discussion with the registered manager regarding the Mental Capacity Act 2005 (MCA). The registered manager confirmed their understanding of the MCA 2005 and when an application to the court of protection should be undertaken. The registered manager confirmed that none of the people who used the service were under the court of protection for any aspect of their life. We saw the service had a policy available for staff on the Mental Capacity Act 2005 and that staff had access to training on the MCA 2005. The MCA 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment.

People we spoke with explained that they discussed their health care needs as part of the care planning process. People said they would tell the staff if they felt unwell or in pain. We saw that in the care plans there were details of the person’s GP and next of kin. Staff confirmed they would contact these people if asked to do so by the person who was using the service.

People had their needs assessed when they first came to the service. Care plans we saw were written with specialist advice where necessary. For example when a person had been diagnosed with a specific intolerance and information regarding this was included in the dietary care plan to ensure products containing this were not offered to this person. These provided the necessary details to make sure that staff met people’s needs.

We discussed the induction programme with the registered manager. She explained this included a wide range of information such as the role of the care worker; communication; equality and inclusion; principles of care; person centred support and maintaining safety at work. The induction consisted of time spent in the service going through the induction information and undertaking online training. Time was then spent “shadowing” other staff members. The registered manager explained that the induction must be completed within 12 weeks, prior to the

end of the probationary period. She went onto explain that the induction was discussed during supervision sessions and we saw documentation which confirmed this. We also saw on staff files the completed induction log. The staff we spoke with confirmed they had undertaken an induction. Therefore people had received induction and training appropriate to their role.

Staff received a wide range of training and staff spoken with confirmed the training provided was relevant and beneficial to their role. One staff member said “The training is good here. We have some on line training and other courses as well.” Some staff undertook a range of other training in areas including Mental Capacity Act 2005, epilepsy awareness, and record keeping. We saw that training was undertaken in a variety of ways. The service used social care TV, an online course for some sessions, others were group sessions at the service and some external courses were also accessed for the staff team. The registered manager explained that some courses such as the epilepsy awareness had been provided as people who used the service had epilepsy and this helped the staff have the knowledge to meet people’s specific needs.

Eight staff had undertaken National Vocational Qualification (NVQ) training in levels two and three and other staff were working towards these awards. This is a nationally recognised qualification and showed that people who used the service were supported by staff that had good knowledge and training in care. The registered manager confirmed that all staff who delivered care would attain NVQ level 2 within two years of employment. We saw documentation of this within the staff files.

Staff confirmed they had been provided with regular supervision. These supervisions provided staff with the opportunity to discuss their responsibilities and to develop in their role. Supervision sessions included a set agenda that included information support given to people who used the service, and all aspects of their specific role including training required. Appraisals included a review of all areas of the individual staff members role and future requirements. A staff evaluation with future goals was recorded at the end of the session. The registered manager confirmed that staff received supervision in a number of ways that included individual supervision, annual appraisals and staff meetings. We noted that supervision sessions and appraisals were up to date. Staff confirmed they were invited to attend staff meetings.

# Is the service caring?

## Our findings

We spoke with people who used the service about how they preferred to receive their care. They told us that they spoke to staff about their preferences, and this was undertaken in an informal way. Everyone commented on the kind and caring approach of the staff at the service. All the people we spoke with said the staff were “Very good”, “Kind and considerate” and “Staff are friendly.” We spoke with two care staff members and they were knowledgeable about the people they supported and what was required to meet their needs. One staff member explained “I get to know people well by chatting to them and learning what they want. To help people remain independent I encourage them to do as much as they can for themselves and help when needed.”

All the people we spoke with told us their dignity and privacy were respected when staff supported them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person’s own bedroom or the bathroom, with doors closed and curtains shut when appropriate. A staff member explained “When I am assisting a man I always put their vest and shirt on first so that they are partly covered, before I help with the rest of their dressing.”

People who used the service and relatives said they were satisfied with the care and support provided by Bowling Green Court and people said they thought they were given sufficient information about their care and treatment. One person said “The manager went through information with me.”

The registered manager and staff showed concern for people’s wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people’s individual needs.

People we spoke with said that staff arrived on time for the calls and that they always stayed the full allocated time. People confirmed that there had never been a missed call. The registered manager explained that as all the people lived within the same building that calls were never missed and that a duty manager was always available to pick up a call if necessary. Staff confirmed that either they, bank staff or the duty manager would pick up calls as necessary and that calls are not missed.

People were provided with appropriate information about the service, in the form of a service user’s guide and statement of purpose. We saw copies of these and the registered manager explained that they were given to each person and/or their relative. These ensured people were aware of the services and facilities available at the service. Information was also available about advocacy services. These services are independent and provide people with support to enable them to make informed choices. The provider also produced an “owner’s handbook” which was issued annually and gave people details of the tenancy and serviced provided. This also included information about the staff and management.

There were policies and procedures for staff which included information on equal opportunities, intimate care, medication and confidentiality. These helped to make sure staff understood how they should respect people’s privacy and dignity. Staff told us they were aware of policies and procedures and were able to give us examples of how they maintained people’s dignity and privacy. For example staff said they supported people to do tasks, but didn’t impose their own ways or do tasks for them (even if it may be quicker). Another example, when talking about personal care one staff member said “I hand the flannel to the person and let them do as much as they can for themselves. This gives them the opportunity to do as much as they can for themselves.” The registered manager confirmed that privacy and dignity was covered during the induction period.



# Is the service responsive?

## Our findings

During our visit we saw staff engage with people who used the service. We saw that the interactions were positive and that staff were kind, respectful and caring towards people. One person explained that they were supported by a staff member to get to the on-site restaurant each day. They explained that this meant they had access to a good meal each day and that helped them and this was very important to them as it meant other meals could be “snack” meals which they could prepare themselves.

The care plans we looked at were well written and provided guidance on the care and support people needed and how this would be provided. Each person's file contained a copy of the care plan and risk assessments which were up to date. The risk assessments covered areas such as the personal care, medication and nutrition where required. We found there was information about the support people required and that it was written in a way that recognised people's needs. This meant the person was put at the centre of what was being described. We saw that records of falls and pressure area care were recorded where appropriate. We saw on one plan the dietary requirements of one person which showed they had a specific intolerance and therefore this should be avoided in their diet. People's care plans were reviewed on an annual basis, or more often where needs had changed. Each of the care records we saw showed an up to date review of the care needs. People commented “I am happy with the service”

and “All ok at present.” We noted that these reviews were brief and would benefit from development to include detailed information of what the person thought of the service and the staff who supported them.

Each person had a visit record and we saw clear records of each visit which detailed the time of arrival and departure and documented the tasks that were undertaken by the carer and the general wellbeing of the individual. The entries were appropriately written and gave details of tasks undertaken and the person's general wellbeing.

People who used the service told us they would feel confident in raising issues with the registered manager if they needed to. None of the people we spoke with had made a complaint. We saw a copy of the complaints procedure and noted that it was available in the office and was included in the service user's guide. The complaints policy had details of the process to be undertaken in the event of a complaint being made and contained all the necessary information required. Having access to the complaints procedure helped ensure that people could be confident their views would be listened to and acted upon. We saw the process that would be used if a complaint had been received and found that appropriate processes were in place. The service had not received any complaints and we had not received any concerns about the service since the last inspection.

We saw a number of cards and letters complimenting the service during the visit. Comments included “Thank you for your kindness and support”, “Thank you for all your help, it was much appreciated” and “Thank you for all your support and comfort.”

# Is the service well-led?

## Our findings

At the time of our inspection visit the registered manager had been registered for three and a half years. During discussions with the manager we found she had a good knowledge of people's needs. She was able to describe the support different people required and how that impacted on the staff team. People said they knew who the manager was. They all thought she was approachable. One person said "The manager is often in the building and I see her regularly" and "The manager often joins us for a meal in the restaurant." The registered manager confirmed that she and the duty manager often joined people for a meal. She explained it was a good way of finding out how people were and gave people who used the service the opportunity to discuss any issues they may have within an informal setting.

We spoke to staff about the support they received and they confirmed that the staff team was very supportive to each other. They said they worked well together and that the registered manager was very supportive and they were available when needed. Staff commented "The staff all help each other and get on well", "The staff are a happy team together." Staff said the registered manager was supportive to the team and always available. They said she had an "open" door policy and would listen to staff concerns.

We saw that the service had a policy on the standards for quality assurance. This included having robust policies and procedures; a complaints policy and procedure; annual questionnaires to people who used the service; staff performance; and monthly visits by the services manager.

The registered manager explained that the questionnaires were sent to people twice a year. The last ones showed that people said staff treated them with respect and politeness and that they completed all the tasks required. They also confirmed that they knew how to make a complaint and that staff carried tasks out properly and professionally. Comments included "The service I receive is excellent",

"Staff are always professional", "Very pleased with the staff" and "Staff are kind and considerate and manage all areas of welfare and safety well." We discussed with the service's manager and registered manager how the information was shared with people who used the service and others and they agreed that at present this had not happened. They agreed to look at completing an analysis and sharing the information with people who used the service and others who may be interested.

We had been notified of relevant incidents since the last inspection. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

A record was kept of all accidents and incidents that occurred within the service. The registered manager confirmed they looked at all accident and incident reports and they check for patterns or reoccurrences. For example when an issue reoccurred they looked at this and undertook a review to see if a pattern was emerging. They also liaised with the persons GP or social worker where appropriate. For example a person with dementia was experiencing problems with orientation and the difficulties regarding this had increased. Discussions had been held with the individual and their family members to ensure the person's safety and wellbeing. Therefore when people's needs changed prompt action was taken by the registered manager to ensure that appropriate professional advice and support was obtained.

Staff told us that team meetings were held when needed. We saw that the last staff meeting was held in November 2014 and the focus was on issues relating to medication. A duty manager meeting was held in February 2015 and issues discussed included people who used the service, holidays, recruitment of staff and other general issues. We saw copies of the meeting minutes. Therefore staff had the opportunity to be kept up to date with current issues and changes within the service.