

Bowling Green Court (Chester) Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Bowling Green Court Limited (Chester) is a domiciliary care service. A domiciliary care service provides people with support with personal care in their own homes.

This service provides personal care and support to some of the people who live in their own apartments in a purpose built complex called Bowling Green Court. This inspection was undertaken on the 02 February 2018 and was announced. At the time of our inspection, eight people used the service.

At the last inspection the service was rated good. At this inspection we found that some improvements to the service were needed. We identified a breach of regulation 12 of the health and social care act with regards to the management of people's medications and the way in which the provided monitored the quality and safety of the service required further development. This meant that the domains of safe and well-led were rated requires improvement.

In the domains of effective, caring and responsive we found the service to be good. People we spoke with were more than happy with the support provided. They told us staff were kind and caring and supported them with the things that they needed help with. They said that staff members turned up on time, supported them for the length of time agreed and that they felt safe and confident with the staff members who supported them. People were equally as complimentary about the registered manager and it was clear that they were highly thought of.

People's care plans and risk assessments were in the majority satisfactory. One person's skin integrity and moving and handling risks had not been properly assessed but the registered manager took action to rectify this both during and after our inspection.

We saw that people's care plans were person centred. This meant they contained information about people's individual needs, their support requirements and their preferences with regards to how their support was provided. It was clear that people had been actively involved in discussing and planning their own support package.

None of the people who used the service lacked capacity to make decisions. People who lived with signs of dementia were supported appropriately and their consent obtained in the day to day delivery of support.

People who needed support with meal preparation had this support provided and the staff we spoke with were aware of people's dietary likes and dislikes.

Staff recruitment was safe and staff had received appropriate support in their job role. Staff training was satisfactory and we saw that additional training had been booked for staff over the next few weeks. Staff we spoke with felt well trained and told us that the registered manager was supportive and approachable.

The number of staff supporting people at any one time was sufficient and the registered manager had a clear rota that ensured each person's support was delivered in accordance with what had been agreed with them.

The registered manager told us no accidents or incidents had occurred during the delivery of the service and said that no safeguarding concerns had been reported by any of the people in receipt of support. People we spoke with told us they had no concerns or complaints about the service.

We saw that a satisfaction survey was completed by people who used the service to enable the provider to come to an informed view of people's experience of support. The surveys we looked at showed that people were pleased with the support they received and that the staff team were highly thought of.

The range of checks in place to monitor the quality and safety of the service required further development to ensure that the risks to people's health, safety and welfare were properly managed. However during our visit, it was clear that people felt the service was well-led. We found the registered manager to be passionate and committed to providing a good service and they were open and receptive to our feedback.

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 safety of the service required improvement with regards to the management of medication.

The majority of people's needs and risks were assessed and managed.

Staff recruitment was safe and there were enough staff to provide people with the support they needed.

The manager told us no accidents or incidents or safeguarding incidents had occurred.

Staff knew how to respond to the risk of abuse.

Requires Improvement ●

Is the service effective?

The service was effective

People's consent had been sought and it was clear they were involved in deciding upon the support they needed.

Staff received adequate training and support to do their job.

People were provided with nutritional support in accordance with their needs and preferences.

Good ●

Is the service caring?

The service was caring.

People told us staff were kind, caring and supported them well.

The registered manager was 'hands on' and it was clear they cared for the people they supported.

Staff spoke with genuine affection about the people they cared for.

People told us staff supported their independence and promoted their dignity.

Good ●

Is the service responsive?

The service was responsive

People's support was person centred and staff knew people well.

Records showed that people received their support on time and in accordance with their wishes.

One person's skin integrity required review and this was acted on by the registered manager during the inspection.

The complaints procedure required the names and contact details of who people could contact in the event of a complaint to be added.

Good 

Is the service well-led?

The service was not consistently well led.

The way in which the provider monitored the quality and safety of the service required improvement.

People's satisfaction with the service was surveyed. People's feedback was positive.

Requires Improvement 

Bowling Green Court (Chester) Limited

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 checked 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.

The inspection took place on 02 February 2018 and we gave the service 24 hour notice of our visit. This was because we needed to make sure people used the service were available were at home and able to talk to us during our visit. The inspection was carried out by an adult social care inspector.

Prior to our visit we looked at any information we had received about the service and any information sent to us by the provider since the home's last inspection in 2015. We also contacted the Local Authority for their feedback on the service. They told us that they had no concerns.

During the inspection we spoke with four people who were in receipt of support from the service, a relative, the registered manager, a duty manager, a care assistant and a visiting health and social care professional.

We looked at a range of records including three care records, medication records, three staff personnel files, staff training records and records relating to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe with the staff that visited them in their own home. The relatives we spoke with also felt their loved ones were safe. One person told us "Always look after us well" and another person told us "They are a magnificent collection of carers, superb".

We looked at the care files belonging to three people who used the service and a sample of their daily logs.

We saw that only one out of the three people's care files we looked at contained adequate information about the medicines they needed to keep them safe and well. One person's care file did not contain a medication risk assessment. A medication risk assessment identifies the risks associated with the management and administration of people's medication. Another person's medication information was contradictory. This meant people's care files did not contain accurate information about the medication people needed to take to keep them well.

We checked two people's medication administration charts. One person's medication charts showed gaps in the administration of their pain relief gel. This meant that there was a risk that this person's pain relief was not adequate during this period. We asked the manager about this and they were unable to provide an explanation. One person's medication chart for January to February had also been handwritten without being appropriately signed for or double checked by a second member of staff to ensure they were correct.

We saw that some people required prescribed creams to be applied to their body to maintain their skin integrity. We found that the information given to staff in respect of the application of people's prescribed creams or topical pain relief gel was insufficient. This was because staff lacked adequate information on how, when and where to apply these creams. This meant there was a risk that they would not be applied correctly.

Records showed that staff had received training in the safe administration of medication. We asked the manager if staff had their competency to administer medication checked by way of observed practice. They told us that no competency checks had been undertaken. This meant there was no system in place to check that staff were competent to administer medication before they were permitted to administer medication unsupervised. The manager told us they would check the competency of staff without delay.

These incidences were a breach of Regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the management of medication was not always safe.

People's care plans and risk assessments were designed to provide staff with guidance on people's needs. We found however that one person's needs and risks were not fully identified. For example, their skin integrity and moving and handling risks had not been properly risk assessed and staff lacked sufficient guidance on how to mitigate them. We spoke with the manager about this. They were open and transparent and acknowledged that the assessment of this person's risks required improvement. They told us they would address this without delay and during our inspection, they took action to address this. We

spoke with this person about the support they received. They were more than happy with the support provided. They said that "People here (staff) help me immensely, without them I wouldn't be able to cope". After our inspection, we received additional evidence from the manager to show that an assessment of the person skin integrity and moving and handling risks had been undertaken following our inspection.

We asked the manager how they planned the visits staff undertook each day. They showed us a daily duty rota that allocated a staff member to each person's visit. The daily rota clearly identified the time the staff member was to visit and the main task they were to support the person with during their visit.

We viewed three staff recruitment files. We found that all of the appropriate pre-employment checks had been undertaken to ensure staff were safe to work with vulnerable people prior to appointment. For example, all files contained an application form, previous employer references, proof of identification and evidence that a criminal records check had been undertaken prior to employment.

Records showed that staff had received training in how to protect vulnerable adults. We asked a staff member what action they would take if they felt a person was at risk of abuse. We found they had a good knowledge of what to do and how to protect people from potential harm.

The manager told us that no accidents or incidents had occurred at the service. They also told us that no safeguarding incidents had been reported by any of the people who used the service. The Local Authority told us they had no concerns about the service either. During our conversation with people who used the service it was clear that the manager and all of the staff were well-liked and highly thought of.

Is the service effective?

Our findings

All of the people we spoke with said staff knew them well and gave them the help that they needed. One person said "They are very good at what they do". Another person told us staff were "Marvellous" and always came on time. A relative we spoke with told us the person had previously had a different provider to support them in the home but that they had recently changed to Bowling Green Court. They told us the service "Is better". It's brilliant".

We spoke with the registered manager, a duty manager and a staff member about the support they provided to people. We found they all had a good understanding of people's needs and the support they required.

We checked staff training records and saw that staff had received training in health and social care topics relevant to their job role. For example, the safeguarding of vulnerable adults, medication, food hygiene, first aid and infection control. Some staff training in infection was over three years old which meant it could have been out of date. We saw that additional staff training was booked to take place in January 2018 in respect of safe moving and handling, fire safety and health and safety. All of the staff employed had also achieved or were working towards an accredited level 3 qualification in health and social care.

Staff records showed that staff members had received regular supervision with their line manager, during which a review of their skills and abilities was undertaken. One staff member told us that the registered manager "Had a good understanding of our strengths and weaknesses". Another staff member told us the manager was "Very positive and wants us to achieve". This showed that staff members had confidence in the registered manager and felt supported their job role.

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.

We looked at three care files and saw that one person's care file indicated that they lived with some signs of memory loss. We could see that staff had brief information on what impact this had on the person's life and how to support them to remain independent. The person's capacity to make informed decisions had not been assessed but we could find no evidence in their care file that any specific decisions relating to their care had been made which would require the implementation of the MCA. We saw evidence that the person had been consulted with and involved in the support they needed to maintain their independence in the community. The person's relative who had lasting power of attorney for any health and welfare decisions to be made on the person's behalf, was fully involved in their care and it was clear that the person's consent was always obtained.

We saw that people's care plans outlined people's preferences in respect of their care and people told us that the staff always sought their consent and respected their choice.

We saw that some people who used the service required support with meal preparation to ensure their nutrition and hydration needs were met. People's daily logs demonstrated that those who needed this type of support received it in accordance with their dietary needs and wishes.

Is the service caring?

Our findings

Everyone we spoke with said staff were kind and caring. They also spoke highly of the registered manager. People's comments included "Staff always look after us well"; "Staff are all very nice" and "Staff are wonderful. I have nothing but praise".

During our visit, we found the registered manager to be passionate about the service and clearly committed to providing good care. The manager was a visible presence within the service and people knew them well.

Most of the people who used the service enjoyed relatively independent lives with the support of staff. One person told us that staff always ensured their mobility equipment was accessible so that they could maintain their independence. We saw that new moving and handling equipment had also been organised by the service on the person's behalf to enable them to be supported with fewer staff so that they felt less reliant on the staff team for support.

Some of the people who used the service were at an increased risk of falls and we saw that the service had organised for people to wear a pendant on their wrist that would alert staff to a potential fall or to enable the person to call for help as and when needed. This showed that the service cared that people were able to live as independently as possible whilst maintaining their safety.

We noted that people's care plans contained clear information about what personal care tasks the person needed help with and what they could do independently. It also included information about what support the person received from their family or other relatives, so that the care between staff and family members could be co-ordinated. This was good practice.

We saw that the service supported and encouraged people to make and maintain friendships and participate in social outings. Some people were supported by staff to attend various activities during the day including lunch to ensure that they had opportunities to socialise with others.

From what people told us, it was clear that people were treated with kindness and respect in their day to day support and their dignity was maintained. The staff members we spoke with during our visit had a good understanding of people's individual needs and spoke about them with genuine affection. People received support from a small group of staff which meant people received support from staff they were familiar with. This helped them build positive and meaningful relationships with each other.

People we spoke with said that the manager and staff responded to any concerns they had in a caring way. This made people feel like they were listened to and respected. At the time our visit, no-one had any concerns and everyone was complimentary about the service.

Is the service responsive?

Our findings

All of the people we spoke with told us the support provided by the service was good and that staff responded to their needs and wishes straight away. One person told us that if they needed help with anything staff "Do it right away". Another person told us they had "No complaints" and that staff were "Very alert" to their mobility needs and their wish to remain as independent as possible.

A health and social care professional told us that the service was a good one and was responsive to people's needs.

People's care files were person centred. They contained information about people's likes, dislikes and preferences in relation to their care. Staff had guidance on how to meet a person's needs in respect of their mobility, nutrition, personal care, night care, social interests, mental health and physical health needs. Care files clearly outlined the tasks people needed support with and the times that they would prefer their support to be provided. It was clear from reading people's care files that they had been involved in planning and deciding upon their own support.

Staff we spoke with including the registered manager knew people well. They were able to tell us about each person's individual needs and preferences. For example, what they liked to eat, what time they liked to get up or go to bed and what they enjoyed doing.

Staff completed daily logs of the care and support provided. Daily log information also recorded the visit date, the start and end time of each visit. This ensured that important information was shared between the staff providing care and support. We checked a sample of people's daily logs and saw that people received the support they needed when they needed it.

From the information recorded we could see that the visits to each person were regular and consistent and all of the people we spoke with confirmed this. Everyone told us staff turned up on time, provided support for the correct length of time and helped them with the things that they had agreed upon. This demonstrated that the service responded to people's needs and wishes in relation to their care. We saw from information provided to us by the registered manager that the visits staff had to complete each day were well planned to ensure that staff had sufficient time in between visits to reach the next person on rota.

People who lived at Bowling Green Court had access to a 24 hour on call system which meant people could contact a duty manager at any time. The same duty manager who was on after 10pm was the same duty manager on duty the next morning. The manager told us that the service was designed to respond to people's changing needs by providing what the registered manager called 'stepped up' care. The manager explained that this meant that people's care package could be flexed or 'stepped up' to meet their changing needs. They told us that the support people needed was discussed with them at each available opportunity to ensure the service continued to be responsive.

During our visit we saw that one person's skin integrity risks required discussion with other health and social

care professionals. We discussed this with the manager and it was acted upon straight away. They told us the person received regular visits from the district nurse team but that it was sometimes difficult to access information from them. We discussed the need for visiting healthcare professionals, with people's consent to document their visits in people's care files so that staff were aware of any changes in their day to day care requirements. The manager told us they would take steps to implement this without delay.

Some people's care files contained a record of the decisions they had made with regards to cardiopulmonary resuscitation (DNARs) in the event of specific ill-health. The service however was not providing end of life care to any of the people who used the service at the time our visit.

We looked at the provider's complaints procedure. The complaints procedure gave a clear timescale for responding to people's complaints or concerns and the job title or role they should contact if they were unhappy with the outcome of their complaint. The procedure however failed to identify the contact name and details for who people should contact. For example, complaints were to be addressed to the registered manager, the service manager, or the Complaints Review Panel but the no names or contact details were provided. This meant information in relation to who people should contact in the event of a complaint was unclear.

The manager told us that they had a good relationship with the people who used this service and the people we spoke with confirmed this. The manager told us that people would not hesitate in calling them directly if they had any concerns. People we spoke with said that the manager and staff responded quickly to any concerns or issues they had with the service. No formal complaints about the service had been received and everyone we spoke with was more than happy with the service provided.

Is the service well-led?

Our findings

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We found that the quality assurance systems in place needed further development in order for the service to be sure risks to people's health, safety and welfare were properly managed.

We saw that the manager completed a medication audit but it was difficult to see what had been audited. The issues we identified during our inspection with regards to gaps in the administration of one person's medication, lack of adequate 'as and when required' plans for topical medicines and handwritten medication entries had also not been picked up and addressed by the manager's audit. This meant the audit was not robust. The manager told us that they were in regular contact with people who used the service and that the people we spoke with confirmed this. We found however that other than the medication audit and people's relationship with the manager, there was no other quality assurance checks undertaken by the manager to monitor the day to day quality and safety of the service provided.

The provider had employed a quality and compliance manager in November 2017 to implement a quality assurance framework that monitored the quality and safety of the provider's service across a number of locations.

At the time of our inspection, the quality and compliance manager had completed one audit of this service which took place in January 2018. The audit looked at various aspects of service delivery such as medication, care planning, risk assessments, the delivery of support, staff recruitment, training and support. We saw that the audit had identified similar issues with people's care that we identified during the inspection. For example, issues with management of medication and the assessment of people's skin integrity risks. This gave us some confidence that the new audit framework being introduced would be effective in identifying and mitigated risks to people's health, safety and welfare. The audit framework however still required further development before we could assess whether it was effective. We will do this at the next inspection.

We saw that a customer satisfaction survey was conducted to check that people were satisfied with the service and we saw that people's feedback was really positive. All of the people we spoke with who used the service spoke highly of the manager and the staff team who supported them.

After the inspection, we received an email from the manager to advise that they had discussed how they could improve on the quality assurance systems in place and work was underway.

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
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have robust systems in place to ensure that the management of medication was always safe.