

Bowerfield House Limited

Bowerfield House

Inspection report

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Date of inspection visit:

02 February 2022

09 February 2022

16 February 2022

17 February 2022

Date of publication:

04 April 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

Bowerfield House is a nursing home providing accommodation for persons who require nursing or personal care and treatment of disease, disorder or injury for up to 26 people. At the time of the inspection 23 people were using the service. The nursing home accommodates people across two floors in one building.

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

Medicines were not managed safely, stock levels did not always match with records, medicines administration was not always being recorded and opened bottles of medicines and tubes of creams were not always dated when opened. The home was clean and tidy, though various infection prevention and control (IPC) practices and procedures were either not in place or not being followed. The manager implemented some of these processes during the inspection. Staff were safely recruited, and staffing levels were adequate, though the home did use a high level of agency staff. People were safeguarded from abuse and there were a variety of necessary risk assessments in place. The home was working towards improving their compliance rate for some training in areas including IPC and fire training.

There were some governance concerns in the home in relation to audits and gaps in paperwork. The service did not have a registered manager in post and there were only limited recent lessons learned documents in place. Staff spoke positively about the new manager and told us they enjoyed their roles. The manager told us they were working to improve and increase the number of meetings for people and their relatives. The service had recently sent surveys out to families and were awaiting their responses.

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 25 June 2021). At our last inspection we recommended the provider continues to review staffing levels. At this inspection we found the home had managed to keep a consistent level of staffing, though this was topped up by high use of agency staff.

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about IPC. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with governance, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led. We looked at IPC 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 the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

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 based on the findings of this inspection. We have found evidence the provider needs to make improvements. Please see the safe and well-led sections of this report. You can see what action we have asked the provider to take at the end of this report. The provider has taken some immediate action to mitigate risk, however some improvements/actions will take time to embed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bowerfield House on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to IPC, medicines management and governance at this inspection. Please see the action we have told the provider to take at the end of this report. 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 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 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 ●

Bowerfield House

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 IPC measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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.

Service and service type

Bowerfield House 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. Bowerfield House is a care home with nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with CQC. This meant the provider is 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. Inspection activity started on 02 February 2022 and ended on 17 February 2022. We visited the service on 02 February 2022 and 09 February 2022, we remotely reviewed documents on 16 February 2022 and provided feedback on 17 February 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually 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

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with 11 members of staff including the manager, regional director, service support practitioner, nurses and care workers. We reviewed a range of records. This included three people's care records and various medication records. We looked at three staff files in relation to recruitment. 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 manager and regional director to validate evidence found.

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 has changed 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 people could be harmed.

Using medicines safely

- Medicines were not managed safely. Medication stock did not always match with what was documented on medication administration record (MAR). We found medication was being administered and MARs were not being completed and this lack of recording could lead to a potential overdose.
- MAR charts did not always identify what dose of medicine had been administered. For example, when varied doses had been prescribed, staff were not recording the exact dose given.
- Liquid medication and creams were not always dated when opened. We found a cream which had been discontinued for use but had not been returned or disposed of.
- Fridge temperatures in the medication room were not always being recorded. This means we cannot be sure medicines were stored within an appropriate temperature range. If medicines are not stored appropriately it can alter how effective they are.
- Health conditions were not always being appropriately managed. For example, people with specific medical needs were not having the correct checks undertaken and we were not assured people were receiving medication as instructed.
- Medication audits were not happening as frequently as they should be.

Systems were either not in place, not being followed or not robust enough to demonstrate medicines safety was effectively managed. 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.

The manager told us they would look to improve in this area and was going to be completing regular audits.

Preventing and controlling infection

- Infection prevention practices were not always safe. Communal toiletries were found on both days of our inspection. These were removed immediately, and signs were in place to advise staff to remove toiletries from the bathroom after use.
- Records relating to staff vaccination had not been updated to reflect the current vaccination status of all staff.
- The home had a protocol to ensure any visiting professionals vaccination status is recorded. However, on our first day of inspection we found the recording aspect of the protocol has not been followed. The manager put this protocol in place immediately.
- Infection control training was at 79.49%, with 6 staff needing to update their IPC training, which had recently expired. The manager was in the process of ensuring full compliance with this training.

- There were various gaps and missing documentation in relation to cleaning records, though the home was clean and tidy on both days of our on-site inspection. Family members also felt the home was clean. When asked about the homes cleanliness one family member told us, "I think it's good, yes."

The provider had failed to ensure appropriate processes were being followed regarding IPC practices. This put people at risk of infection and significant harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.

The manager responded immediately, by implementing some necessary changes and we were told new checks would be brought in to ensure compliance.

- The home had good stocks of appropriate PPE and staff and people were regularly being tested.

Visiting in care homes

A 'booking in' procedure was in place for all visitors, which allowed loved ones to see their family, and included a health questionnaire and evidence of a negative lateral flow test. This helped prevent visitors spreading infection on entering the premises.

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19. Although we can confirm the home has met this requirement, as mentioned above, records were not up to date to reflect this.

Staffing and recruitment

At our last inspection we recommended the provider continued to review staffing levels. The provider had made some improvements.

- Staffing levels were adequate and recruitment processes were safe.
- Safe recruitment procedures had been followed with the necessary checks in place. However, for all files we reviewed, an internal scoring page had not been completed after interview.
- We reviewed a sample of staffing rotas and enough staff were deployed to keep people safe, although a high use of agency staff was needed to achieve this. This was in part due to a recent COVID-19 outbreak and due to staff vacancies. The manager told us they were working to reduce agency use to ensure a more consistent level of care.
- Staff comments included, "I think it (staffing) needs to be much higher. Yes, so like today it's one of the better days, there is myself and 2 agencies down here but they don't know the residents, they try not to use agency but there is a lot of agency. I don't think there is enough staff." And "They (staffing levels) are a bit low some days but we do our best, there is a lot of agency use."

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. A safeguarding policy and procedure was in place and included information on how to escalate concerns.

- Staff told us they had received safeguarding training and were able to provide examples of what they would report.
- Most people and their family members told us they were happy with the care and support they received and felt safe. Family members comments included, "Yes (I do feel xx is safe here), I would tell [the manager] if I thought she wasn't" and "Yes I do (feel xx is safe here), but there is a question mark with that because in the last few months it's been a bit dodgy, there has been mega staff shortage and a lot of agency staff to top it up."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care plans contained appropriate risk assessments and any environmental concerns had also been risk assessed.
- The manager was new to post and was able to show us examples of recent lessons learned. However, they were unable to provide any records relating to lessons learned before January 2022.
- Accidents and incidents were being recorded and appropriate action was taken.
- Fire drills were taking place, but not regularly. The manager assured us these would be regularly undertaken going forward. Fire safety training compliance rates required improving. The manager advised he was working to improve compliance over the coming weeks.

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 has changed to requires improvement. This meant the service management and leadership had been inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. However, a new manager was in post and was working towards embedding practices and improving record keeping.

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

- We identified concerns around the governance of the service. Various documents in relation to people's care, staff records and management of the service were either not up to date or not easy to understand.
- Audits carried out by the manager did not always identify the issues we found on inspection, and were not always being completed. However, the provider did have a quality team which carried out whole home audits and the most recent one completed did identify most of the issues we had found.
- The service had no records relating to lessons learned except recent documents which had been completed by the new manager, so we were unable to see how they had historically learned and improved from when things went wrong.

We found no evidence people had been harmed, however, systems were either not in place or robust enough to demonstrate records and governance was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Since the inspection, the manager advised more robust audits and quality control measures would be implemented.

- The service did not have a registered manager in post. The previous registered manager de-registered in July 2021.
- The manager reported accidents, incidents and concerns to the CQC and the local authority.
- The manager was aware of their responsibility under the duty of candour, and spoke about being open and honest when things go wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service promoted a positive open culture. A whistleblowing policy was in place and staff knew how to report poor practice.
- Staff told us they enjoyed their roles. Feedback about the new manager was positive.

Comments included, "Yes, it is (a good place to work), I like everything, the residents and staff are lovely." And "I think he (the manager) is nice, he (the manager) has come in with some good ideas and he (the manager) will do well with the home, he (the manager) seems to care and wants to get everything sorted."

- Staff worked in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support.

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

- Staff used to have regular meetings with the people using the service and relatives. However, due to the COVID-19 pandemic these have become less frequent. The manager told us they planned to start making these a more frequent occurrence and had recently conducted a relatives meeting.
- The manager held regular staff meetings to ensure they were up to date with important changes. One staff member told us, "Yes, they (staff meetings) are once a month."
- Surveys had been sent out and the responses were in the process of being collated. We were also able to review results from the last survey from September 2020, along with some of the actions taken.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	<p>The provider had failed to ensure all necessary paperwork and checks were in place regarding IPC.</p> <p>The provider had failed to ensure medicines were being safely administered and appropriately recorded.</p> <p>This put people at risk of infection and significant harm. This was a breach of regulation 12(2) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>Records were not always completed and up to date and quality assurance systems were not robust.</p> <p>This put people at risk of harm. This was a breach of regulation 17(2) (a) (b) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe Care and Treatment.</p>