Durham Care Line Limited

Bowe's Court Care Home

Inspection report

Bowes Court
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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 15 November and was unannounced. We visited the service in response to a safeguarding investigation into anonymous alerts raised about the service. The investigation found that the concerns were unsubstantiated.

Bowe's Court is registered to provide nursing care and accommodation for up to 23 people. The service was providing care to people with learning disabilities, mental health problems and physical disabilities during our inspection.

The service did not currently have a registered manager but the manager we met with stated they were in the process of applying for their registration with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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.

The service was last inspected on 8 October 2015 and it was compliant with CQC regulations at that time.

Safeguarding alerts were appropriately recorded and showed that staff had taken the action needed. Staff we spoke with were able to provide good examples about things that would could present as abuse and the action they would need to take. Safeguarding training was up to date and CQC had been notified of all safeguarding alerts. Risk assessments for the day to day running of the service and more specific risk assessments individual to people were in place and regularly reviewed.

We saw that staffing was usually provided at levels whereby people's needs were fully met including support for people to access the community. We saw on a couple of occasions that staffing levels had dropped below this level, due to staff sickness. The service did have an active recruitment process in place.

Fire drills had not been carried out regularly with staff and the response times when they had been carried out were not recorded so their effectiveness could not be determined.

We looked at the guidance information kept about medicines to be administered 'when required'. We saw that MAR sheets correctly recorded all medicines prescribed by the G.P and care plans detailed peoples prescribed medicines.

Care staff had received up to date training and regularly participated in supervision however nurses had not received professional supervision to ensure their practice was safe and up to date. When we spoke to nursing staff they told us they did feel supported by the home manager in relation to their day to day practice. Staff meetings had also not occurred consistently over the last few months but we saw they were planned in for the rest of the year and information about these dates were on display.

People were supported at mealtimes and were encouraged to have drinks and snacks throughout the day. For people supported by percutaneous endoscopic gastronomy (PEG), trained staff were available to safely provide assistance. A PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. A PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. Staff responded quickly when people lost weight and acted appropriately to ensure appropriate health professionals were involved in their care.

People spoke positively about the care and support they received from staff. We saw staff interacting positively with people and observed staff respecting people's privacy and dignity.

Care plans were in place and showed that people were getting the care they required to meet their needs in relation to care and nursing support.

Staff spoke positively about the leadership in the service and about themselves as a team. Staff told us they were happy working at the service.

We found some audits were not up to date. The manager explained that they had been addressing other investigations required by the local authority and would address the outstanding audits straight away.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

At this inspection we saw people received all their prescribed medication on time and when they needed it.

Health and safety checks, certificates and equipment were up to date. Risk assessments for the health and safety of the building had been carried out.

Safeguarding alerts had been logged and dealt with appropriately. Risk assessments for people had been carried out.

Is the service effective?

Good

The service was effective.

Nurses had not received regular recorded supervision in 2016 but they told us they felt supported by the manager. Care staff had received supervisions and all staff had appraisals scheduled.

Mental capacity assessments had been carried out for the people who needed them, and best interests decisions were in place where needed. Staff training in this area was up to date.

People were supported with their dietary intake. Staff took appropriate action when people lost weight. Health professionals were regularly involved in people's care.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The manager had not submitted or had accepted an application to register with CQC.

The manager had been actively addressing issues arising from a

number of safeguarding alerts and issues raised about the service.

People, their relatives and staff had been invited to participate in meetings and had been kept informed about changes which affected them.

Staff told us they were positive about the manager and enjoyed working as part of a team.

Bowe's Court Care Home

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.

This inspection took place on 15 November 2016 and was unannounced. It was carried out by one adult social care inspector.

We visited the service in response to a safeguarding investigation into anonymous alerts raised about the service. The investigation found that the concerns were unsubstantiated.

During our inspection we spoke with four people who used the service. Most people using the service did not use language to communicate their views so we spent time observing how they spent their day and the responses they gave to staff. We also spoke with the manager, a nurse, five care staff, the activities co-ordinator, the handyman and a member of domestic staff. Following our visit we spoke with three relatives of three people who used the service.

We observed care and support in communal areas of the service. We also looked at four care records, staff records and reviewed records which related to the running of the service and the quality of the service.

Good

Is the service safe?

Our findings

External maintenance checks of fire fighting equipment were up to date. Fire checks [by the service], such as weekly checks of the fire panel, fire doors and lighting for example had been carried out by the maintenance person. A fire safety audit in September 2016 had identified no intumescent strip in the kitchen door and two bathrooms, the manager told us this had been rectified.

Fire drills had not been carried out regularly with both day and night staff in accordance with the registered provider's own requirements. We saw that fire drills should be carried out with each staff member twice a year. For 2016, we saw 38 staff listed had not undertaken any drill and only three staff had had the required two sessions. Response times had not been recorded, this meant we could not see if fire drills had been effective or whether further action was needed. The manager told us they would address this with the service's fire marshal for immediate action.

Gas and electrical safety certificates were up to date. Portable Appliance Testing (PAT) testing had been carried out on all appliances and were up to date. These are checks to ensure that appliances are safe for use. Chair and bath hoists had been serviced regularly as had other equipment to support people's mobility.

Water temperatures had been carried out regularly and had been recorded appropriately.

At this inspection we saw people received all their prescribed medication on time and when they needed it. We observed medication being administered to people safely. Medication kept at the service was stored safely. Appropriate checks had taken place on the storage, disposal and receipt of medication. This included daily checks carried out on the temperature of the rooms and refrigerators which stored items of medication. Staff knew the required procedures for managing controlled drugs. We saw that controlled drugs were appropriately stored and signed for when they were administered.

Appropriate arrangements were in place for recording of oral medicines. Staff had signed people's medicine records when they had given people their medicines. Records had been completed fully, indicating that people had received their medicines as prescribed for them. Staff had recorded the reason if a person had not taken their medicine. Several people were prescribed creams and ointments also known as 'topical' medicines. Many of these were applied by care staff when people first got up or went to bed. We saw there were topical medicine administration records in place which included a body map for care staff to complete but these were not always completed. This meant that the service could not show that people were receiving the topical medicines which they were prescribed.

We looked at the guidance information kept about medicines to be administered 'when required'. We saw that MAR sheets correctly recorded all medicines prescribed by the G.P and care plans detailed peoples prescribed medicines. We asked the manager to ensure every person had a specific 'as and when required' protocol in place as for three people who had recently moved to the service, this document was not in place. The manager stated they would address these issues straight away.

Safeguarding referrals had been made when needed and were logged in detail. These were shared with the local authority on a monthly basis. This meant that the service could monitor on-going safeguarding alerts and take action to minimise the possibility of similar events happening again. We saw of recent safeguarding concerns investigated that 4 out of 5 individual safeguarding concerns were deemed to be unsubstantiated. Staff were able to give good examples of the types of abuse they might see in the service and could describe in detail the action they would take if needed; this included who to contact to make referrals to or who to contact for advice and support if needed. All staff we spoke with told us they felt confident taking the action needed to deal with a potential safeguarding situation. A whistleblowing policy and procedure was in place at the service and all staff we spoke to were aware of this. All staff told us they would whistle blow [telling someone] if they needed to. There was detailed information on display about safeguarding in the staff room and in offices. This meant staff had access to the information they needed. Staff training in safeguarding was up to date; this meant that staff had the necessary knowledge and information to protect people from abuse.

We saw that staff were trained in MAPA (Management of Potential and Actual Aggression) but the acting manager told us, "We haven't used MAPA in this building for a long time. We use Positive Behaviour Support (PBS) and diversion techniques; it works well."

The five people we spoke with [and who were able to] confirmed that they felt safe living at the service. One person who used the service told us, "I feel safe living here." Their relative confirmed that they felt that their relative was safe living at the service. Our observations showed that staff carried out appropriate moving and handling techniques when supporting people. People were not rushed and were given the time they needed. These actions which staff carried out helped to maintain people's safety.

We looked at the recruitment files of the last four members of staff. There was robust documentation in place to show that people had completed an application form and had attended for an interview. We could see that two referees had been contacted and provided references for each staff member. Each of the four staff members had a Disclosure and Barring Services (DBS) check prior to working at the service. This is a check which enables employers to check the criminal records of potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children.

Staff told us they usually had time to spend with people; we observed this to be the case during our inspection. One staff member said, "We manage alright staffing wise. You get people ringing in sick sometimes but that happens everywhere. We could see that agency staff were used regularly at the time of our inspection to cover nurse duties during night shift whilst vacancies were being advertised. The service used it's own care staff to cover shifts at short notice. We saw there were usually 13 care staff on duty across the two floors of the home along with one nurse. There were also staff such as cooks, housekeepers and maintenance staff to support the service. We saw on a couple of occasions recently that due to staff sickness, the service had run with only ten care staff members. The acting manager told us the service was currently recruiting for care assistants and two senior care staff. The acting manager also told us they were managing people on a sickness management programme with the support of the registered provider's human resources department. The manager also told us that in an emergency, the service could borrow staff from the adjoining service run by the same registered provider.

A fire risk folder was located in the administration office and in both clinical offices. Information was colour coded according to risk. This meant that the service had quick access to information which detailed the help and support people who used the service may need in an emergency. All staff told us they felt confident dealing with emergency situations. We could see that a nurse qualified in first aid was available on every shift.

All accidents and incidents in the service were logged appropriately and analysis of these was carried out to monitor any trends and patterns [types of accidents and times of accidents]. The manager told us they were also sent to head office for further analysis in terms of trends.

Risk assessments related to the day to day running of the environment [trips, slips and falls, legionella, electrics, chemicals and falls] were in place and had been reviewed. General risk assessments [such as moving and handling, infections, first aid and medicines] were in place. More specific risk assessments were available in the care records of people who used the service. These included things such as nutrition, falls, and manual handling, and pressure sores were in place. We saw that these had been reviewed and appropriate action taken.

Good

Is the service effective?

Our findings

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We looked at records and discussed DoLS with the manager, who told us that there were DoLS in place and in the process of being applied for. Consent forms and mental capacity assessments had been completed for people and best interest decisions made for their care and treatment. Staff had completed training in the Mental Capacity Act and Deprivation of Liberty Safeguards. We found the registered provider was following the requirements in the DoLS.

We saw that every person had updated care plan documentation following an assessment of the person's capacity or if they were subject to a DoLS to detail how the care was to be managed in a least restrictive way. We saw 'best interest' decisions undertaken with the person, GP and relatives so any decisions were taken in a multi-disciplinary way by people who knew the person best. Consent to care and treatment records were signed by people where they were able; if they were unable to sign a relative or representative had signed for them.

All staff had an annual appraisal in place or scheduled to take place shortly. Care staff told us they had received supervision on a regular basis and records we viewed confirmed this had occurred. However we saw that nurses had reported they had not received regular recorded supervision during 2016. The manager told us they had now got supervisions booked with nursing staff. There was now a planner in place, which showed for the next 12 months all the dates when staff were booked in to have supervision sessions, as well as when staff meetings were scheduled to take place. One nurse we spoke with who was newly qualified stated they felt supported and able to speak to the manager about any issues in relation to care and their practice. One care staff member told us, "The service has really helped me and given me support."

We viewed the staff training records and saw the majority of staff were up to date with their training. We looked at the training records of four staff members which showed care planning, health and safety, positive behaviour support, epilepsy, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst others. One staff member told us; "I had no experience when I started here and now I have done an NVQ Level 2 and am working towards my Level 3. The training here is good, I've recently done diabetes. I'm a keyworker for someone with diabetes so I now understand more about their condition." This showed that staff received training to ensure they could meet the needs of people who used the service.

Each person had a keyworker at the service who helped them maintain their care plan, liaise with relatives and friends and support the person to attend activities of their choice.

The menus showed a hot meal was available twice a day and there were choices at all mealtimes. We saw that menus had been developed using photographs and symbols to help people recognise the choices they could make. Staff told us about peoples likes and dislikes. One staff told us; "[Person's name] has dysphagia [swallowing difficulties] so we ensure their food is cut up and mashed to make sure it is as safe as possible for them."

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible they worked to make menus healthy and nutritious. This meant that people's nutritional needs were monitored. The staff team had training in basic food hygiene and in nutrition and health and we saw that the kitchen was clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and dealing with food in a safe manner.

Several people had their nutrition closely monitored due to their physical health needs and we saw that records for people who received their nutrition via a percutaneous endoscopic gastronomy (PEG), were well maintained and trained staff were available to safely provide assistance. A PEG is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. A PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and oesophagus. Two relatives we spoke with said they were happy with the quality of the food. One relative told us, "The food is lovely, there is no comparison with where [name] was before. The staff really take their time to feed him, they are so patient."

The manager told us that district nurses, dieticians and speech and language therapists visited and supported people who used the service regularly. The registered provider had an in house occupational therapist (OT) and physiotherapist. Relatives we spoke with confirmed people's healthcare needs were addressed quickly. One relative said, "The physio and OT have visited me at home several times to talk about my relative. I am amazed with how much talking and information they want from me to make [name]'s life better. They are talking of bringing [name] for a home visit which would be amazing, as that hasn't happened for over 16 months and they have only been at Bowe's Court a few weeks."

People were supported to have annual health checks Health Action Plans in place and were accompanied by staff to hospital appointments. We saw the service worked closely with the health service to support people in hospital and to ensure the hospital had good quality information about the needs of the person. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection visit, the home didn't have a registered manager. A registered manager is a person who has registered with CQC to manage the service. The service had employed a manager who had been at the service for three months but was not yet registered, although they stated they were applying to do so.

The service had a range of audits which it was scheduled to carry out on a monthly basis according to the registered provider's quality assurance policy. We found some audits were not up to date. The manager explained that they had been addressing other investigations required by the local authority and would address the outstanding audits straight away. We also saw for areas identified for action such as a fire safety audit in September 2016 which had identified no intumescent strip in the kitchen door and two bathrooms identified in a health and safety audit in September as needing replacement tiles due to infection control issues. The manager confirmed that this work had been carried out. The fire safety audit, last carried out in September 2016 had not identified that staff members were not having the required fire drill training sessions, which we could see clearly from staff training records. This meant that the audit process was not clearly identifying actions for improvement and timescales by which they should be addressed.

The staff members we met with told us that they thought the manager in place had made improvements in their short time at the service and that they were positive about them. One member of staff told us "I can go to them about anything including personal stuff." and one relative told us; "The new manager seems very good." Another relative said, "I haven't really got to know her yet as she's new but I have met her."

Staff told us that morale and the atmosphere in the home was good and that they were kept informed about matters that affected the service. We saw that general staff meetings had happened regularly. The manager told us that she had re-scheduled dates and we saw these were on display for the key staff groups to attend over the next month.

We could see that the manager had introduced new systems with staff communication and regarding documentation in relation to people's care needs which we were told had improved greatly over the last few months. The manager said, "We have responded to the concerns that have been raised, it's been a steep learning curve for me, but we have definitely made improvements." We saw that in relation to care records, with the exception of topical medicine administration records, that care records such as food and fluid charts and positional turn charts as well as people's activities were generally well recorded in detail. This meant the service could show it was meeting the quite complex care needs of people using the service. One relative told us, "My relative has only been at the service a short time but I am very impressed with what we have found. They have spent a lot of time talking to me so they can get to know [name] and we didn't expect such a difference in the care from hospital."

Accidents and incidents in the service were regularly analysed to highlight any patterns or trends which could inform preventative measures which could be taken to reduce the risks to people and staff.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to have their say in the way the service was delivered. For example, the service had regular meetings called 'My Say' where we saw people had recently talked about activities and whether people were still happy to be involved in preparing their own lunches. During the year people had also been asked about the garden area and had discussed the Deprivation of Liberty safeguards information. This showed people were kept updated about the service and their views were obtained.

Relatives we spoke with told us they knew they could speak to the manager or staff. One relative said, "We visit nearly every day so if we had any qualms we'd say something straight away."