

Durham Care Line Limited

Bowe's Court Care Home

Inspection report

Bowes Court
Stones End, Evenwood
Bishop Auckland
County Durham
DL14 9RE

Date of inspection visit:
04 October 2017

Date of publication:
08 November 2017

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 4 October 2017 and was unannounced. This meant staff did not know we were visiting.

We last inspected the service on 15 November 2016 in response to a safeguarding investigation into anonymous alerts raised about the service in relation to safety. The investigation found that the concerns were unsubstantiated. We inspected the service in October 2015 and rated the service as Good. At this inspection we found the service retained its overall rating of 'Good'.

Bowe's Court Care Home provides accommodation for up to 23 people who require personal or nursing care. The service provides care to people with learning disabilities, mental health problems and physical disabilities. At the time of this inspection there were 18 people in receipt of care from the service.

The service had 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.

Staff were exceptional in their caring approach to people using the service and in their support to people's families and wider social networks. Relatives spoke of how they felt part of the home and we observed family members making cakes in the communal kitchen and enjoying this activity with people and staff as part of daily life in the home.

We were told by the manager and staff members of how the service had supported a person, their family and other people living at the home in an extremely caring way when someone had passed away this year. The manager drove to the person's family home to break the news in person, as they did not wish to relay this news over the phone and they supported the person's family at the home in their own time. Over 20 staff members attended the person's funeral and Bowe's Court also held a big celebration event with everyone at the service and the person's family, which we were told helped everyone come to terms with the loss and remember the person in a fun and positive light.

Staff promoted people's privacy and dignity through the use of discrete signs which showed others not to disturb a room when personal care was being carried out. Staff took great pride in ensuring people's personal care was carried out to the highest standards.

Staff and the management team understood their responsibilities with regard to safeguarding and had been trained in safeguarding vulnerable adults. People we spoke with and their families told us they felt safe at the home.

Where potential risks had been identified an assessment had been completed to keep people as safe as

possible. Accidents and incidents were logged and investigated with appropriate action taken to help keep people safe. Health and safety checks were completed and procedures were in place to deal with emergency situations.

Medicines were managed safely and administered to people in a safe and caring way. We saw that people received their medicines at the correct times.

We found there were sufficient care staff deployed to provide people's care in a timely manner. Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Staff received the support and training they required. Records confirmed training, supervisions and appraisals were up to date and forward planned. Staff told us they felt supported by the management team at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People gave positive feedback about the meals they were served at the home. People received the support they needed with eating and drinking and those people who had specialist dietary needs were closely monitored and supported by the nursing and care staff team.

People's needs were assessed before they came to live at the service by a specialist transition co-ordinator. Personalised care plans were then developed and regularly reviewed to support staff in caring for people the way they preferred.

An activity co-ordinator provided a wide range of activities and support for people to access the community. The service had created activities such as horse-riding, a tuck shop within the home and baking sessions where people made cakes and then had a coffee morning.

The service had good links with the local community and local organisations.

People and staff were very positive about the management of the home. The registered manager had a daily presence at the service. The manager had taken action to address improvements around staff support and quality audits since our previous visit. They had also increased people's choices and family involvement at the service.

The provider had an effective complaints procedure in place. People who used the service and family members were aware of how to make a complaint. Feedback systems were used to obtain people's views about the quality of the service.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Outstanding ☆

The service improved to Outstanding.

Families told us they were supported to be totally involved in their relatives lives and the running of the service.

The service supported people, families and the staff team in relation to outstanding end of life care and on-going bereavement support.

People were supported to have their privacy and dignity upheld by a staff team committed to supporting this for people and their families.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service improved to Good.

There was a clear quality assurance system that was used to monitor the safety and effectiveness of the service.

Staff, people and families told us they felt listened to and involved at the service.

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 checked whether the provider was 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 4 October 2017 and was unannounced.

One inspector, one specialist advisor and an expert-by-experience carried out the inspection. A specialist advisor focusses on a particular area within the service. Our specialist advisor was a qualified nurse and therefore reviewed nursing care provision within the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

In advance of our inspection we contacted the local authority safeguarding and commissioning teams, the clinical commissioning group and Healthwatch, the local consumer champion for health and social care services. We used their comments to support the planning of the inspection.

During the inspection we spoke in depth with one person who used the service and had other interactions with five people who had limited communication. We also spoke with nine relatives/visitors. We spoke with the regional director, the registered manager, two nurses, the regional therapist manager, five care staff, the activity co-ordinator, a domestic member of staff and the chef. We looked at a range of records including three people's care and medicines records, four staff recruitment records and other records relating to the management of the service.

We placed a poster in reception to inform people and any visitors an inspection was taking place and how to contact us with feedback about the service.

Is the service safe?

Our findings

We spent time observing staff interactions at the service and saw that people were very comfortable with staff. One person told us, "The staff always look after me especially when I am unwell."

Relatives we spoke with also felt the service provided a safe environment for people. Their comments included, "Yes there is always someone around all the time" and "My relation is well looked after; staff will do anything for him."

There were sufficient numbers of staff on duty to keep people safe. One person told us, "There are three or four on duty to look after us." We discussed staffing levels with the registered manager and looked at staff rotas. Staff members we spoke with did not raise any concerns about staffing levels. They told us that as a team they worked together to cover any absence caused by annual leave or sickness. Staff told us if there was ever a number of issues occurring at busy times, colleagues including the managers would put aprons on and help out, although this did not happen frequently. We could see plenty of staff on duty as we sat in one of the lounges. A number of call bells were activated repeatedly within a minute and we could hear the door from the adjacent hub opening with staff asking if assistance was needed.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with vulnerable adults or children.

The provider had an infection control management policy in place that described the responsibilities of staff, the procedures to follow to prevent and control infection, and who to report any concerns to. When asked about cleanliness. A relative showed us around the en-suite bathroom of their family member's bedroom and how clean it was. They said, "The cleaners are great" and, "It is very clean."

Risk assessments were in place for people who used the service, many of whom had complex healthcare needs. These described potential risks, the safeguards in place to reduce the risk, and actions that should be taken to mitigate the risks to the health, safety and welfare of people. We saw a wide range of risk assessments were completed for moving and handling, mobility, falls, nutrition and hydration, choking, continence, skin integrity and chest infections.. This meant the provider had taken seriously any risks to people and had put in place actions to prevent accidents from occurring.

We witnessed a person who displayed behaviour that may be perceived as challenging. The staff dealt with this in a calm and caring manner. The person had one to one support that was offered in a very inconspicuous way. The person calmed down quickly and everyone continued with their activities, with no impact on the other people present.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive guidance Health and Safety in Care Homes (2014). Equipment was in place to meet people's needs including hoists, shower chairs and wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998.

Electrical testing, gas servicing and portable appliance testing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire equipment service checks were up to date, fire drills took place regularly and people had Personal Emergency Evacuation Plans (PEEPs) in place. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

The provider's safeguarding vulnerable adults policy described what abuse is, definitions of adults at risk, the responsibilities of staff and actions to take. We saw that there were robust measures for recording incidents of potentially harmful behaviour. These were reviewed with the provider's therapy team to ensure that any trends were identified and any interventions were closely monitored to keep people and staff members safe. Statutory notifications had been submitted to the Commission when required and staff had been trained in how to protect vulnerable people.

We found appropriate arrangements were in place for the safe administration and storage of medicines. One of the nursing staff team explained the procedures for the ordering, administration and returns of medicines. They told us they had their competency checked regularly to make sure they were safe to administer medicines. The service used an electronic system for the recording of the administration of medicines.

Medicines were stored in a treatment room. Room and refrigerator temperatures were recorded to ensure that medicines were stored in line with manufacturers' guidelines and remained safe for use. Each person had an individual medication administration record that included a photograph of the person, GP contact details, details of any allergies, and information on how the person preferred to take their medicines. Some records for medicines that were prescribed 'as required' needed further development to assist decision making for staff and the manager told us they would action this straight away.

Two of the four records we viewed for people who received creams or topical medicines required further improvement to show they had been administered correctly and consistently. The manager stated they would address this with the staff team.

Appropriate arrangements were in place for the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse. Staff knew the required procedures for managing controlled drugs. We saw from the controlled drugs records that stock balances were counted, checked and recorded weekly in line with best practice protocols.

Is the service effective?

Our findings

People who lived at Bowe's Court Care Home received effective care and support from well trained and well supported staff. We spoke with relatives who told us they had confidence in the staff's abilities to provide good care and support. One relative told us, "Staff are great at looking after my relation, they [the staff] are very picky [attentive to detail] just like me."

All staff we spoke with said they felt supported by the registered manager and management team. On our last visit to the service, some supervision records for nursing staff were not up to date. On this visit we saw records of regular supervision sessions that were meaningful and showed clear outcomes and expectations for staff to work towards. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and observation in the workplace.

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year. Staff had received training specific to the needs of the people they supported such as epilepsy and tracheostomy care. A tracheostomy is an opening created at the front of the neck so a tube can be inserted into the windpipe to help a person breathe. Two staff members told us, "I would be very concerned if I did not have the skills I needed" and "There is lots of training available including online training."

We saw records which showed that staff met together regularly with the registered manager and minutes were kept of these meetings which everyone signed. Staff had group supervision sessions where topics such as diabetes and dignity and respect had been discussed recently. We saw that as well as day to day issues, staff discussed ways of improving the service and were asked for feedback such as "How do you think Christmas and New Year went at the service?" This showed relevant updates were shared with the staff team.

The Mental Capacity Act 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 saw that appropriate assessments were undertaken to assess people's capacity and records of best interests' decisions which involved people's family and staff at the home were clearly recorded. The registered manager and staff we spoke with had all been trained in the MCA and appropriate authorisations and requests for DoLS had been undertaken.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's care and support plans. We spoke with a staff member who was supporting a person to have a meal via a feeding tube inserted directly into their stomach called a PEG. The staff member used personal protective equipment and explained to us the procedure they took such as flushing the person's tube with sterile water after a meal to ensure they received their nutrition in the correct manner as their care plan stated. Fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts were fully completed and analysed, which showed staff were effectively monitoring people's intake and taking action, as required.

People were positive about the food and we joined the lunchtime meal where people were well supported and offered choices in a calm and sociable atmosphere. One person said, "I like the food here and there is lots of it". They pointed out another person with a large plate of sandwiches as well as a bowl of soup. They also told us there were four items on the lunch menu that day.

We saw people had access to a range of external healthcare professionals in addition to the provider's own rehabilitation professionals. A relative told us, "They recognise when [Name] is unwell and go the extra mile to make sure he gets the medical attention he needs." The service had good links with people's GP's and specialists such as dietitians and speech and language therapists. The provider also had their own occupational therapists, physiotherapists and people could access the onsite hydrotherapy facility if needed. We were told that relatives were kept informed about healthcare decisions affecting their family members. One person told us, "I have my own doctor but I see the nurses on duty and can tell them anything."

Is the service caring?

Our findings

We asked relatives of people using the service about their experiences of the care and support their family members received. Their responses were all overwhelmingly positive. Relatives we spoke with said, "Staff treat residents like they are family" and "The care staff here are just amazing." One relative told us, "Every day we are here and staff from all areas pop in to say hello as they are passing the door."

People were supported to maintain relationships by a service committed to involving those close to people. One person told us, "Visitors can come whenever they want." We observed throughout our visit how the service made visitors and relatives feel comfortable and welcomed. We spent time with two relatives who travelled a considerable distance daily to visit their family member. They told us, "We do it because we wanted [Name] to be here, it's a special place." They spent time making cakes with their relation in the communal kitchen area and there was lots of fun and laughter with visitors, people and staff. The chef came with equipment to help them from the kitchen and the family members were delighted when their relation managed to stir the cake mix. This showed us families felt comfortable with the staff and service and every relative we spoke with told us of the 'family' environment created by the manager and provider at the service.

During 2017 there had been several bereavements of people who lived at the service. We saw how the service had supported people and their families in a way that showed huge compassion and care. One person before they passed away had written, "They took me to 'Wrestling live' for the first time in my life to the huge Newcastle Arena so that was amazing." The service organised a remembrance event where everyone came together. People, staff and the bereaved families shared their fun recollections of people with music, food and the release of balloons. This event raised money for charities close to the bereaved person. We saw letters of thanks from families that were extremely moving and praised the 'fantastic' care given by staff at the service. We were also told the registered manager had driven to the family home on the day a person had died as they did not want to break the sad news to their family over the phone. The family asked for staff to be involved in the funeral and over 20 past and present staff members attended. This showed how the service supported families at difficult times.

The service had worked with an oxygen supply company to ensure a person who wanted to go and see a show in Newcastle was able to have oxygen delivered and risk assessed to go to the venue. This showed how the service was committed to ensuring whatever complex needs people may have, they were supported to have experiences that were meaningful to them.

A parent told us how the service on her birthday had secretly arranged to take her relation home for a surprise party. Despite the person's extensive healthcare needs, staff supported them to do this. The parent told us about the surprise on her face when she opened the family home door and saw her relative was there. They said, "Just out of this world. I will never forget what they did for me."

We asked people to what extent they felt they could make decisions about their care. One person said, "I can

do what I want to do whenever I want to do it."

We observed staff's interactions with people as they went about the home, as well as when undertaking specific care tasks. Staff consistently interacted with people with warmth and kindness. There was a friendly and affectionate relationship between people using the service and staff. Staff we spoke with knew people's needs extremely well, and could describe their likes and dislikes as well as their life histories. This underpinned the respect and consideration shown, with staff exhibiting a genuine empathy and concern for people's well-being. One staff member we spoke with told us, "We try to focus on the little things that make a difference."

All staff we spoke with told us the most important things for them to uphold at the service were privacy and dignity. Many people had very complex support needs that meant staff had to provide extensive personal care. One staff member said, "It's people's personal time and we are really hot on ensuring they are never uncomfortable, embarrassed or undignified." One person we spoke with told us, "I am never rushed into anything, there is no rush here." We noted discrete notices on doors at certain times during the course of our visit. A staff member explained these were used to help ensure privacy while personal care was in progress and only in an emergency should other staff enter someone's room at this time. This showed the service took maintaining people's privacy and dignity very seriously. Staff members also told us that they always knocked before entering a room even when the door was open.

Staff members told us about their 'keyworker' duties and how they helped people maintain relationships with their family as well as supporting people with toiletries and shopping requirements. One staff member told us, "I support someone to go to the sensory garden in the village as they love it there and now we are working on having a garden like that here too." We were told of a staff member who had learnt to sew to make someone they worked directly with as a keyworker, a cushion that had lots of interactive and tactile items on it. We saw this creative cushion and how the person really enjoyed touching and holding it. This showed how staff members went out of their way to provide care and happiness to people.

When we observed staff providing support, we saw they used the techniques and approaches described in people's care plans. For example, one person's communicated using a sign language called Makaton. We saw the service had supported staff members to be trained in this method of communication. Everyone at the service including staff and other people who used the service were asked to learn 'Signs of the week' and there was a large visual Makaton Tree on the wall in the lounge with new signs for people to learn together. This meant the service supported not only staff, but other people using the service, to communicate with each other in a way all people could understand.

Is the service responsive?

Our findings

People's needs had been assessed both before and shortly after their admission to the service. The provider had their own transition co-ordinator who undertook assessments that were used to develop detailed and personalised care plans. We met with the transitions co-ordinator and they explained how the service was working with one person in their current placement and staff would be going from Bowe's Court Care Home to work alongside their current staff, to get to know the person better.

Care plans clearly detailed the individual care and support people needed. For example, 'One person will respond to pain through facial expressions; occasionally person will be seen to cry, this is not known if this is emotional or pain related, staff to be aware of when this occurs and document, in order to try to ascertain reasoning'. Care plans were in place to support people with all their identified needs, including for example, their mobility, skin integrity and nutritional requirements. Records were reviewed regularly and were well maintained.

Documentation was in place to record care and support offered throughout the day and night. Handovers were detailed and ensured information about people's health and welfare was clearly documented and communicated to staff to ensure consistency of care. The regional director told us that due to the complexity of people's needs and the large volume of care and support plans to be maintained, the provider was exploring electronic care records which they hoped to implement at Bowe's Court Care Home in the next 12 months.

It was clear from records that staff worked with people and their families to fully meet their needs and involve them in the service delivered. One person we spoke with knew they had a care plan. Relatives told us that the staff and managers listened to their views and they felt their opinions were valued.

The activities coordinator informed us they had commenced their employment three weeks ago and had taken time to meet with people and their relatives. On the day of our visit, some people went out, others did a baking session and other people accessed the hydrotherapy pool. We were told sessions such as horse riding, baking and a tuck shop had been introduced. One person told us they were a keen baker and were enabled to bake when they wanted with staff encouragement. They told us, "My corned beef and potato pie has achieved legendary status!"

People stated they had choices about their care and autonomy. One person told us, "Staff will always take me to the shops down the road when I want to. I can have a lie in when I want to and I wear what I want." Staff respected the choices that people made.

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people could use if they preferred. There was easy read information around the home about how to make a complaint and meetings were held where people were given updates and asked about their satisfaction with the service. Without exception all of the people and relatives we spoke with stated they had not made a formal complaint and

felt staff listened to them and acted on any minor issues they had. They stated they would feel comfortable in raising a concern or complaint if they felt this was necessary. A family confirmed they had raised a minor concern with the manager who had listened and made changes as a result.

Is the service well-led?

Our findings

People who used the service and staff spoke highly of the registered manager. Relatives told us the registered manager was approachable, supportive and they felt listened to. They told us, "The manager and regional team are easy to talk to, you can ask them anything" and "They listen and take action."

Staff we spoke with felt supported by the registered manager and told us they were comfortable raising any concerns. Observations of interactions between the registered manager and staff showed they were open and positive. Throughout the day we could see the manager visiting the different areas of the service and checking in with the staff teams. One staff member told us, "The manager is happy for staff to telephone her should an issue arise when she is off duty or on call." A new deputy manager who was a nurse was due to start at the service and the manager explained how this would assist them in their role of managing of the service.

We saw that the staff had regular consultation meetings with people who used the service to seek their views and ensure that the service was operating in their best interests. These 'My Say' meetings took place fairly regularly with the last one held in July 2017. This showed the service listened to the views of people. The service also carried out surveys with people and relatives on an annual basis and shared the overall results with them.

We were told by the regional manager that the registered manager from Bowe's Court Care Home was leading a support group for the provider's services. This was to support the nursing team with their re-validation exercise, a requirement from the Nursing and Midwifery Council.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. At our last inspection we found that audits had not been carried out consistently. On this visit, we saw the management team had conducted regular checks on issues such as staffing, medication, health and safety and the environment. The provider's format for audits did not always make an action plan clear for any improvements identified. We were assured that the manager was given autonomy to produce their own service action plan and the provider was working with an external company to review quality processes. The regional manager also carried out regular visits to the home where as well as undertaking quality checks, they also spoke with staff and people using the service to obtain their views.

The law requires that providers send notifications of changes, events or incidents at the home to the Commission. We had received appropriate notifications from the service.

We saw that records at the service were kept securely and could be located when needed. This meant only care and management staff had access to them ensuring people's confidentiality.