Durham Care Line Limited

Bowe's Court Care Home

Inspection report

Bowes Court
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Bishop Auckland
County Durham
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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
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 20 people in receipt of care from the service.

People's experience of using this service and what we found
In general staff delivered consistent and timely care to people. The electronic care system prompted staff to record generic risks but did not support staff to consider other risks, such as physical conditions, which increase the risk of sepsis.

The service had one hot-lock to cover all three units' meals and staff staggered meal times. However, we noted some hot meals were left to stand on kitchen benches for extended periods. This was not in line with Food Standards Agency guidance. Staff did not appear to appreciate the risks associated with this practice. Not all staff who prepared meals had completed level 2 food safety and hygiene training. It is a legal requirement for staff handling and cooking food have received appropriate training. The provider could not demonstrate these staff had received the appropriate supervision and training in food hygiene.

Staff deployment led to times when there was only one member of staff to support three people who all needed additional assistance.

Medicines were not always managed safely. Issues had been identified regarding the recording and application of both pain relief patches and people's topical medicines.

We have made two recommendations regarding pain relief patches and topical creams.

The registered manager was clearly invested in providing people with a good service at the home. However. the quality assurance systems, recruitment procedures, computer generated care records and IT equipment were not supporting them to achieve the goal of delivering an effective service.

Issues had been identified with the electronic systems staff used to record and review people's care. The care record system did not support staff to develop fully person-centred care records, meet accessible communication standards, allow staff to produce communication records and could not be translated in to easy read. People who used the service could be inadvertently excluded from contributing to their care plan.

People we spoke with were very complimentary about the service, staff and registered manager. A relative told us, "The care is outstanding. They treat my relative as I would and are so good. We have never had any complaints."

For more details, please see the full report which is on CQC website at www.cqc.org.uk

Rating at last inspection
Good (report published 8 November 2017).

Why we inspected
We undertook this focused inspection because concerns had been raised about the provider's overall operation of their services.

This report only covers our findings in relation to the Key Questions Safe and Well-led. The ratings from the previous comprehensive inspection for those Key Questions were not looked at on this occasion but were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Bowe's Court Care Home

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 Care Act 2014.

Inspection team
One inspector and a pharmacist inspector carried out the inspection.

Service and service type
Bowes Court is a care home. People in care homes receive accommodation and nursing and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This was an unannounced inspection.

What we did
We reviewed information we had received about the service, which included details about incidents the provider must notify us about, feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We took this into account when we inspected the service and made the judgements in this report.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection
We spoke with six people who used the service and two relatives to ask about their experience of the care provided. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, three nurses, nine care staff, and a cook.

We reviewed a range of records. This included nine people's care records, medication records and various records related to the management of the service.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated 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 that people could be harmed.

Staffing and recruitment.

- Recruitment systems were not always effective. The provider's recruitment process did not meet legal requirements. The registered manager told us the local authority commissioners had previously identified their application forms did not ask for a full employment history, but this was being addressed. They were not aware of other deficits in the staff files, such as lack of photographs and, evidence of qualifications. In addition, interview templates did not ask staff to explain gaps in their employment history.
- The provider had failed to ensure agencies supplied information regarding nurses training and competencies undertaking clinical procedures such as tracheostomies care, and the use of strategies designed to reduce distress people may experience. Staff had not requested a photograph for agency staff.
- The registered manager told us they regularly checked whether agency nurses held current Nursing Midwifery Council (NMC) registrations. We found agency nurses currently working at the home did not have NMC registration numbers, the NMC numbers were incorrect or the date for renewal had passed. We spoke to the registered manager regarding this and they took immediate action to address this issue.

We found no evidence that people had been harmed however, recruitment systems were not robust enough to demonstrate staff had the qualifications, competence, skills and experience which was necessary for the work to be performed by them. This placed people at risk of harm. This was a breach of regulation 19 (1) and schedule 3 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Overall, there were enough staff on duty to meet people's needs. The building was divided into three units and there were 12 staff including two nurses covering the service during the day, and overnight one nurse and seven staff were on duty.
- On one unit four people living with a learning disability were supported by two staff. One person received one-to-one support throughout the day, which meant the other carer provided support for the remaining three people. The three people all needed additional support at times and a staff member to go out with them to the shops and into the community. Staff told us they could ask staff from other units to assist them but did not have means to do this other than physically going down to the other unit and asking for help.
- A person commented, "The staff have been good and help me go to the shops." A staff member said, "We try our best to go out and always look for ways to make it happen but at times have to wait for other staff in the home to be free to come an cover here."

Assessing risk, safety monitoring and management; and Learning lessons when things go wrong; and Preventing and controlling infection.

● Food was served from one hot-lock trolley for the entire service. This led to some hot food being left in the units to go cold. This is not in line with Food Standard Agency guidance.
● We saw open topped waste bins were being used in some of the toilets, which is not in line with expected infection control practices.
● The electronic care system prompted staff to record generic risks but did not encourage staff to consider other risks, such as physical conditions, which could lead to an increased risk of sepsis.
● The provider had a heatwave policy in place but neither the registered manager or staff ensured this was implemented. Staff did not discuss, and we did not observe the use of air conditioning units, water sprays, or curtains being used to shade rooms, as detailed within the providers heatwave policy, as approaches to manage raised temperatures.
● None of the health and social care professionals raised any concerns about the safety of people who used the service and how risks were managed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety 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.

● The provider had ensured staff had been trained to use the evacuation aids and completed simulated evacuations. The personal emergency evacuation plans (PEEPs) provided information on how to assist people to fully evacuate the home.

Using medicines safely.
● We found the arrangements for medicines management did not always keep people safe. Staff had not signed up to the provider's current medicines policies and procedures to help ensure they were meeting the home's expectations with regards to the safe use of medicines.
● A new electronic care record system had been introduced, however staff were not able to show us how they used the system to monitor resident's health.
● The recording of the use of topical medicines was not robust. Records of application were not clear or accurately completed on either the eMAR system or the care records system.
● Where items such as pain relief patches were administered, for two people, staff had failed to record where these patches had been applied. This meant staff were unable to ensure patches were rotated according to manufacturer's instructions.
● Three medicines audits were in place (daily, weekly and monthly). Although inaccuracies were highlighted and actions were taken, there was no overarching review to identify common themes and to ensure lessons could be learnt.

We recommend that the provider review the processes for documenting the use of topical preparations to ensure there is an accurate record of application.

We recommend that the provider review the process for documenting where patches are applied to ensure they are rotated in line with manufacturer's guidance.

Systems and processes to safeguard people from the risk of abuse.
● The provider had responded to safeguarding concerns. Staff had received training and demonstrated a good understanding of what to do to make sure people were protected from harm or abuse.

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and 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

- The provider's governance system had not identified staff who had not been trained to use Mobizio care record system. The care record system did not allow staff to generate personalised care plans. For example, people used Makaton and personalised signs, but these could not be recorded in the care records and communication plans. Also, people's care plans could not be converted into easy read format or readily be reviewed by the people who used the service.
- The systems available to the registered manager did not support them to critically review all aspects of the service to determine if improvements were needed. For example, the catering audit had failed to identify Food Safety guidelines were not being followed and the provider could not demonstrate the cooks had received the appropriate supervision and training in food hygiene. The infection control audit had failed to identify the incorrect type of waste bins were in use within toilets.
- The Wi-Fi connection in the home was poor. The staff told us this caused handheld devices and laptops they used to record and review information, to routinely lose signal or fail to synchronise. The staff told us this led to data not being captured and them being unable to access the up-to-date information about people's care needs.
- The provider had not seen the importance of staff receiving certain types of training to support people living in the home. For example, the provider had deemed it unnecessary for staff to receive training on understanding of acquired brain injuries, supporting people living with epilepsy, supporting people living with learning disabilities, learning Makaton, and nutrition and hydration training. Even though Bowes Court staff supported people with these types of needs.
- The provider regularly held senior managers meetings. We asked the registered manager to show us provider visit documents both during the visit and afterwards. None were supplied.

Planning and promoting person-centred, high-quality care and support; working in partnership with others; and engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People could be inadvertently excluded from contributing to the way their care was delivered. The care record system itself did not support staff to develop fully person-centred care records. They did not meet accessible communication standards, did not allow staff to produce records detailing the communication methods people used, and could not be translated in to easy read.

Continuous learning and improving care.

● The registered manager could not demonstrate how the provider's quality assurance system supported them to identify gaps in practice or how they would use this information to support further learning.

● The registered manager also had oversight of Lyons Court care home. They had been made aware of Food Standards Agency guidance in relation to serving hot food, but this had not been implemented at Bowes Court.

● Several years ago, the provider had been made aware of the need to make sure agency nurses had the right skills to support the people who used their service and were registered with Nursing Midwifery Council (NMC). They had not put any additional checks in and we found agency nurses working at the service without evidence to show they were registered, had completed PEG and tracheostomy care training and were competent to deliver this support.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate systems for overseeing the service were 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.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place did not assist staff to assess, monitor and improve the quality and safety of the services provided (including the quality of the experience for people who used the service). Regulation 17(1)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The systems for recruiting staff and using agency staff did not check if staff the qualifications, competence, skills and experience which are necessary for the work to be performed by them. Regulation 19(1) schedule 3