

St Philips Care Limited

Bowburn Care Centre

Inspection report

Bowburn South Industrial Estate
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Bowburn Care Centre accommodates up to 80 people with residential care needs in a purpose-built building. 51 people were using the service at the time of the inspection.

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

People were protected from risks. There were enough staff on duty to meet people's needs. Appropriate arrangements were in place for the safe administration and recording of medicines. Infection prevention and control procedures were in place to reduce the risk of infection and to keep people safe.

Complaints were appropriately recorded and acted on in a timely manner. Care records were regularly reviewed and up to date. People were protected from social isolation.

The provider and registered manager monitored the quality of the service to make sure they delivered a high standard of care. People and family members spoke positively about the registered manager and staff. Staff said they were comfortable raising any concerns and the management team were very approachable.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 June 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating. We carried out an unannounced focused inspection of this service on 10 and 23 May 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and responding to complaints.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for

Bowburn Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bowburn Care Centre

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 carried out this inspection.

Service and service type

Bowburn Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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 inspection was announced. We gave the registered manager 24 hours' notice of the inspection. This was to ensure we could visit the service safely.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with three people who used the service and three family members about their experience of the care provided. We spoke with the registered manager, deputy manager, three care staff and two healthcare professionals.

We reviewed a range of records. This included four people's care records, various medicines records and three staff recruitment records. 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 registered manager 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection, we found staff had not ensured all risks were identified and management plans for known risks were not always followed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Individual risks were documented and well managed. Risk assessments were up to date and regularly reviewed.
- The premises were well maintained. Regular checks were carried out to ensure the environment was safe. A healthcare professional told us, "The facilities are fantastic."
- The provider learned from accidents and incidents and shared these with staff.

Staffing and recruitment

- The provider had an effective recruitment procedure in place. They carried out relevant security and identification checks when they employed new staff.
- There were sufficient numbers of staff on duty to keep people safe. People told us, "There are always plenty of staff" and "The staff are brilliant. I couldn't get more help and support."

Systems and processes to safeguard people from the risk of abuse

- People and family members told us they felt the service was safe. One person told us, "I am safe. I think they [staff] are very good." A family member told us, "Safe? Oh yes, I know [person] is safe."
- People were protected from the risk of abuse. The registered manager and staff understood safeguarding procedures and had been trained in safeguarding vulnerable adults.

Using medicines safely

- Medicines were safely managed. Appropriate arrangements were in place for the safe storage, administration and recording of medicines.
- Records described the support people required with their medicines. These were regularly audited.

Preventing and controlling infection

As part of CQC's response to the coronavirus pandemic we are conducting a review of infection prevention and control measures in care homes during our inspections.

- Appropriate infection prevention and control procedures were in place to reduce the risk of infection and

to keep people safe.

- Staff had been trained in the use of personal protective equipment (PPE). PPE was readily available for staff and appropriate guidance was in place.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection, we found the provider failed to have an appropriate system in place for recording, handling and responding to complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

- The provider had an effective complaints policy and procedure in place. Systems were in place to ensure complaints were acknowledged, investigated and responded to in a timely manner.
- People and family members told us they did not have any complaints but were aware of how to make a complaint.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff regularly reviewed care records and kept them up to date. They included important information about the person and were person-centred.
- Support plans included a description of the person's individual needs and outcomes that staff were enabling them to achieve.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff provided people with information in a way they could understand. Support plans described the level of support people required with their communication needs.

End of life care and support

- None of the people using the service at time of our inspection were receiving end of life care. However, care records included detailed information about people's end of life wishes and preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to live full and active lives. Care records included a detailed history of people's likes and interests. Staff knew people well and understood what was important to them.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and registered manager monitored the quality of the service to make sure they delivered a high standard of care. Regular audits were carried out and any identified issues were documented and actioned.
- The registered manager acted in an open and transparent way. They submitted notifications in a timely manner for significant events that had occurred, such as accidents and incidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and family members spoke positively about the quality of the service. One family member told us communication could have been better on one occasion but all other comments were positive. Comments included, "They [staff] have been really good, they've kept us up to date" and "Communication is excellent. They [staff] are absolutely marvellous."
- Staff told us they were comfortable raising any concerns and the management team were very approachable. Comments included, "[Registered manager] and [deputy manager] are very approachable. If I find something difficult, I will go to them and ask their advice" and "100% they [management] are [approachable]. They always have lots of ideas if you need any advice."

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

- People and family members were able to feedback on the quality of the service. Annual questionnaires were carried out and any issues raised were responded to. Regular telephone calls took place with family members who were unable to visit due to the coronavirus pandemic.
- Staff felt involved in the running of the service. They told us the provider kept them up to date with the latest updates and guidance. One staff member told us, "As soon as they [management team] are getting the information, we are getting it. We are kept up to date really well."

Continuous learning and improving care; Working in partnership with others

- The registered manager and staff worked closely with other health and social care professionals to achieve positive outcomes. This included holding a weekly multi-disciplinary team (MDT) meeting with other healthcare professionals.

- A healthcare professional told us, "We proactively discuss residents. It [MDT] has enabled them [staff] to take a step back and ensure care planning is up to date and better than it was before" and "I think things have definitely improved at Bowburn."