

Parkcare Homes (No.2) Limited

Bowden House

Inspection report

671-673 Prince of Wales Road
Darnell
Sheffield
South Yorkshire
S9 4ES

Tel: 01142424290

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Bowden House provides care for people requiring support with mental health needs, substance misuse and/or learning disabilities. The service provides accommodation and care for up to 11 people. The service is set over three floors. Everyone has their own room and ensuite. At the time of the inspection nine people were living at the service.

People's experience of using this service:

People we spoke with told us they felt safe. Safeguarding procedures were robust and staff understood how to safeguard people.

Individual risk assessments were completed for people so that identifiable risks were managed effectively.

Systems were in place to make sure managers and staff learn from events such as incidents, concerns and investigations.

People we spoke with didn't express any concerns about the staffing levels at the service. There were enough staff to ensure people's care and support needs were met.

There were robust recruitment procedures in place so people were cared for by suitably qualified staff who been assessed as safe to work with people.

The service had appropriate arrangements in place to manage medicines so people were protected from risks associated with medicines.

The service was clean and had a welcoming homely atmosphere.

People we spoke with told us they were satisfied with the quality of care they had received. People were supported by staff who knew them well. All the people we spoke with made very positive comments about the staff team and the general manager.

Staff had undertaken training which was regularly updated to ensure they had the skills and knowledge to support people effectively. Staff had received specialised training to meet the needs of people using the service. Staff told us they felt supported.

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 were encouraged and supported to eat regular and balanced meals.

During the inspection we observed staff giving care and assistance to people. They were respectful and treated people in a caring and supportive way.

There was a range of activities on offer to people living at Bowden House. People were encouraged and supported to engage in activities within the community.

People we spoke with told us they knew who the general manager was and felt confident they could raise any concerns with them.

The registered manager and general manager had a good oversight of the service and were experienced in their role. Staff we spoke with made very positive comments about the staff team and the managers.

There were planned and regular checks completed at the service to check the quality and safety of the service provided.

Rating at last inspection:

At our last inspection Bowden House was rated good (report published 14 January 2017).

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

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.

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

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 safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our Well-Led findings below.

Bowden House

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Bowden House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Bowden House provides care for people requiring support with mental health needs, substance misuse and/or learning disabilities. The service provides accommodation and care for up to 11 people.

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 unannounced.

What we did:

Before this inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted social care commissioners who help arrange and monitor the care of people living at Bowden House. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback we received from these organisations to plan our inspection.

During this inspection we spoke with seven people living at Bowden House. We spoke with four members of staff which included, the registered manager, the general manager, a team leader and a support worker.

We looked at two people's care records. We checked a sample of medication administration records and three staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance documents.

We spent time observing the daily life in the service and we looked around the building to check the home was safe and clean.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse.
- People were supported to raise any concerns with staff. People told us they felt safe, but one person said it could be a bit scary sometimes if a person was really upset.
- People told us staff responded appropriately if a person displayed behaviour that could challenge others. One person said, "The staff do intervene though, they are brilliant and very professional."
- Staff had received training and had a good understanding of safeguarding processes.
- Records showed when incidents of suspected abuse had occurred the provider had reported these appropriately to the local authority safeguarding team and to CQC.
- Safeguarding concerns were monitored by the registered manager and senior managers.
- We found there were satisfactory arrangements in place for people who had monies managed by the service.

Assessing risk, safety monitoring and management

- There were systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of people who used the service were effective.
- People's care records included assessments of specific risks posed to them, covering areas such as verbal and/or physical aggression and mental health.
- Support plans contained appropriate guidance for staff about how to support people to reduce the risk of avoidable harm.
- Risk assessments were reviewed each month or more frequently if a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed.
- Regular checks of the building and the equipment were carried out to keep people safe and the building well maintained.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People we spoke with did not raise any concerns about the staffing levels at the service. One person said, "I feel supported by all the staff and there always are enough around when I need them."
- Staff felt there were enough staff to support people effectively.
- During this inspection, we saw staff were available to meet people's needs in a timely manner.
- The provider completed appropriate pre-employment checks for new staff, to check they were suitable to work at the service.

Using medicines safely

- Medicines were obtained, stored, administered and disposed of safely by staff.

- Regular checks of medicines were undertaken to identify any issues and improve the management of medicines.
- People were receiving their medicines as prescribed. Staff kept records about what medicines they had administered to people and when.
- People had been assessed to see whether they could administer their own medicines and were supported to take as much control over their medicines as possible.
- Staff who administered medication had received training and their competency had been checked.
- Some people were prescribed medicines to be taken as and when required, known as PRN medicines. PRN protocols were in place to provide important information to staff.

Preventing and controlling infection

- Bowden House was clean and there was an effective infection control system in place.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed a staff member using PPE appropriately during our inspection.

Learning lessons when things go wrong

- Staff reported and maintained records of incidents.
- Accidents and incidents were recorded and monitored. Each incident was reviewed by senior managers and actions taken to mitigate future risks.
- Debriefs and team meetings were used to discuss learning points from incidents and changes to people's support plans, so that people were supported safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into Bowden House to check the service was suitable for them. A detailed support plan was then written for each person which guided staff in how to support them.
- Support plans were developed with people; there was a strong focus on the outcomes people wished to achieve.
- All the people we spoke with were satisfied with the quality of care they had received. One person said, "They [staff] are good people here. I'm safe and I have no complaints."

Staff support: induction, training, skills and experience

- People told us they thought the staff had the right skills to support them.
- Staff induction procedures ensured staff were trained and knowledgeable about the people they supported.
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
- Staff had received specialised training to meet the needs of the people who used the service such as autistic spectrum disorder, learning disabilities, suicide prevention/self-harm, the Mental Health Act 1983, and 'Positive Range of Options to Avoid Crisis and use Therapy, Strategies for Crisis Intervention and Prevention' (PROACT-SCIP).
- Staff told us they were well-supported by the senior staff; they received regular one-to-ones and appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- During the inspection we observed people getting their own breakfast and lunch.
- People participated in the planning of menus for the evening meal. People we spoke with made positive comments about the food options at the service. One person said, "The staff support me when I want them to with making food and snacks. There's always a different choice as well and we have quite a lot of healthy stuff."
- We saw people were offered a wide choice of food and their individual preferences were considered.
- People were encouraged and supported to maintain a healthy diet.

Staff working with other agencies to provide consistent, effective, timely care

- The service had clear processes for referring people to other services, where needed.
- The service worked closely with health professionals to support people's health needs.

Supporting people to live healthier lives, access healthcare services and support

- Each person had a health action plan and they were supported to attend appointments. On the day of the

inspection three people were supported by staff to attend appointments. For example, one person was supported to go to a hospital appointment and another to see their GP.

Adapting service, design, decoration to meet people's needs

- The service was nicely decorated and had a welcoming, homely atmosphere.
- Two houses have been converted to provide good sized accommodation with spacious communal areas.
- Each person's bedroom had an ensuite shower room. There was also a separate bathroom if people preferred a bath.
- There was an outside space with tables and chairs and a smoking shelter.

Ensuring consent to care and treatment in line with law and guidance

- 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service was working within good practice guidelines.
- People had signed to indicate their consent to their support plans. People we spoke with confirmed staff sought their consent.
- Mental capacity assessments we reviewed were decision specific and, where needed, best interests' decisions had been recorded, when made on a person's behalf.
- Support staff had received training in the MCA and DoLS.
- Staff described how people were supported to have maximum choice and control of their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People made positive comments about the staff and the general manager. Comments included, "The staff are lovely," "[Manager] is fantastic" and "All the staff are very nice."
- Staff we spoke with were knowledgeable about the people they supported, their preferences and their communication needs.
- We saw that people responded well to staff and looked at ease and were confident with staff.

Supporting people to express their views and be involved in making decisions about their care

- People told us they had been involved in making decisions about their care and support needs.
- Support plans contained information for staff on how people expressed their views and how to support them to be involved in making decisions about their care.
- There was a range of information available for people to look at including details of advocacy services. Advocacy is a process of supporting and enabling people to express their views and concerns, access information and services, defend and promote their rights and responsibilities and explore choices and options

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us they were treated with dignity and respect. People told us they could choose how they wished to spend their time.
- Staff were respectful of people's privacy and treated people with dignity and respect. For example, staff knocked on doors before they entered bedrooms.
- People were able to lock the doors of their room if they wished to.
- People were supported to maintain their independence and engage in activities of daily living such as, doing their own laundry and cleaning their room.
- We looked at some people's rooms and we saw these reflected the person's personality, hobbies and interests.
- The service promoted people to be as independent as possible.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People we spoke with made positive comments about the care and support provided.
- Each person using the service people had a written support and health action plan in place. We found people's support planning was person centred. An account of the person, their personality and life experience, interests, aspirations, their religious and spiritual beliefs had been recorded.
- People's risk assessments and support plans showed how people may behave when they were well or when they maybe becoming unwell. Support plans gave guidance to staff in how they should respond to promote well-being and how they should react to de-escalate increasing agitation and anxiety.
- We saw evidence that people's support plans and risk assessments were regularly reviewed or in response to changing needs.
- Staff handovers enabled information about people's wellbeing and care needs to be shared effectively and responsively.
- Support staff we spoke with made positive comments about the on-call service they could contact for assistance and advice when the general manager was not on duty.
- The service promoted people's wellbeing by taking account of their needs including activities within the service and community. People we spoke with described the different activities they participated in within the community. For example, one person volunteered at a charity shop and two people regularly went fishing. One person was attending college on the day of our visit.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints since the last inspection.
- The complaints process was displayed in the reception area for people to look at.
- People we spoke with told as they knew who the general manager was and knew they could ask to speak with them if they had any concerns.
- Regular meetings were held at the service and people were encouraged to express any concerns they may have.

The provision of accessible information

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information of communication needs because of a disability, impairment or sensory loss. The provider had taken steps to meet the AIS requirements and principles were understood.
- People's communication needs were identified, recorded and highlighted in support plans.
- We saw examples of documents displayed in the service in an easy read format and within people's support plans.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. People's wishes and preferences were included in their support plans.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We observed a positive, welcoming and inclusive culture within the home. Staff told us they felt everyone was supported well and there was a good staff team working at the service.
- A new general manager had been recently appointed at the service. They had managed the service previously. We saw people responded positively to the general manager throughout the day. The general manager was available to people and staff. We received positive feedback from people about the senior managers.
- The registered manager regularly visited the service and knew people living at the service well. The registered manager and provider had an overview of the service. The general manager provided them with regular information about different aspects of the service. This supported the registered manager and provider to identify any areas for improvement and support changes to the service to ensure it provided high-quality care and support.

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

- We received positive feedback from staff about the way the service was run. They told us the senior managers were approachable, supportive and proactive at dealing with any issues that arose.
- Staff morale was positive, staff told us they felt supported. Staff at all levels were clear about their roles and responsibilities.
- Staff told us there was a good team of people working at the service and they worked effectively as a team.

Continuous learning and improving care

- There were quality assurance systems in place to monitor the quality and the safety of the service provided.
- Staff meetings took place to review the quality of the service provided and to identify where improvements could be made.

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

- People told us they were regularly asked their views about the service.
- The service held regular "Your Voice" meetings so people had an opportunity to feedback about the service and suggest improvements.
- The general manager had recently introduced a menu suggestion sheet asking for people's suggestions. People told us the menu had improved since this had been introduced.

Working in partnership with others

- The service worked with other agencies such as the local authority and clinical commissioning groups who commissioned care for some people living in the home.