English Care Limited

Bowbrook House

Inspection report

Bowbrook
Shrewsbury
Shropshire
SY3 5BS

Tel: 01743247071
Website: www.bowbrookhouse.co.uk

Date of inspection visit:
23 April 2019

Date of publication:
10 June 2019

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: Bowbrook is a residential care home situated on the outskirts of a large town. The home provides personal care for up to 30 people. At this inspection they were providing care to 29 people which included people receiving respite care.

People's experience of using this service: People were safeguarded from harm and supported by sufficient staff to meet their needs. Staff were recruited using safe recruitment procedures. Risks to people's wellbeing were assessed and plans were in place to mitigate any area's highlighted. People received their medicine on time. Lessons were learnt when things went wrong, and plans were in place to manage any infectious outbreak.

People's care needs were assessed in line with best practice and staff received the necessary training to fulfil their role. People were supported to maintain a balanced diet and access health care whenever needed. The principals of the Mental Capacity Act (2005) were adhered to. The home was adapted to meet the needs of the current group of residents.

People were treated with kindness and involved in decisions about their care. People's privacy was respected.

People had access to activities they enjoyed and there was a complaints process if they were unhappy. People's end of life wishes were supported.

People felt that the home was well-led, and the staff understood their roles. The quality in the home was monitored and improvements made when identified. The provider worked with others and looked at continuous improvements.

We feel the home has met the criteria for good; more information is in the full report.

Rating at last inspection: At the last inspection we rated the service as good (Report published 27 October 2016)

Why we inspected: The service was inspected in line with our current methodology and previous rating of good. We were aware that there had been a recent fire at the property which remains under review by the fire brigade. We did not investigate the incident however we did review the actions taken.

Follow up: We will continue to monitor the service and review any intelligence received to inform future inspections.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe Details are in our Safe findings below.	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-led findings below.	Good

Bowbrook 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, a specialist nurse 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. In this instance their experience was with older persons and residential care homes.

Service and service type: Bowbrook is registered to provide personal care for older people and people living with dementia.

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: The inspection was unannounced.

What we did: Before the inspection we reviewed information we held about the service which included the Provider Information Return (PIR) which providers are required to send us. The PIR includes key information about their service, what they do well, and improvements they plan to make. Providers are also required to notify us of specific events which include, safeguarding concerns, events that stop a service and deaths. We reviewed all the notifications we had received since the last inspection.

During our inspection we spoke with five people who lived at the home and four relatives who were visiting. We also spoke with six staff which included care staff and members of the management team including the Registered Manager and Quality Lead for the provider. We also spoke with a visiting health professional and a volunteer. We looked at four staff files, four care files, staff training records, audits and action plans and other records such as accident and incident forms.

After the inspection we reviewed information that had been requested from the local authority, health watch and the fire brigade.

Good

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
•People told us they felt safe at Bowbrook, one person said, "I feel safe here and it has never occurred to me to feel any different."
•People were protected from harm by staff who had been trained in recognising potential abuse and how to report any concerns. Staff spoken to were able to explain the whistleblowing process and how they would use it.
•Any concerns raised in the service were investigated and the required information had been shared with the relevant bodies.

Assessing risk, safety monitoring and management
•Risk assessments were completed in the service and reviewed on a regular basis.
•Within people's care files we saw evidence of individual needs being assessed. We looked at moving and handling assessments and could see that they contained details of how staff needed to ensure the person was handled safely, and in line with best practice.
•We asked how it could be evidenced that staff were aware of the information in the moving and handling assessments. In response we were shown a dedicated supervision plan that covered people's individual requirements.
•Environmental risk assessments were in place and all staff had access to the business continuity plan which told staff what to do in an emergency. We saw that staff had followed this during a recent situation in the home.

Staffing and recruitment
•People told us that they felt there was enough staff but that there were occasions when the team was stretched.
•We reviewed the rota's for the home and were shown the dependency tool which the registered manager used to calculate the staffing ratio needed. One member of staff told us, "The manager is good as whatever the dependency tool states they try to bring in extra staff so that we are not working under lots of pressure."
•People were supported by staff who had been recruited using safe recruitment procedures.
•New staff were asked to provide evidence of their background, character and experience. Where necessary risk assessments were put in place to ensure staff could complete their duties in a safe way.

Using medicines safely
•People were given their medicine as prescribed. Staff received training in how to administer medicine and had their competency to administer tested on a regular basis.
•One person was supported to manage their own medicine, they told us, "I do it myself. The staff sort it out and I get it a month at a time."

•High risk medicine such as controlled drugs, were managed in line with best practice and although the medicine room was cramped, we found the medicine supplies were closely monitored. Room temperature checks were made daily.
•Guidance for staff in the administration of 'as required' medicine was available.

Preventing and controlling infection
•People lived in a building that was clean and in good decorative order. One person told us, "The home is very clean. It's cleaned every day."
•Staff had access to personal and protective equipment i.e. aprons and gloves and staff disposed of clinical waste, as required. This ensured any risks of cross contamination were minimised.
•Infection control audits were carried out on a regular basis. The audit tool used had been produced by the local infection control team.
•Reported outbreaks were managed in line with public health guidance. The provider could evidence that measures had been taken during a recent outbreak to ensure that any infected persons received the necessary treatment.

Learning lessons when things go wrong
•The provider had systems in place to learn when things went wrong. A recent fire at the home is still subject to review by the fire service. Whilst awaiting their outcome, the provider has completed their own in-depth review of the incident. A full report was available outlining everything that happened and where action had been taken.
•Accident and incident forms were reviewed by the Registered Manager and the heads of care to identify any trends.

Good

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 care needs were assessed in line with best practice. We saw evidence of people's needs being monitored and where changes were observed that caused concern; a referral had been submitted to the relevant team, such as physiotherapists.
•Standardised assessment tools were used to identify key areas of need such as, nutrition, tissue viability, and mobility. These were completed on a regular basis and the care adjusted depending on the outcome of the assessment.

Staff support: induction, training, skills and experience
•People were supported by staff who had undertaken training necessary for their role. One person told us, "Staff seem to have regular training sessions. They had one last week and they seem to know how to use the equipment and things."
•We reviewed the training matrix for the service and saw that most staff were in date on their training. The home had a system in place to ensure renewal dates of courses were monitored and staff were booked on refresher courses, as necessary.
•The home had a high retention rate of staff meaning that within the team there were people who had substantial experience and were able to support the newer staff with their induction.

Supporting people to eat and drink enough to maintain a balanced diet
•People were supported to eat a balanced diet and had regular access to fluids. Care plans contained information about people's nutritional needs and preferences they had. One relative told us, "We had to fill in a form. [Relative] has lived all over the world so they like highly spiced food. They now have their own stash of spices in the kitchen."
•We observed staff taking time to encourage people with dementia to understand that it was lunch time. The staff gave people time to process the information and then gently encouraged them to eat some food. We observed jugs of juice were made available throughout the day as well as regular hot drinks being served.
•People were given a choice each day of what they wanted to eat. We saw the chef bringing out plated meals to show one person to support them in deciding what to eat.

Staff working with other agencies to provide consistent, effective, timely care
•People were supported to move in to the home on either a short-term respite or on a long stay basis. One relative told us, "We turned up unannounced to have a look around as we needed care urgently and the home were great. They showed us around and answered all our questions there and then. They have made everything so much easier for us all."

•If someone developed nursing care needs, we were advised they were supported to move to a nursing home. We were made aware of one person who was moving to a local nursing home and information is currently being shared, to support their transition.

Adapting service, design, decoration to meet people's needs
•The building was decorated to a high standard. All bedrooms came with an en-suite toilet facility and people personalised their rooms with their own furniture and possessions.
•People shared a number of communal areas in the home including two lounge areas and two dining areas. People also had access to outside space with seating.
•We discussed signage with the providers as there is minimum used in the home and we understand this has been a conscious decision to maintain the homeliness of the property. It was acknowledged that at present there is no one in the service that would require the use of additional signage however we were reassured this would be revisited if needed in the future.

Supporting people to live healthier lives, access healthcare services and support
•People had access to health care and were supported to make and attend appointments in relation to their needs.
•On the day of inspection, we observed people receiving support from healthcare professionals.
•In people's care files it was clearly documented when a person had seen a health professional and if there was any action taken or needed.

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 that the principals of the MCA were being met. People were deemed to be able to make their own decisions and told us that the staff always asked their opinion.
•If a person's ability to make decisions changed then we saw that capacity assessments were completed, and best interest meetings were held. For example, one person could no longer consent to their medicine being given and so an assessment was completed, and a best interest meeting was held. This enabled the staff to continue to administer the medicine, on the persons behalf.
•Applications to deprive people of their liberty had been made to the Local Authority as required by law.

Good

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; equality and diversity
•People were observed to be well treated and settled in their environment.
•We observed staff taking time to support people and engaging in conversation about subjects that were of interest to them.
•Communication aids, such as picture prompts, had been developed to support some people who, due to health reasons, needed additional prompts to support their interactions with others.
•People's families were able to visit them whenever they wanted. One relative told us, "I am very happy with the care. I come anytime I want. I have brought my children, staff make them very welcome."

Supporting people to express their views and be involved in making decisions about their care
•People were involved in decisions about their care. One relative we spoke with said, "The staff have made it quite clear [Relative] makes their own decisions."
•We observed staff engaging with people throughout the day. We heard numerous conversations where staff were asking people what they thought about meals, when they wanted to get up, where they wanted to sit and what they wanted to do.
•The provider had set up a resident's ambassador role who was someone who would be able to speak up on people's behalf, if necessary.

Respecting and promoting people's privacy, dignity and independence
•People were treated with dignity and respect.
•People were encouraged to maintain their independence in the home. One person told us, "I am very much independent. I will always do things for myself."
•People told us they were not rushed and that there wishes with regards to having a male or female carer were respected.
•We observed people being supported at meal times. People with additional needs were encouraged to do what they could for themselves and then staff discreetly intervened if they were struggling.

Good

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 were supported to maintain relationships with friends and family. People's animals were also able to visit and spend time in the home.
•People's care plans contained information about people's equality characteristics such as race, religion, sexuality as well as details about people's likes and dislikes. People were asked how the staff could make their care plan more accessible to them. Some people asked for them to be printed on coloured paper, as this helped with their visual impairment.
•People were able to continue with interests they enjoyed as well as join in organised activities if they wished. People had access to activity co-ordinators who created a weekly timetable of events, as well as spent time with people on a one to one basis. One person told us that they were supported to go to church on Sundays.

Improving care quality in response to complaints or concerns
•People had access to a complaints procedure however there had been no formal complaints received for over 12 months. The procedure was available in the main reception area.
•People told us that they knew who to speak to if they did have a concern or complaint and felt that if they did raise something it would be resolved straight away.
•One person told us; "On occasion I have complained but it has been sorted out immediately. Another person told us, "I have never had to complain but I have wanted more information and the [registered manager] has been very good in getting it for me."

End of life care and support
•People were supported with end of life care. We met with one family who were very complimentary of the end of life care currently being delivered. They wanted to share their experience with us and confirmed that all the necessary care was being delivered. They told us, "We are kept updated and we have been called out in the middle of the night and the staff have called to check on us."
•Anticipatory medicine was in place for people approaching the end of their life and the home worked with the District Nurses to ensure this was correctly administered.
•Some people had a Do Not Attempt Resuscitate (DNAR) agreement in place. This information was clearly accessible to staff. This ensured that in an emergency the staff were able to follow the persons wishes.

Good

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; and how the provider understands and acts on duty of candour responsibility
•People were very complimentary about the service. One person said, "I have always found it lovely, very friendly and we have quite a bit of fun as well." Another person's relative told us, "I felt when we came here we dropped on our feet. It's very homely. When we phoned there was one place, so we were lucky."
•Staff spoke highly of the management team and the care being delivered. One staff member told us, "We strive to deliver the best care and I feel very well supported working here."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
•People were supported by staff who understood their role and responsibilities.
•The management structure for the home was displayed in the main reception area to ensure all were aware of who key individuals were. A new quality assurance role had been introduced with a view to reviewing the systems and processes in the home and ensuing best practice across the providers portfolio.
•Staff attended a handover meeting every day to ensure they had the most up to date information about people's needs.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•People told us that they were involved in conversations about the home and their care although not many could recall attending any formal meetings.
•Staff told us they received supervision on a regular basis and team meetings were held throughout the year to discuss information in more detail. One staff member told us, "Our ideas are listened to, so we feel like we get to input and make a difference."

Continuous learning and improving care
•Several audits were completed in the home that related to people's care needs, medicine management and the environment. The results of these audits were shared with the relevant team members and any required actions were clearly documented.
•The provider had a maintenance system that used technology to improve the process of getting work completed and repairs organised. We saw that all staff were able to log on to the system and record the required information. This was then immediately sent to the responsible people who could make the necessary arrangements. Staff told us, "It is a great system and has sped up the process, so we get things sorted for people straight away."

Working in partnership with others
•The provider worked with the local provider forum and shared information with the team about agreed best practice and local initiatives.
•Completed investigations were shared with interested parties and any advice received was incorporated in to the homes plans for improvement.