Totalwest Limited

Lower Bowshaw View Nursing Home

Inspection report

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Lowedges
Sheffield
South Yorkshire
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Tel: 01142372717

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Lower Bowshaw View is registered to provide accommodation, nursing and personal care for up to 40 older people. The home is located in a residential area of Sheffield with access to public services and amenities.

There was a manager at the service who was registered with the Care Quality Commission (CQC). 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 and associated Regulations about how the service is run.

Our last inspection at Lower Bowshaw View took place on 15 and 19 October 2015. The home was rated as Requires Improvement. We found four breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were breaches in regulations 11: Need for consent, 12: Safe care and treatment, 17: Good governance and 19: Fit and proper persons employed. Requirement notices were given for these breaches in regulation and the registered provider was told to make improvements. On this inspection we checked improvements the registered provider had made. We found some improvements had been made to meet the requirements of these regulations. However, some quality audits had not identified concerns reported to us which meant they were not always effective.

This inspection took place on 3 January 2017 and was unannounced. This meant the people who lived at Lower Bowshaw View and the staff who worked there did not know we were coming. On the day of our inspection there were 35 people living at Lower Bowshaw View.

People spoken with were positive about their experience of living at Lower Bowshaw View. They told us they felt safe and they liked the staff.

We found systems were in place to make sure people received their medicines safely so that their health was looked after.

Staff recruitment procedures ensured people's safety was promoted.

Whilst we found the home generally clean, information shared by the Clinical Commissioning Group (CCG) showed that infection prevention and control practices did not always promote people's safety.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for their role. Staff were provided with supervision and appraisal at appropriate frequencies for their development and support.

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.

A maintenance plan was in operation but parts of the environment and some furnishings were worn and tired which meant people did not always have a well maintained environment in which to spend their time.

People had access to a range of health care professionals to help maintain their health. A varied diet was provided, which took into account dietary needs and preferences so people's health was promoted and choices could be respected. Whilst staff were available to support people to eat, this was not always effectively managed.

A range of activities were available to provide people with leisure opportunities.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People living at the home and their relatives had been asked their opinion via questionnaires. The results of these had been audited to identify any areas for improvement.

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.

Infection prevention and control practices did not always promote people's safety.

The staff recruitment procedures in operation promoted people's safety.

Sufficient levels of staff were provided to meet people's needs.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

People expressed no fears or concerns for their safety and told us they felt safe.

Is the service effective?

Requires Improvement

The service was effective.

Staff had been provided with training, supervision and appraisal at relevant frequencies so they had the skills to support people.

A varied menu was provided so that people could enjoy their food. Whilst staff were available to support people to eat, this was not always effectively managed.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

Some parts of the environment were worn.

Is the service caring?

Good

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were very caring in their approach.

Is the service responsive?

Good

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Is the service well-led?

Requires Improvement

The service was not always well led.

Staff told us the registered manager was supportive and communication was good within the home. Staff meetings were held.

There were quality assurance and audit processes in place to make sure the home was running safely. However, some of these were ineffective as infection control concerns had not been identified within the audits.

The service had a full range of policies and procedures available for staff so that they had access to important information.

Lower Bowshaw View Nursing 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 registered 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 3 January 2017 and was unannounced. The inspection team consisted of two adult social care inspectors 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.

Before our inspection, we reviewed the information we held about the home. This included correspondence we had received and notifications submitted by the service. A notification must be sent to the Care Quality Commission every time a significant incident has taken place, for example where a person who uses the service experiences a serious injury. We asked the provider to complete a Provider Information Return (PIR). This 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. The PIR was returned as requested.

We contacted Sheffield local authority, Sheffield Clinical Commissioning Group (CCG) and 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. All of the comments and feedback received was reviewed and used to assist and inform our inspection.

During our inspection we spoke with ten people living at the home and seven of their relatives to obtain their views of the support provided. We spoke with 11 members of staff, which included the registered manager, the director, a qualified nurse, senior care and care staff, the cook in charge, a kitchen assistant, a domestic staff and the administrator. We also spoke with two health professionals who were visiting the home on the day of our inspection.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them.

We spent time looking at records, which included three people's care records, four staff records and other records relating to the management of the home, such as training records and quality assurance audits and reports.

Requires Improvement

Is the service safe?

Our findings

We checked progress the registered provider had made following our inspection on 15 and 19 October 2015 when we found breaches in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulations 12; Safe care and treatment and 19; Fit and proper persons employed. The provider sent an action plan detailing how they were going to make improvements. At this inspection we found sufficient improvements had been made to meet these regulations.

On the day we inspected the service We found the home was generally clean and observed staff using appropriate personal protective equipment (PPE) such as gloves and aprons. We found a policy and procedure was in place for infection control. Training records seen showed staff were provided with training in infection control to promote people's safety. However, we received information from the Clinical Commissioning Group's (CCG) infection prevention and control lead following our visit. They had found concerns with infection prevention and control practices. For example, bathrooms and a sluice were found in a dirty condition. Faeces was found seen on the paper towel dispenser and some equipment could lead to people sharing infection. This meant infection prevention and control practices could compromise people's safety.

All of the people living at Lower Bowshaw View spoken with said they felt safe. Comments included, "Yes, I feel safe here, thank you," "I feel safe. I should do as I have been here (a number of) years," "It's nice here," "I feel quite safe here. I am very comfortable" and "I don't have any worries about living here." One person receiving support told us, "I am happy here, but I would sooner be at home."

Relatives of people receiving support said they had no worries or concerns about the safety of their family member living at Lower Bowshaw View. Comments included, "I don't think I have seen anything that isn't safe here," "I would say I feel [name of person receiving support] is very safe here," "I feel it's very safe here. There is always someone with [name of person receiving support], twenty-fours a day" and "They [person receiving support] used to walk but now need hoisting to bed. There is always two of them [staff] for that."

We asked people receiving support and their relatives about the numbers of staff provided. People told us they thought enough staff were available. Comments included, "Yes, there are lots of staff, not always when you want them," "I don't always need the staff, I can manage myself," "There is enough staff," "They [staff] are pretty quick on the buzzers [call alarms]," "There is always plenty of staff from what I have seen" and "There seems to be enough staff." However, one relative spoken with commented, "If you ring the call button, you have to wait a while." Another relative told us, "We had to ring the call bell as [family member] needed to pass water. Nobody was free and we had to wait."

We discussed response to call alarm times with the registered manager. We were provided with records of call alarm audits which showed regular audits of response times had taken place at different times of the day and night, including weekends to make sure the home was safe and that people were responded to in a timely manner. The records showed response times of between one and three minutes. During the day of our inspection we observed staff responding to call alarms which showed that people had not been left

waiting for support. The registered manager said they would closely monitor call time responses.

At the time of this inspection 35 people were living at Lower Bowshaw View. We found one qualified nurse and six care staff, which included a senior care worker, were provided each day. During our inspection we found these numbers were maintained. In addition, ancillary staff which included a domestic assistant, a maintenance person and a cook were on duty. We spoke with the registered manager about staffing levels. They said these were determined by people's dependency levels and occupancy of the home. We looked at the homes staffing rota for the four weeks prior to this visit, which showed the calculated staffing levels were maintained so people's needs could be met.

All of the staff asked said they would be happy for a relative or friend to live at the home and felt they would be safe.

We looked at three people's support plans and saw each plan contained risk assessments that identified the risk and the actions required of staff to minimise and mitigate the risk. The risk assessments seen covered all aspects of a person's activity and included moving and handling and eating. We found risk assessments had been regularly reviewed and updated as needed to make sure they were relevant to the individual and promoted their safety.

We found the registered provider had appropriate recruitment policies and procedures in place that the registered manager followed when employing new members of staff. We looked at four staff files to check how staff had been recruited. Each contained an application form, references, proof of identity, employment history and evidence of a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made so correct procedures were followed to uphold people's safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said they would always report any concerns to the registered manager or senior person on duty and they felt confident senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies and procedures were available to them.

The service had a policy and procedure on safeguarding people's finances. The administrator explained small amounts of monies were looked after for some people. Each person had an individual record and their money was kept in a separate wallet in the safe. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We saw the registered manager undertook audits of financial records to ensure they were correct. This showed procedures were followed to help protect people from financial abuse.

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Staff spoken with were knowledgeable on the correct procedures on managing and administering medicines. Staff could tell us the procedures to follow for receipt and recording of medicines. This showed staff had understood their training and could help keep people safe.

We found the qualified nurse and a senior carer were designated with responsibility for managing medicines. We checked three people's Medicine Administration Record (MAR) charts and found they had been fully completed. The medicines kept corresponded with the details on MAR charts. There were appropriate arrangements in place for the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). They were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. We found the number of controlled drugs kept tallied with the records held. This showed that all controlled drugs had been accounted for. However, the controlled drugs count had not taken place at the weekly frequency identified in the provider's medicines policy. We discussed this with the registered manager who gave assurances that these would take place to make sure full procedures were adhered to.

Requires Improvement

Is the service effective?

Our findings

We checked progress the registered provider had made following our inspection on 15 and 19 October 2015 when we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regards to regulation 11; Need for consent. The provider sent an action plan detailing how they were going to make improvements. At this inspection we found sufficient improvements had been made to meet regulations.

People living at the home and their relatives spoke positively about the support provided. Their comments included, "The staff do change but there is always a nexus (connection) here with staff," "We have the same staff looking after [family member]. We can ring up before to make sure they are ready when we come, so [family member] is not rushed, as they don't like being rushed," "They [staff] are very good to my [family member]" and "They do keep us up-to-date and will let us know anything,"

We asked about the support people received regarding health care. Comments included, "The GP comes on a regular basis, they [staff] contact us and let us know anything," "Normally it is [names of staff] that phone me when they [family member] have been seen by a doctor," "They have a visiting dentist who noticed that [family member] needed treatment. They [staff] arranged for them to go to hospital to have this done," "[Name of family member] has been seen by the optician that comes here. They got new glasses," "[Name of family member] had lost a little bit of weight. They changed their diet and they have been fine since," "They [family member] have not been unwell, generally health wise no trouble at all," "The staff encourage [family member] to stand and walk. They have had a physio for them but they won't walk as they are scared of falling, they now hoist them" and "[Name of family member] has not had [a specific recurring infection] for ages, touch wood."

We asked about the food provided. Comments included, "The food is very good," "The food choice is good," "Good choice of food, what they serve on the plate is enough," "We can ask for things later if we want them, like tea and biscuits," "They [name of family member] are always getting a cup of tea and biscuits, I have been offered them as well," "I can decide where to eat," "I prefer to eat inside my room," "They have a good choice of food menus, [name of family member] has pureed food."

We spoke with two health professionals who were visiting the home on the day of our inspection. One commented, "I have no concerns about this home. The staff are good at communicating any issues and work well with us."

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 so that they can receive care and treatment when this is in their

best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and the recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

At the time of this inspection four people who used the service had a DoLS authorisation in place. This was because they did not have capacity and could not consent to the care being provided to them due to their dementia. We checked the DoLS authorisations for these people and saw they were in date, for the duration of 12 months and would then be reviewed. The registered manager informed us where needed further DoLS applications had been referred to the local authority in line with guidance and we saw records of these.

We looked at three people's care plans. They held people's signatures to evidence they had been consulted and agreed to their plan. People receiving support told us care staff asked their opinion and checked things with them.

The care plans seen all contained an initial assessment that had been carried out prior to admission. The assessments and care plans contained evidence that people had been asked for their opinions and had been involved in the assessment process to make sure they could share what was important to them.

The care records showed people were provided with support from a range of health professionals to maintain their health. These included district nurses, GPs, speech and language therapists (SALT), chiropodists and dentists. People's weights were monitored monthly or more often if identified as needed and we saw evidence of involvement of dieticians where identified as needed. This meant that people were provided with relevant support for their health.

We saw some people in the dining areas at breakfast and lunch time. During the meals staff were chatting to people as they served food. People were allowed to eat at their own pace and staff sat with people who needed to support to eat. However, we saw one person in the ground floor dining room being encouraged to eat by staff (who were sat with other people assisting them to eat) telling them to eat their food. The person kept dozing and when staff came to sit with them for a few minutes their meal had gone cold. We saw the same person dozing whilst their hot pudding was going cold. This meant the person was not receiving support appropriate to their needs so they could enjoy their meal. We saw that people in the first floor dining room had their support needs met and did not have to wait for assistance.

We observed drinks being regularly taken into the lounges during our visit. We saw people who preferred to spend time in their bedrooms also received drinks. Staff were aware of people's food and drink preferences and respected these.

We spoke with the cook who was aware of people's food preferences and special diets so these needs could be met. We looked at the menu for four weeks and this showed a varied diet was provided. Alternatives were available from the menu and people told us they could always have different to the menu if they chose. This was confirmed by staff. This demonstrated a flexible approach to providing nutrition. We saw plentiful food stocks which included fresh fruit and vegetables so that people had choice.

We found a 'Tea Room' was provided for people living at the home and their relatives and friends to spend time and enjoy drinks and snacks. We saw the room was well used and observed some people living at the home and their relatives sharing conversation and laughter within this facility.

Staff spoken with said they undertook induction and refresher training to maintain and update their skills and knowledge. Mandatory training such as moving and handling, first aid, medicines and safeguarding was provided. Training in specific subjects to provide staff with relevant skills and knowledge to support people were also undertaken, for example, training on Huntington's disease. We looked at the training record which showed a programme of refresher training was in place so that staff skills remained up to date.

Records checked showed that staff were provided with supervision and annual appraisal for development and support. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member's performance and improvement over a period of time, usually annually. Staff spoken with said they felt supported and supervisions were provided regularly and they could talk to the registered manager or senior staff at any time.

We saw that parts of the environment were worn. The easy chairs in lounges were showing age and corridor paintwork was damaged. We discussed this with the registered manager who showed us the homes maintenance plan. This showed that a redecoration and refurbishment plan was in place. Lounges had been redecorated and corridor areas had been identified as the next job to be completed so people had a pleasant and comfortable space to spend their time.

Good

Is the service caring?

Our findings

People told us they were happy living at Lower Bowshaw View. They told us the staff were respectful and they could choose what to do with their day. Their comments included, "The staff are lovely here," "They [staff] are very pleasant," "They [staff] treat people like you would like to be treated," "Staff are very pleasant to me" and "They [staff] help me to shower, they let me wash myself down below." This showed that staff respected people.

Relatives spoken with said they visited regularly and at different times of the day. We saw the home had visitors throughout the day and all were greeted warmly by staff that knew them. Relatives told us the staff were caring and they felt involved. Comments included, "They [staff] are good, we've never had any problems," "They [staff] are all very nice. If there is anything I need they sort it out," "Staff know [name of family member] likes and dislikes," "I get on well with the staff, they are very kind and polite" and "Seems quite good really, staff are alright with us."

We asked people living at the home and their relatives if they found staff approachable. Everyone asked was positive about staff and commented, "Very approachable, they [staff] all talk to me," "They [staff] are approachable, if I had any questions I would speak to the manager or ask the sister" and "The manager is very approachable."

We found systems were in place to ensure end of life care was appropriate to people's needs and wishes. We saw records of staff training in end of life care so that they had the skills and knowledge to meet people's needs. The registered manager told us that at the time of this inspection no person was being supported with end of life care.

During our inspection we spent time observing interactions between staff and people living at the home and their relatives. Staff had built positive relationships with people and they demonstrated care in the way they communicated with and supported people. We saw in all cases people were cared for by staff that were kind, patient and respectful. We saw staff acknowledge people when they passed them in a corridor or entered a communal room. Staff shared conversation with people and were attentive and mindful of people's well-being. We saw care staff knock on bedroom doors and call out before entering. People were always addressed by their names and care staff seemed to know them and their families well. People were relaxed in the company of staff. This showed that people were treated respectfully.

We found systems were in place to encourage people's involvement. The registered manager told us that 'residents and relatives' meetings had not been successful as people had been unable to attend or chosen not to attend. To encourage people's involvement a 'dignity committee' had been set up whose members included people living at the home, relatives and staff to discuss issues and share ideas. The notice board on display in the entrance hall of the home displayed photographs of members of the committee and gave information on when meetings were being held. This showed that people were consulted and had opportunities to share ideas and information.

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so health professionals could see them in private. We heard staff speaking with people and explaining their actions so people felt included and considered.

We did not see or hear staff discussing any personal information openly or compromising privacy.

Staff told us the topics of privacy and dignity were discussed at training events and they were able to describe how they promoted people's dignity.

The care plans seen contained information about the person's preferred name and how people would like their care and support to be delivered. This showed important information was available so staff could act on this and provide support in the way people wished.

Good

Is the service responsive?

Our findings

People living at Lower Bowshaw View said staff responded to their needs and knew them well. They told us they chose where and how to spend their time, where to see their visitors and how they wanted their care and support to be provided. People also told us they could talk to staff if they had any concerns or complaints. Comments included, "I can go about my business as I choose. I like to spend time in my room and that's never a bother," "I like to join in some activities. I enjoy them," "I can get up when I want and go to bed when I want. Staff help me," "I made a glitter bag and you have to be quite particular where you put the glitter," "I made two glitter bags and gave one to my sister," "We have singing sometimes" and "The activities here are good."

Relatives of people living at the home told us that staff were responsive to their family member's needs. Comments included, "I had just got home and they [staff] phoned me, they said [family member] was too tired and they had got a GP in. They sent them straight to hospital" and "We sat down once with a staff in charge and raised a concern about [a specific issue]." The relative went on to say the issue had been resolved as the person was provided with an alternate option that better suited their needs. This showed a responsive approach to people's needs.

We spoke with the registered manager and staff about activities in the home. Two activity workers were employed, and activities were provided for six days each week to ensure there was a range of meaningful activities on offer every day. People told us and records showed that a range of activities were provided. These included individual activities such as manicures and make up, to group games such as dominoes, and crafts. In addition, entertainers regularly visited the home and events were planned for people to enjoy, such as summer fayres and fund raising events. On the day of our inspection we observed a quiz taking place. All of the people spoken with said they were happy with the activities provided and they were free to choose to join in or not, depending on their preference. Relatives also said their family member was provided with leisure opportunities and commented, "They [staff] hold events, special events at Christmas and eggs for Easter," They have a sing song every week and we join in" and "At Christmas they have singers, do plays and had a pantomime last time." This showed that people were provided with leisure opportunities.

Throughout our inspection we saw and heard staff asking people their choices and preferences, for example, asking people what they would like to drink and where they wanted to sit and if they wanted to join in an activity.

People's care records included an individual care plan. The care plans seen contained details of people's identified needs and the actions required of staff to meet these needs. The plans contained information on people's life history, preferences and interests so these could be supported. Health care contacts had been recorded in the plans and showed people had regular contact with relevant health care professionals. This showed people's support needs had been identified, along with the actions required of staff to meet identified needs.

The care plans seen had been signed by the person supported and/or their relative to evidence their

involvement. Relatives told us they had been involved in their family member's care planning so their views could be taken into account.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported. This meant that people were supported by staff that knew them.

The care plans checked identified any specific support that was needed to maintain health. The care plans contained details of the intervention from other healthcare professionals so that the person was fully supported to maintain their health.

There was a clear complaints procedure in place. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. We saw people were provided with information on how to complain in the information pack provided to them when they moved into Lower Bowshaw View. This showed people were provided with important information to promote their rights and choices. We saw a system was in place to respond to complaints. A complaints record was available to record action taken in response to a complaint and the outcome of the complaint. There were no complaints about the home at the time of this inspection.

All of the people living at the home and their relatives spoken with all said they could speak to staff if they had any worries.

Requires Improvement

Is the service well-led?

Our findings

We checked progress the registered provider had made following our inspection on 15 and 19 October 2015 when we found a breach in the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in regard to regulation 17; Good governance. The provider sent an action plan detailing how they were going to make improvements. At this inspection we found some improvements had been made but further improvements were needed to ensure audits were effective. For example, the homes Infection prevention and control (IPC) audits had not identified the concerns raised from a visit by Clinical Commissioning's Group (CCG) IPC visit.

The manager was registered with CQC. The registered manager was visible and fully accessible on the day of our inspection. Throughout our inspection we saw the registered manager greet people by name and they obviously knew them well. We saw people living at the home; their relatives and staff freely approached the registered manager to speak with them.

People living at Lower Bowshaw View, their relatives and staff at the home spoke positively about the registered manager. Most people told us they knew the registered manager and found her approachable. People said they had confidence in the registered manager and they were encouraged to voice their opinion. People commented, "The manager is very approachable" and "I can go to the manager to talk about anything."

Staff told us the registered manager had an 'open door' and they could talk to her at any time. They told us the registered manager was always approachable and keen on staff working together.

We saw an inclusive culture in the home. All staff said they were part of a good team and could contribute and felt listened to. They told us they enjoyed their jobs. All of the staff spoken with said they would be happy for a friend or family member to live at the home.

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. We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process. We found quality assurance procedures were in place to cover all aspects of the running of the home. Records showed the registered manager undertook regular audits and 'walk arounds'. Those seen included care plan, medication, health and safety and infection control audits. We saw environment checks and health and safety checks were regularly undertaken to audit the environment to make sure it was safe. However, concerns reported by CCG regarding infection prevention and control practices (IPC) had not been identified by the internal IPC audits undertaken. This meant the audits were not always effective and people's health could be compromised.

We saw records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns so that people's well-being and safety could be promoted.

We found questionnaires had been sent to people living at the home, their relatives, health professionals and staff. The results of questionnaires were audited and a report compiled from these so people had access to this information. The registered manager told us if any concerns were reported from people's surveys these would be dealt with on an individual basis where appropriate. Where people had identified any improvements needed, an action plan would be developed to act on this.

Records showed staff meetings took place to share information relating to the management of the home. All of the staff spoken with felt communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know.

The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training and induction programme. This meant that staff could be kept fully up to date with current legislation and guidance.

The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed any notifications required to be forwarded to CQC had been submitted and evidence gathered prior to the inspection confirmed this.