

Mr Ram Perkesh Malhotra & Mr Darshen Kumar  
Malhotra

# Bowland Lodge

## Inspection report

39 Western Avenue  
Grainger Park  
Newcastle Upon Tyne  
Tyne and Wear  
NE4 8SP

Tel: 01912734187

Date of inspection visit:  
05 March 2019  
06 March 2019  
22 March 2019

Date of publication:  
02 July 2019

## 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

About the service: Bowland Lodge provides care and accommodation for up to 36 people. There were 27 people using the service during our inspection. People who used the service had enduring mental health needs or dementia type conditions.

People's experience of using this service: Improvements had been made since our last inspection with regards to fire safety and the premises. A new snack kitchen had been built, which when open, would be available for people and relatives to use. A hydration station had been introduced. People were able to access drinks when they wanted. A new entry gate had been fitted at the bottom of the drive. Further work was being carried out to ensure the security of the garden, so people could access the garden safely.

There were structures and systems in place to support people's health and wellbeing, such as helping them reduce their alcohol intake. However, some people told us they would prefer to live at home without the organised supervision and therefore their answers to our questions were not as positive as others.

People received individualised care, however, further action was required to ensure that care plans reflected people's needs and identified risks. There was an activities programme in place. People were supported to access the local community.

The management and governance of the service had been strengthened. Audits and checks were carried out on all aspects of the home. These however, had not identified the issues with the maintenance of records. In addition, the systems and changes which had been introduced, were still in the process of becoming embedded into practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection: Inadequate (previous report published 28 January 2019). We identified multiple breaches of the regulations. We took urgent enforcement action and placed conditions upon the provider's registration, including the suspension of admissions. We asked the provider to complete an action plan to show what they would do and by when to improve.

This service has been in Special Measures. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Why we inspected: This inspection was carried out to follow up action we told the provider to take at the last inspection.

Enforcement: We identified a breach in relation to good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up: We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the registered manager and provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Bowland Lodge

## 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 two inspectors and a specialist advisor in nutrition.

**Service and service type:** Bowland Lodge is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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:** The inspection was unannounced.

**What we did:** Prior to the inspection we reviewed information we held about the service. This included notifications which the provider had sent us about certain incidents that had occurred at the service. We contacted the local authority's safeguarding adults team and contracts and commissioning teams. We also contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we checked the following records: Four people's care plans, one staff recruitment file, information relating to staff training, audits and quality assurance reports.

We talked with six people, two relatives and a visiting social worker to find out their opinions of the service.

We also spoke with the registered manager, the deputy manager, one senior care worker and four care staff. In addition, we spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

# Is the service safe?

## Our findings

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

At our previous inspection we rated this key question as inadequate. An effective system for ensuring the premises were safe and kept clean was not fully in place. Risks to people's safety were not fully assessed and there were shortfalls in the management of medicines. This was a breach of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found improvements had been made and the provider was no longer in breach of Regulation 12. However, further action was required regarding Regulation 17 in relation to the maintenance of records.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Systems and processes to safeguard people from the risk of abuse.

- Systems and processes were in place to safeguard people from abuse. However, records did not fully evidence that the correct action had been taken with regards to one incident. The registered manager told us that this would be addressed.
- Two recent incidents had been submitted to the local authority safeguarding. However, there had been a delay in sending the relevant notifications to CQC. The registered manager told us that this had been an oversight and these were immediately submitted.

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

- An effective system to ensure risks were monitored and managed was not fully in place. Certain risks, such as those relating to one person's moving and handling and risks relating to several people's behavioural management had not been fully assessed.
- Accidents and incidents were recorded. Further action was required to ensure care records were reviewed following any incidents.
- Action had been taken following our previous inspection in relation to fire safety and the premises. A system was now in place to ensure the safety of the building.
- New moving and handling equipment was being organised. Following our inspection, the registered manager told us that a new hoist and a specialised shower chair had been purchased.

Staffing and recruitment.

- There were sufficient staff deployed to meet people's needs. Staff had sufficient time to support people to access the local community.
- Recruitment checks were carried out to help ensure only suitable staff were employed. We identified several recording shortfalls relating to the recruitment procedures which the registered manager told us would be addressed.

Using medicines safely.

- Medicines were now managed safely.

Preventing and controlling infection.

- The home was clean and an effective system was now in place to reduce the risk of cross infection.



# 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.

At our previous inspection we rated this key question as requires improvement. The design of the premises and facilities did not fully promote people's independence. In addition, support to meet people's nutrition and hydration needs was not always provided in a person-centred way. This was a breach of Regulation 10 (Dignity and respect) and Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of these regulations. However, further action was required with regards to the design and décor of the premises and the maintenance of records relating to people's nutritional needs.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Action was being taken to improve the design and décor of the building. A new kitchen had been built on the first floor. This was not yet in use, but once opened people and relatives would be able to make their own drinks and snacks.
- A gate had been fitted at the bottom of the drive. Further work was being carried out to ensure the security of the garden area.
- There was an ongoing refurbishment plan. New furniture and soft furnishings had been purchased for people's rooms.

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

- Staff supported people with their dietary needs. However, further action was required to ensure that records evidenced people's dietary requirements and the risk of malnutrition. The registered manager was addressing this at the time of the inspection.
- A hydration station had been introduced since our previous inspection. People could access drinks at any time.

Staff support: induction, training, skills and experience.

- People were supported by staff who were trained and supported. There was a training programme in place. The registered manager was sourcing additional training in mental health conditions such as schizophrenia.
- A supervision and appraisal system was in place. Staff told us they felt supported.

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.

- Consent to care was sought. However, further action was required to ensure records demonstrated how the principles of the MCA were followed.
- The registered manager had submitted DoLS applications to the local authority in line with legal requirements.

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

- Assessments were not always sufficiently detailed to demonstrate how staff provided effective care.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access health and social care services. Staff asked people whether they would like to be referred for psychological support, for example to an alcohol support group or counselling service. This information was now recorded in people's care files.

## 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.

At our previous inspection we rated this key question as requires improvement. An effective system was not fully in place to promote people's independence. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that action had been taken to improve and the provider was no longer in breach of this regulation.

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; Respecting and promoting people's privacy, dignity and independence.

- People were treated with kindness. This was confirmed by people and relatives. One person told us, "The staff are all pleasant."
- We observed positive interactions between people and staff. One person became upset and staff distracted them by encouraging them to sing.
- Action was being taken to ensure people's independence was promoted. People were now able to get their own drinks and a new kitchen had been built. Work to secure the garden area was nearly complete.
- Housekeeping skills were encouraged, however some people declined to get involved.

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

- Reviews were carried out with people and meetings undertaken to obtain people's views. One person told us, "I found I couldn't get my knees under the sink to get washed, I reported that and it's been sorted now."
- Several people had an independent advocate. Advocates can represent the views and wishes for people who are not able express their wishes.

## Is the service responsive?

### Our findings

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

At our previous inspection we rated this key question as requires improvement. There was a lack of evidence that people were supported to follow their interests or take part in social activities relevant to their interests. Care plans did not always reflect people's actual care. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of this regulation. However, further action was required with the maintenance of care records.

People's needs were not always met. Regulations may or may not have been met.

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

- People received individualised care. However, further action was required to ensure care plans and associated risk assessments reflected people's needs.
- Relatives and a social care professional were complimentary about the responsiveness of staff. The social care professional stated, "It's been the best place – they're a different person here. They needed structure and they needed to be prompted, meals needed to be watched. They're actually going into the community by themselves, they're interacting, they have just come out of themselves."
- Activities had improved. People were supported to access the local community. One person waved goodbye to us happily as they went shopping with a staff member. Some people told us more activities would be appreciated. The registered manager told us that when activities were offered, some people refused. This was confirmed by our own observations.
- The registered manager was aware of the Accessible Information Standard. This standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager told us she was mindful of the various sources of information she could access if people required information in a particular format such as Braille or a different language.

Improving care quality in response to complaints or concerns.

- There was a system in place to manage complaints or concerns. People told us they felt able to raise any concerns. Both relatives said they had no complaints about the care and support at the service.

End of life care and support.

- There was no one receiving end of life care at the time of the inspection. People had a spiritual care plan in place which gave staff information about their spiritual and end of life wishes.

# 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 our previous inspection we rated this key question as inadequate. There were shortfalls in many areas of the service including the environment, medicines management, the assessment of risk, promoting independence and activities provision. Audits and checks were carried out to monitor aspects of the service. However, these did not identify all the shortfalls and omissions we found. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection we found that insufficient action had been taken and the provider remained in breach of this regulation.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Improvements had been made to the quality assurance system. However, further action and time was required, to ensure that improvements were embedded into practice.
- The audits and checks which had been undertaken did not highlight the shortfalls we had identified with the maintenance of records relating to the management of risk and care planning. In addition, an effective system to ensure CQC was notified of any events or incidents in a timely manner was not fully in place.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17. Good governance.

- The management and overview of the service had been strengthened. A care consultancy was being used to provide advice and guidance. Regular documented checks were carried out by the provider and their representatives.

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

- There were systems in place to involve people, relatives and staff. Meetings and surveys were carried out.

Working in partnership with others

- The service worked with other organisations and stakeholders such as the local authority and health and social care professionals to help make sure people received joined up care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  An effective system was not fully in place to assess, monitor and mitigate risks relating to health and safety. There were shortfalls in the maintenance of records relating to people. Regulation 17 (1)(2)(a)(b)(c)(f).