

Ideal Carehomes (Number One) Limited

Bowbridge Court

Inspection report

Bowbridge Road
Newark on Trent
Nottinghamshire
NG24 4DF

Tel: 01636614821

Website: www.idealcarehomes.co.uk

Date of inspection visit:
20 October 2020

Date of publication:
09 December 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Bowbridge Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Bowbridge Court does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Bowbridge Court accommodates up to 54 people in one purpose-built building, which is split across three floors. One of the floor specialises in providing care to people living with dementia. On the day of our inspection 45 people were living at the service.

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

Staff were not consistently using personal protective equipment (PPE) effectively. The registered manager took action to address this. The service was kept clean, which minimised the risk of people acquiring an infection. We were assured that the provider was preventing visitors from catching and spreading infections and were assured that people were admitted safely to the service. Staff were not always deployed effectively to meet people's needs.

People and relatives said they felt the service was safe. The registered manager and provider took appropriate action to ensure people were protected from the risk of abuse. People's needs were assessed, and risks associated with their health conditions documented. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe. Risks associated with the service environment were assessed and mitigated.

People received their prescribed medicines safely. The system for managing medicines ensured people were given the right dose at the right time. Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. The provider had improved their processes for analysing incidents to determine how to improve the quality of care.

The service was well-led. People and their relatives spoke positively about the way the service was run. The provider and management team undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on all aspects of people's care, and the building environment. Staff we spoke with clearly understood their roles and responsibilities in providing people with safe and good quality care.

People, relatives and staff were encouraged to give regular feedback on the quality of the service. Staff worked with other health and social care professionals to ensure people received the care and support they needed.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 2 May 2019) and there were breaches of regulations 12, 13 and 17 of the Health and Social Care Act Regulations 2014. Following the last inspection, we retained conditions already imposed on the provider's registration. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about medicines management, infection prevention and control, staffing levels and how risk is managed for people's behaviours. A decision was made for us to inspect and examine those risks. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bowbridge Court on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bowbridge Court

Detailed findings

Background to this inspection

The inspection

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

This was a focused inspection to review the Key Questions of Safe and Well-led only. Our report is only based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Effective, Caring and Responsive key questions were not looked at on this occasion. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Inspection team

The inspection was carried out by three inspectors and an assistant inspector. An Expert by Experience supported the inspection by seeking feedback from relatives over the telephone. 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

Bowbridge Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Bowbridge Court does not provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an announced inspection. We announced the inspection the day we visited to discuss the safety of people, staff and inspectors with reference to the COVID-19 pandemic.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with eight people who used the service and 10 relatives. We spoke with eight staff. We spoke with the registered manager and the provider's regional director. We looked at a range of records including five people's care records and how medicines were managed for people. We also looked at staff training, and the provider's quality auditing system. During the inspection visit we asked the registered manager and regional director to provide additional evidence about how the service was managed, which they did. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We spoke with staff and relatives after the inspection visit to get feedback from them about the quality of the service. We continued to seek clarification from the provider to validate evidence found and reviewed the evidence they sent us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had not ensured risks to people's safety were mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found evidence that improvements had been made and the provider was no longer in breach of regulation.

- People's needs were assessed, and risks associated with their health conditions documented. These were reviewed regularly. Staff knew about risks associated with people's health conditions and understood how to provide care which kept people safe.
- For example, people who were at risk of falls had their health needs reviewed after a fall. Health professionals were contacted to provide advice on how to minimise the risk of people falling, and any recommendations they made were put in place. This helped to reduce the risk of falls and reduced the risk of people being injured as a result of a fall.
- People who were at risk of choking had appropriate risk assessments and care plans in place. Staff sought professional advice on how to modify food and drinks to reduce people's risk of choking. Any specialist advice was clearly recorded in people's care plans, and we saw staff understood how to prepare food and drink to the correct texture for people. This helped to reduce the risk of choking for people who had difficulty swallowing.
- Risks associated with the service environment were assessed and mitigated. The provider had a system in place for regular checks on all aspects of the environment. This included checks on equipment such as pressure relieving equipment, hoists and slings.
- There were clear plans in place to guide staff in what to do in an emergency, and staff knew what the plans were. For example, if there was a fire or power cut. Each person had their own personal emergency evacuation plan (PEEP) with up to date information about people's mobility and support needs. This meant staff and emergency services would quickly know how to support people safely.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had not ensured people were protected from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found evidence that improvements had been made and the provider was no longer in breach of regulation.

- The registered manager and provider took appropriate action to ensure people were protected from the risk of abuse. For example, where there were any incidents between people, appropriate action was taken to reduce the risk of incidents reoccurring. The provider records showed that any incidents were analysed to see what action could be taken to keep people safe. Any actions put in place were then reviewed to see if they were effective.
- Staff understood how to recognise and report concerns or abuse. Staff received training in safeguarding

and felt confident to raise concerns.

- The manager and deputy manager reported any allegations or abuse to the local authority safeguarding team and notified CQC about this. The provider had policies on safeguarding people from the risk of abuse and whistleblowing, and staff knew how to follow these.
- People and relatives said they felt the service was safe. One relative said, "They have always said they feel safe, and has said they wouldn't want to be anywhere else. I wouldn't have left them there if they didn't." Another relative said, "Yes, I do think they [my family member] are safe. They would tell me if they weren't, also I think the vast majority of staff are very caring. With the [COVID-19 pandemic] they have handled it extremely well."

Preventing and controlling infection

- Staff were not consistently using personal protective equipment (PPE) effectively. Specifically, we saw staff occasionally wearing masks incorrectly, and staff were not changing masks after removing them to eat and drink. However, we saw staff wear PPE correctly at all other times during the inspection. We spoke with the registered manager, who said they would address these issues with the staff team. They assured us there were sufficient stocks of PPE for staff to use correctly and said they would be encouraging staff to follow the guidance on sessional use of masks.
- The service was kept clean, which minimised the risk of people acquiring an infection. Staff described and understood infection control procedures, and they carried out a range of regular tasks to ensure the service was clean.
- The registered manager ensured checks were done in relation to cleanliness and infection prevention and control. This ensured the cleaning work done by staff was effective. The risks associated with infections were minimised, and the premises were clean.
- We were assured that the provider was preventing visitors from catching and spreading infections and were assured that people were admitted safely to the service.
- Bowbridge Home has three floors. The registered manager split the staff team in three – one team on each floor for each shift. This reduced the risk of staff moving between different areas of the home, and therefore reduced the risk of any infection spreading.

Staffing and recruitment

- Staff were not always deployed effectively to meet people's needs. We saw staff were very busy and task focussed. People got their personal care when they needed it, but staff did not always have time to spend with people doing an activity which was enjoyable for them. For example, we saw one person enjoying an activity with a staff member. The staff member needed to support another person, which meant the first person's quality activity time was cut short.
- People and relatives had mixed views about whether there were enough staff to meet people's needs. Four relatives felt there were not always enough staff available to meet people's needs. One relative said, "My family member has full capacity and relies on staff to bring them things. They said they must be very short of staff because of the way things are taking longer, having to wait. That is what they are finding difficult."
- Staff confirmed there were certain times of the day when people would benefit from having more staff available. One staff member described how the dependency tool did not take people's mental wellbeing into account. They gave an example of one person who needed both practical assistance and lots of reassurance.
- The registered manager confirmed they used a dependency tool to help them make decision about staffing levels. We asked them to review the staffing levels to ensure staff were deployed appropriately to support people with both their physical and emotional support needs.
- Staff told us the provider undertook pre-employment checks, to help ensure prospective staff were

suitable to care for people. This ensured staff were of good character and were fit to carry out their work.

Using medicines safely

- People received their prescribed medicines safely. Staff received training about managing medicines safely and had their competency assessed. Staff told us, and evidence showed that overall, medicines were documented, administered and disposed of in accordance with current guidance and legislation.
- Each person's medicines records had key information about allergies and how people liked to be given their medicines. The system for managing medicines ensured people were given the right dose at the right time.
- People received their "as and when" (PRN) medication when they needed it. There was guidance in place for people's PRN medicine which told staff when this medication was needed. Staff also used nationally recognised guidance to help them assess people who could not clearly communicate when they needed PRN medicines. This helped to ensure people got their PRN medicine when they needed it.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. We saw documentation to support this and saw where action had been taken to minimise the risk of future accidents. Learning from incidents was shared with staff to improve care.
- The registered manager confirmed that, since the last inspection, there had been a lot of work to improve how accidents and incidents were documented. We also saw the provider had improved their processes for analysing incidents to determine how to improve the quality of care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had not ensured their systems were effective to provide safe care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. On this inspection we found evidence that improvements had been made and the provider was no longer in breach of regulation.

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

- The service was well-led. The provider and management team undertook audits of all aspects of the service to review the quality of care, and identify areas where improvements were needed. This included a range of regular checks on all aspects of people's care, and the building environment.
- The provider had an electronic system for recording all aspects of people's care. We looked at how staff used this to record a variety of tasks, and how the management team used the system to check care was delivered as they expected it to be. One staff member said, "[The system] allows us to review a huge range of care tasks daily, weekly and monthly, and looking at this information then prompts regular discussion about what action needs to be taken" We saw people's care was reviewed regularly and action taken to improve the quality of care.
- There was a business continuity plan in place which was detailed and included information about how to ensure provision of people's care during extreme circumstances. For example, if there was a fire or flood.
- Staff we spoke with clearly understood their roles and responsibilities in providing people with safe and good quality care. Staff felt well-supported by the registered manager and provider's senior management team. One staff member said what they liked about working at Bowbridge Court was, "The [positive] morale of the staff and the relationships with the residents." Another staff member said they had, "Fantastic support and we have got the most amazing staff team."
- The registered manager understood the responsibilities and regulatory requirements of being registered with the CQC.
- People and their relatives spoke positively about the way the service was run. Relatives confirmed they had been kept updated on how their family members were doing, particularly whilst there were restrictions on visiting the service during the coronavirus pandemic. One relative said, "On the whole [coronavirus] thing they [staff] assess regularly and have sent emails informing us; they are keeping abreast of the rules and following them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers of services must follow when things go wrong with care and treatment.
- Relatives told us they felt confident the provider would inform them if something did go wrong and would involve them in any discussions about improving people's care and support.
- The registered manager was aware of the requirement to notify the CQC of certain incidents, and these notifications were sent in as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives did comment on how difficult it had been with visiting restrictions during the coronavirus pandemic. It was clear that relatives were looking forward to being able to visit more frequently. Staff supported people to maintain contact with relatives as far as possible. For example, we saw one person being supported to have a video call with a relative. We also saw evidence that the provider was making plans for safe winter visiting in line with the current government guidance.
- People, relatives and staff were encouraged to give regular feedback on the quality of the service. For people, their views were sought in a variety of ways, including ways that supported people's communication preferences.
- During the coronavirus pandemic, there were restrictions placed on people taking part in their usual community activities. Staff had responded to this by trying to increase the range of activities they offered to people.

Continuous learning and improving care; Working in partnership with others

- We saw evidence that any issues identified in quality audits were shared with staff and action taken to improve care. For example, the monthly lifestyle (activities) audit in July 2020 identified staff were not consistently recording what activities were offered to people. This was raised with staff in the daily "10 at 10" meetings and we saw that recording improved. This helped the provider get a more accurate picture of what activities were actually taking place. Staff could then provide extra support to people who were at risk of being socially isolated.
- Staff worked with other health and social care professionals to ensure people received the care and support they needed. When people's needs changed, the staff team made sure appropriate referrals were made to external professionals where this was required.