

Kent Social Care Professionals Limited

Kent SCP (Bowles Lodge)

Inspection report

Bowles Lodge
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Ratings

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

Summary of findings

Overall summary

About the service

Kent SCP (Bowles Lodge) is registered as an extra care housing service, providing personal care to people in their own flat within one large building, Bowles Lodge. Kent SCP (Bowles Lodge) was also registered to provide a domiciliary care service to people living in their own homes within the local community. At the time of our inspection there were 36 people within Bowles Lodge and nine people within the local community receiving support to meet their personal care needs. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

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

People told us they were very happy with the support they received whilst living at Bowles Lodge. One person said, "I love it here, I am very happy."

People spoke highly of the staff that supported them who knew them well. Staff were kind and caring whilst promoting people's privacy and dignity. One person said, "I think the staff are very very nice, lovely girls."

People's needs were assessed with them prior to receiving support either within Bowles Lodge or within the local community. Care plans were individualised detailing how people wanted their needs met. Care records were kept under regular review to ensure they continued to meet people's needs.

Staff followed guidance to minimise potential risks posed to people within their flat, home or in the local community. Staff worked alongside health care professionals to ensure people remained as healthy as possible.

There were enough staff to meet people's needs. Staff had been recruited safely and received continuous support and supervision from their line manager. Staff used gloves and aprons when these were needed to protect people from the risk of infection. Medicines were safely managed, and people received these as prescribed.

Staff received a comprehensive induction into the organisation before working with people. There was a continuous training and development plan in place for staff to ensure they were trained to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's choices were respected, and staff understood people with capacity had the right to make unwise choices.

People's views were sought and acted on to improve the service they received. Complaints were used as a

learning tool to improve and prevent a reoccurrence. Systems were in place to monitor the quality of the service people received; action was taken when shortfalls were identified.

People had access to services within Bowles Lodge such as, a gymnasium, hairdressers and shop. There were strong links with the local community and regular group sessions were held within Bowles Lodge for people to access.

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

Rating at last inspection

This service was registered with us on 14 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date of the service.

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 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 ●

Kent SCP (Bowles 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. 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.

Inspection team

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

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built household accommodation in a shared building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. Kent SCP (Bowles Lodge) also provided a domiciliary care service to people in their own homes within the local community.

Notice of inspection

We gave the agency four days' notice of the inspection. This was because it is an agency and we needed to be sure that the registered manager would be in the office to support the inspection. People were also offered the opportunity to meet with the inspection team during the inspection.

Inspection activity started on 20 August 2019 and ended that day. The Expert by Experience held an open forum throughout that day based in the communal dining room within Bowles Lodge. People were able to meet with the inspection team throughout the day and provide feedback about the service they received. We visited the office location within Bowles Lodge on 20 August 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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. We used all this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the housing manager, team leader and three care staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe because they were provided with consistency and continuity of care; from the same staff members they knew well. Comments from people included, "I feel safe living here, always someone at the end of the bell and they come quickly if I push the bell" and "Good staff especially the night staff, they are there within minutes."
- Staff had been trained and knew the action to take if they had any suspicions. Staff felt confident that any concerns they raised would be listened to and acted on.
- Safeguarding concerns had been raised with the local authority and other agencies such as the police. Following an alleged theft from a person living in the scheme, the management team had spoken to people to reduce the risk of theft from their flat. The management team had liaised with the local police and had arranged for a group session to be held regarding the safety and security of people's belongings.

Assessing risk, safety monitoring and management

- Potential risks posed to people had been assessed with guidance in place for staff to follow to reduce the risk. For example, potential risks with the person's mobility, nutrition and hydration and the management of their medicines. Staff knew people well and spoke confidently about how they reduced potential risks.
- Bowles Lodge had a housing manager based on site; their role included the management of the building including any maintenance or servicing works. The registered manager had a daily meeting with the housing manager to discuss any works that were due for completion or any issues that had been raised by people. A communication book was used between the care staff and housing team to record any issues.
- An automated entry system was used to reduce the risk of unwanted visitors; each person used a telephone entry system for any visitors they had. The environment had been maintained and any equipment had been serviced to ensure it was in good working order.
- People's safety in the event of an emergency such as, a fire had been assessed with action taken to reduce the potential risk. People and care staff completed unannounced fire drills and evacuations where any areas for improvement were identified and acted on. For example, during one drill a group of people using the communal area did not evacuate the building. As a result, the fire safety officer visited the service to speak about fire safety and its importance.
- Accidents and incidents involving people were recorded, monitored and investigated by the registered manager. The investigation looked at whether there were any patterns or trends that had developed; which could have prevented a reoccurrence.

Staffing and recruitment

- At Bowles Lodge there was a core member of staff on site 24 hours a day. People had additional hours of support commissioned or the funded their own care. People told us there were staff available throughout

the day and night if they needed assistance. Comments included, "I have half an hour in the morning and they are always on time" and "I have two carers visit four times a day. While one showers me the other prepares my meal."

- The registered manager held a recruitment pipeline, these were people that had been successful in their recruitment and were awaiting a vacancy. The registered manager told us that having the pipeline of staff ensured they did not have a shortage of staff.
- Staff were recruited safely to ensure they were suitable to work with people. Staff completed an application form giving a full work history, references were obtained, identity check and Disclosure and Baring Service (DBS) background check. DBS checks help employers to make safer recruitment decisions.

Using medicines safely

- Not all people needed support with their medication. When they did, people told us they received their prescribed medicines on time. Comments included, "Staff bring my medicines regularly. They always explain what all the pills are for" and "Staff give me my medicines nice and early so I can get on with my day. They are in a locked cabinet in my flat."
- People's needs in relation to the management of their medicines had been assessed. Some people were able to manage their medicines independently, some people required prompting and reminding from staff whilst others required full staff support. People's care plans informed staff of the support the person required to safely manage their medicines.
- Staff had been trained and followed the organisations policy and procedure relating to the safe administration of medicines.
- Medicine administration records were audited by a member of the management team, when errors were identified action was taken to reduce the risk of reoccurrence. For example, during the daily audit by a team leader it had been identified that one person's medicines had not been signed as administered. As a result, the member of staff had been formally spoken with during a supervision meeting.

Preventing and controlling infection

- Staff had been trained and understood the importance of using personal protective equipment (PPE) to reduce the risk of infection. Staff had access to a range of PPE including gloves and aprons.
- Some people required additional staff support to clean their bathroom and kitchen. Staff followed guidance from the person and used information from the data sheets describing how to use any cleaning products.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed with them, their relative and a dedicated team leader from the service. The registered manager told us they used the same person to ensure consistency in the information gathered at the initial assessment. The assessment gathered information about the care and support the person wanted and needed from care staff.
- People's protected characteristics under the Equalities Act (2010) such as religion, sexuality, cultural and spiritual needs had been recorded; these were respected by staff. Some people living at Bowles Lodge lived with their spouse; people's rights to privacy was respected by staff.
- The assessment identified any pieces of equipment that were used to enhance communication and improve independence. For example, one person used picture cards to aid their communication with staff and enable decision making.

Staff support: induction, training, skills and experience

- Staff told us they felt the training was "Very good" and met the needs of the people they supported. Staff told us they were encouraged to complete additional courses such as a Diploma in Health and Social Care. This is an accredited course within the care sector.
- There was an ongoing programme of training that were monitored by the registered manager. Staff completed continuous refresher courses to keep their knowledge and skills up to date.
- New staff completed an induction that included a five day classroom based training sessions, meeting people, working alongside experienced members of staff and reading the organisations policies and procedures. New staff would be signed off by a member of the management team once they felt competent and confident.
- Staff told us they received regular support and guidance from their line manager and the management team. Staff received regular supervision with their line manager and an annual appraisal. Unannounced spot checks were completed enabling staff to receive feedback on their work performance.

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

- People chose whether to have a nutritionally balanced meal within the onsite restaurant or eat within their flat. One person who required a specific diet said, "The chef is very good he always prepares something special for me." Another person said, "My family shop for me but the staff prepare my meals in the flat for me."
- If people required support with their meals, staff followed guidance informing them where food items were stored and how meals were prepared. For example, one person's care plan detailed how staff needed to remove the skin from a jacket potato and cut up certain foods into bite sized pieces.

- Some people used adaptive equipment to encourage independence with eating and drinking. For example, the use of specialist beakers to enable the person to drink unaided.

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

- Staff worked alongside health care professionals to ensure people remained as healthy as possible. Staff had developed a proactive working relationship with the local GP surgery. Staff had supported people to visit the surgery rather than waiting for a home visit.
- Staff received additional training from the community matron in the administration of eye drops when a person had been prescribed these. The registered manager worked alongside the community matron to deliver additional training to staff to meet the needs of a person being discharged from hospital.
- People's specific health needs were recorded in their care plan which staff followed. People told us that staff knew what they were doing and understood their needs. Some people had a 'self-management plan' for support with their specific health need. This detailed the support the person required, and the action staff should take if there was a change in the persons health.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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 had the appropriate legal authority and were being met.

- People told us that staff asked for their consent prior to any care or support tasks. Staff had been trained and understood the importance of promoting people's ability to make choices and decisions about their lives.
- MCA assessments were completed for some people with them and their relatives. For example, the management of their medicines and ability to consent to their care plan.
- When people did have restrictions in place the management team had checked to ensure these were lawful.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt the staff were kind, caring and respectful. We observed good humoured exchanges between people and staff within the communal areas of the building.
- Staff took the time to get to know people including their interests and hobbies. One member of staff told us about a person they supported who was a magician in their working life, the member of staff told us how the person enjoyed speaking about their past acts; this information had also been recorded in their care plan.
- Another member of staff told us how they had developed trust and a close working relationship with a person who had initially declined any support. The member of staff spent time at each care call getting to know the person and building mutual respect. After a period of time the person was happy to receive support from the member of staff; this person now fully engages in their care needs.
- People's specific communication needs had been recorded within their care plan. Staff supported one person to communicate effectively using communication cards; these enabled the person to answer and request things independently.

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

- People told us they were actively involved with any decisions about their care and support. One person said, "I am always involved in my care plan review, every change is always discussed with me."
- People were encouraged to express their views about the service at monthly resident meetings. These meetings were attended by a member of the care team, housing management team and the catering team. People had spoken about the social club which had been set up within the service, food and their care calls.
- Weekly newsletters given to people detailed local community services that people could access such as, Age Concern.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. Comments included, "I have a bath once a week and they respect my dignity and allow me to do as much as I can" and "Very discreet and helpful, I have all female carers."
- Staff understood the importance of maintaining people's confidentiality during care calls. People's personal information was stored within their locked flat and a copy within locked filing cabinets.
- People were encouraged to maintain as much independence as possible. People that required support with their personal care had care plans which contained information about the aspects of their care they were able to do for themselves. Staff told us they let people take the lead as do as much for themselves as possible.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were at the centre of their care and took the lead to inform staff how that wanted their care and support delivered. People told us they were fully involved in the development and review of their care plan.
- People living at Bowles Lodge spoke highly of the service they received and said they would recommend it to others. Comments included, "I love it here, I am very happy" and "I'm pleased with everything."
- People had access to a range of activities and services within Bowles Lodge. For example, there was an onsite gym available for people to use, an onsite hairdressers, bar and shop selling toiletries and confectionary. People were able to have pets within their flats and we observed people taking their dog out for a walk.
- A social club arranged activities within the communal areas such as exercise classes and knitting groups. One person said, "Social club organise outings, we have recently been to Eastbourne." There were computers with internet access people were able to use. During the inspection one person used the computer to continue watching a TV series they enjoyed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- During people's initial referral and assessment any communication needs are identified. Documents were available in different formats to meet people's needs such as, large print and braille depending on people's needs.
- Staff learnt Makaton to communicate with a person following a stroke; the person had learnt this whilst in hospital. Makaton uses signs and symbols to help people communicate. Another person used picture cards to make choices and aid communication.

Improving care quality in response to complaints or concerns

- People told us that felt confident to raise any concerns they had with the care staff or any member of the management team. Comments included, "Talk to the manager but little things get sorted straight away" and "If I was unhappy, I'd go to the manager but so far so good."
- People had access to the complaints policy and procedure and information about how to give feedback or raise a concern was detailed within the service user guide; each person was given a copy at the start of their care.
- Records showed complaints that had been raised had been acted on and changes made to improve the

service. For example, some people had complained about the use of the laundry within Bowles Lodge, as a result a new laundry system was implemented and this information was shared to everyone at a resident's meeting. Since the changes had been made there had been no further complaints raised about the laundry.

End of life care and support

- At the time of our inspection no one living within Bowles Lodge or being supported in the community were receiving care at the end of their life. However, people's wishes for care at the end of their life and following their death were recorded during the initial assessment.
- The registered manager told us staff would work closely with external healthcare professional such as the district nurses and attend additional training relating to palliative 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the service which enabled staff to make suggestions or raise any concerns they had. Staff told us they were happy in their role and felt proud to work for the organisation.
- People spoke highly of the registered manager and management team. They said the management team were approachable, easy to speak with and readily available. During the inspection the registered manager made time to speak with people as they were passing in the corridors.
- There was a shared set of values and mission for the service that staff were aware of and understood. The mission was to 'provide flexible community-based care support of the highest standard that promotes independence, dignity and choice. These were displayed within the registered managers office and discussed at team meetings.

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 registered manager and the senior management team understood their responsibility in line with the duty of candour. The organisation had a policy and procedure in place which would be followed if something went wrong; this was to ensure all parties were open and honest.
- Systems were in place to ensure that any accidents or incidents and concerns were investigated to see if any lessons could be learnt to prevent a reoccurrence.

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

- Staff understood their role and knew who they were accountable to. The care staff were supported by the organisation's management team, this included team leaders, the registered manager and the senior management team. Each role had a job description outlining their role and responsibility.
- A weekly team briefing was sent out to all staff; this included any updates or changes within the organisation. Daily handovers between each shift enabled staff to be updated with any changes in needs to people living at Bowles Lodge.
- The registered manager had submitted notifications to the CQC in line with their regulatory responsibility. Notifications are information we receive from the service when significant events happen, such as, the death of a person.
- Systems were in place to monitor and improve the quality of the service people received. The entire management team completed a range of audits which included, an entire systems audit, medicine records,

training statistics, complaints and incidents and accidents. If shortfalls were identified action would be taken to prevent a reoccurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, relatives and staff were involved in the running and development of the service. Regular surveys were sent out to people, relatives, professionals and staff; these enabled people to give their feedback about the service at Bowles Lodge and out in the community. Feedback showed that people were happy with the service they received and when concerns were identified action was quickly taken to address these; such as the laundry system within Bowles Lodge.
- Regular resident's meetings were held and family forums to enable people to raise any concerns or make suggestions for improvements. For example, one person had recently suggested changes to the onsite shop opening times; this was being investigated by the management team.
- People from the local community were able to hire the communal space within Bowles Lodge to hold groups such as the local knitting group. People were able to join the group to socialise with others as well as learning a new skill.

Working in partnership with others

- The registered manager was committed to working with external health care professionals to ensure people received the best possible care. Working relationships had been developed with the local community matron; this had enabled staff to receive additional training to meet people's needs and the local GP surgery. Staff had supported people to visit their local GP surgery, this had saved the person time waiting for an appointment.
- A weekly coffee morning was held with Age UK within Bowles Lodge and available to everyone and a monthly 'memory café' for people living with dementia and their carers.