Ideal Carehomes (Number One) Limited

Bowbridge Court

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Bowbridge Court on 23 and 24 July 2018. The inspection was unannounced. 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. 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. On the day of our inspection 41 people were living at the home.

Bowbridge Court was rated as requires improvement at our last inspection in April 2018. During this inspection we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches were in relation to safe care and treatment, safeguarding and governance. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

There was a registered manager in post at the time of our inspection. 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 2008 and associated regulations about how the service is run.

During this inspection we found ongoing concerns about the safety of people living at the home. Sufficient action had not been taken to protect people from the behaviour of others living at the home, this placed people at risk of harm. Systems to review and learn from accidents and incidents were not fully effective. Action was not always taken to protect people from improper treatment or abuse, and referrals were not consistently made to the local authority safeguarding adults team. People were not always protected from risks associated with their care and support, such as falls.

Medicines were stored and managed safely and people received their medicines as required. Improvements were underway to ensure the home was clean and hygienic and effective infection control procedures were in place.

Improvements had been made to ensure 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. People were supported by staff who had training and supervision. Overall, staff were skilled and knowledgeable. People had enough to eat and drink, mealtimes were positive sociable experiences and people were offered choices. Where people had risks associated with eating and drinking these were managed safely. People had access to healthcare and their health needs were monitored and responded to. Improvements were underway to ensure people's health needs were fully reflected in their care plans. There were systems to share information between services to ensure care was person centred. The environment was adapted to meet people's needs and people had been involved in the

decoration of the home.

Staff were kind and caring in their approach and treated people with dignity and respect. Support was person centred and based upon those things that mattered most to people. People were involved in day to day decisions about their care and support. There were links with local advocacy services to enable people to express their views if needed. People's right to privacy was respected and independence was promoted and encouraged.

People received the support they required from staff who had a good knowledge of their needs, wishes and preferences. Overall, care plans were detailed and reflected people's needs. People were given the opportunity to discuss their end of life wishes and were given compassionate support at the end of their lives. People were very positive about the range of social and recreational opportunities available to them. People were supported to raise issues and concerns and there were systems in place to respond to complaints.

The home was not consistently well led. Systems to monitor and improve the quality and safety of the service did not consistently ensure risks were identified and addressed. People and their relatives were involved in giving their views on how the service was run and this was used to inform improvement. Staff felt supported, had confidence in the registered manager and were given opportunities to make suggestions to improve the quality of care. The management team were committed to making improvements and responded swiftly to concerns found at this inspection.

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 consistently safe.

People were not always protected from improper treatment or abuse. Risks associated with people's care and support were not always managed safely.

There were enough staff to ensure people were provided with safe support that met their needs. Safe recruitment practices were followed.

People received their medicines as required. Overall, the home was clean and hygienic.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training, supervision 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.

People were supported to eat and drink enough, they had access to healthcare and their health needs were monitored and responded to.

People were supported by staff who had training and supervision. The environment had been adapted to meet people's needs.

Is the service caring?

Good

The service was caring.

Staff were kind and caring.

People felt involved in day to day decisions about their care. Support was based upon people's preferences.

People were treated with dignity and their right to privacy was respected. People were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People received support that was responsive to their needs and this was reflected in detailed and clear care plans. People were provided with compassionate support at the end of their lives.

People were given opportunities to get involved in meaningful social activity.

Complaints were addressed in line with the provider's policy.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Systems to ensure the quality and safety of the service were not always effective.

People were involved in giving their views on how the service was run and this was used to drive improvement.

Staff felt supported, had a good understanding of their roles and were able to provide feedback and make suggestions for improvement.

The management team were committed to improvement and swift action was taken to address areas of concern raised during this inspection.

Bowbridge Court

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 was planned to check whether the provider is 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.

We inspected the service on 23 and 24 July 2018. The inspection was unannounced. The inspection team consisted of three 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.

Prior to our inspection we reviewed information we held about the service. This included information received from local health and social care organisations and statutory notifications. A notification is information about important events which the provider is required to send us by law, such as allegations of abuse and serious injuries. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

During our inspection visit we spoke with seven people who lived at the home and the relatives of three people. We also spoke with five members of care staff, a member of the catering team, a member of the domestic team, the deputy manager, the care manager and the registered manager.

To help us assess how people's care needs were being met we reviewed all or part of nine people's care records and other information, for example their risk assessments. We also looked at the medicines records of eight people, three staff recruitment files, training records and a range of records relating to the running of the service, for example, audits and complaints. We carried out general observations of care and support and looked at the interactions between staff and people who used the service.

We did not request a Provider Information Return prior to this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what they do well and improvements they plan to make. However, on the day of inspection we gave the provider the opportunity to share this information.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from the risk of abuse or improper treatment. Physical altercations between people living at the home had not always been reported to the local authority safeguarding adults team. We found records of three recent incidents of physical altercations between a person and others living at the home. These incidents had not been reported to the local authority safeguarding adults team to enable further investigation and the provider had not conducted any investigation. This failure to protect people from the behaviour of others had a negative impact on their wellbeing. For example, a record documented one person was 'Very upset and shaken," as the result of one of these incidents. This failure to identify and take appropriate action in relation to incidents of a safeguarding nature meant people may not be protected from abuse and improper treatment.

This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our past five inspections we have found concerns with how risks associated with people's care and support were managed. This resulted in an ongoing breach of the legal regulations. At this inspection we found some improvements had been made but further improvements were still required to ensure risks were safely managed.

People were not always protected from risks arising from the behaviour of others living at the home. Risks associated with people's behaviours were not effectively planned for. Records showed one person often displayed behaviours which placed other people and staff at risk. There was no risk assessment in relation to this and although the care plan contained information about triggers and de-escalation techniques it did not contain information about how to prevent harm to others, such as monitoring of the person's whereabouts. Consequently, we found records of three recent incidents of physical altercations between the person and others. Two of the three incidents were unwitnessed by staff. Despite this, no action had been taken following these incidents to better safeguard others and during our inspection the person was left, unsupervised, with people who were reliant upon staff to ensure their safety. This placed people at continued risk of harm.

Systems in place to analyse patterns of behaviour, identify the triggers and support staff to develop ways to reduce these behaviours were not effective. For example, records showed a physical altercation between two people. This incident had not been effectively reviewed to understand the cause. This meant opportunities to reduce the risk of recurrence may have been missed.

Further improvements were needed to ensure accidents and incidents were analysed in a robust way. Although some improvements had been made, further work was needed to evidence what options had been considered as a result of accidents. For example, records showed one person had recently fallen from their bed on three separate occasions. Some measures were in place to reduce the risk of injury, including a low bed and crash mat. However, these measures did not prevent the person falling from their bed and this placed them at risk of sustaining an injury. The care manager told us they were not sure if other measures,

such as bedrails, had been considered. This meant all reasonable steps had not been considered to reduce the risk of the person sustaining further injuries from falls. We discussed this with the care manager who advised us they would look in to it further.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Further improvements were required to ensure the home was sufficiently clean. We found areas, such as bathrooms, and equipment, including shower chairs and hoists, had not been cleaned to an adequate standard. We also observed other unhygienic practices, for example, liners not being used in communal toilet bins and bathroom bins. This did not promote the control and prevention of infection. The local Clinical Commissioning Group (CCG) infection control team had conducted an audit in May 2018. This had identified multiple areas for improvement. We spoke with the Head of Housekeeping who assured us they were working through the recommendations made. They told us they had experienced some recent staffing changes and shortages in the domestic team and this had impacted upon the quality of their work. The Head of Housekeeping was passionate about their role and was committed to improving the environment. They showed us evidence of work that was underway to improve the cleanliness and appearance of the home. This included the introduction of new more detailed cleaning audits and checklists, the provision of new bed linen, cutlery and crockery and the introduction of new more effective cleaning products.

At our April 2018 inspection we found there were not always enough staff available to meet people's needs and ensure their safety. This was a breach of the legal regulation. At this inspection we found improvements had been made. Staff were deployed effectively and there were enough staff available to meet people's needs and ensure their safety. Feedback about staffing levels from people living at the home, and their relatives was positive. One person told us, "I love living here. There is someone around to look after me whatever time of day it is." Another person said, "The staff come quite quickly when I call them." Overall, staff agreed there were enough staff to keep people safe. During our inspection we saw people's needs were responded to quickly and there were staff available to give support throughout the day. We also observed that other staff, such as housekeeping and activities staff supported people if needed. The provider used a tool to calculate how many staff were required to safely meet people's needs. Overall, staff rotas corresponded with the levels determined by the provider.

At our April 2018 inspection, we found safe recruitment practices were not followed. At this inspection improvements had been made to ensure people were supported by suitable staff. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. For example, before staff were employed, criminal records checks were undertaken through the Disclosure and Barring Service. These checks are used to assist employers to make safer recruitment decisions.

People were protected from risks associated with the environment. There were systems in place to assess and ensure the safety of the service in areas such as fire and legionella. There were personal evacuation plans detailing how each person would need to be supported in the event of an emergency such as a fire. Most staff had been trained in health and safety and food hygiene.

People received their medicines as required. People told us they got their medicines when they needed them. One person told us, "I get my medication on time and they watch me take it." Detailed information was available for staff about how each person preferred to take their medicines and any allergies they had. People's medicine records also contained a photograph of the person to aid identification and prevent errors. Medicine records indicated people received their medicines regularly as prescribed. Staff received training in medicines administration and their competency was checked regularly. Policies were in place for

the safe management of medicines and medicines audits were effective in identifying and addressing any areas for improvement. There were processes in place for identifying and investigating medicines errors and we saw in-depth analysis had been carried out when errors had occurred. Improvements were made to medicines management systems and staff were given additional training and support as a result of this.

Good

Is the service effective?

Our findings

At our last three inspections we found people's rights under the Mental Capacity Act 2005 were not always respected. This has been an ongoing breach of the legal regulations. During this inspection we found improvements had been made and the service was compliant with the legal regulations in this area.

The Mental Capacity Act (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. We checked whether the service was working within the principles of the MCA.

People were involved in decisions about their care and support and their rights under the MCA were protected. People told us staff asked for their permission before providing care and respected their choices. Those who were able, had signed to give consent to their care and treatment. People's care plans contained clear information about if people had the capacity to make their own decisions. Thorough assessments of people's capacity in relation to specific decisions had been carried out when their ability to make their own decisions was in doubt. If the person had been assessed as not having capacity, a best interest's decision had been made and recorded and this was cross referenced with the person's care plan ensuring the principles of the MCA were followed. For example, one person was unable to consent to a restriction upon their right to freedom. There was a detailed assessment of their capacity and a decision had been made in the person's best interests. Staff had a varied understanding of the MCA, however the electronic care planning system prompted staff to consider people's decision-making capacity when providing care and support. This supported staff who were committed to respecting people's rights and choices.

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. The application 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 had made applications for DoLS where appropriate. Action had been taken to comply with conditions specified in DoLS authorisations.

People were supported by staff who had the skills and knowledge to provide good quality care and support. This was supported by feedback from people living at the home and their relatives who told us that staff knew what they were doing. Staff were positive about the training they had. One member of staff told us, "I am offered all the support and training I need." Records showed staff had received the relevant training to equip them with the knowledge and skills they needed, such as, medicines management, equality and diversity and first aid. New staff were provided with an induction period when starting work at Bowbridge Court. Induction included training and shadowing more experienced staff. We spoke with a member of recently recruited staff who told us they had shadowed other staff but were still awaiting further training. On the day of our inspection they were responsible for a group of people that they had very little experience of supporting. We discussed this with the registered manager who told us they would address this. The

induction covered the main components of the Care Certificate and new staff were given the opportunity to complete this. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to equip them with the knowledge and skills to provide safe and compassionate care and support. Staff told us they felt supported and records showed they had regular supervision of their work.

People's day to day health needs were met. People told us they had access to health care services and that professionals visited the home regularly. One person told us, "I see the chiropodist regularly because of my diabetes and I can see the doctor whenever I need to really. The dentist or optician are in town and the carers take me." Another person told us, "I have been diagnosed with [health condition] now, so the district nurse comes to bandage my legs up for me." Records showed people were referred to healthcare services when their needs changed. There was evidence of communication with dementia outreach services, nurses, GP's, chiropody, opticians and hospitals as needed. We spoke to a health professional who visited the home regularly to support a reduction in hospital admissions. They spoke positively about the staff team and said there had already been improvements in the short time they had been visiting.

Further improvements were required to ensure people's health needs were clearly documented in care plans. For example, one person had a serious health condition; however, there was no information in their care plan about what support they needed or the impact upon them. Another person had a condition which caused them to have seizures, however information in their care plan was limited. We discussed this with the registered manager and after our inspection visit they informed us additional information had been added to care plans.

Systems were in place to share information across services when people moved between them. The electronic care planning system was used to generate a hospital pack which provided a summary of people's needs if they went into hospital. Assessments were conducted prior to people moving into the home to inform their care plans. This helped ensure people's care and support was person centred when they moved between services.

People were consistently positive about the food at Bowbridge Court and said they had enough to eat and drink. One person told us, "The food here is very good. The cook asks for ideas and you get a special little cake on your birthday. There's lots of fresh fruit all day if you want it." Another person said, "I get enough food here and there is a choice at lunchtime. If I don't eat anything, they offer something else so I don't go hungry and I can always ask for more." A third person commented, "I can get a drink anytime I want one. Food is good quality here and always well-presented and I can sit with my friends every day." The dining experience was positive, meals were friendly, sociable occasions and staff ate with people living at the home to create a homely atmosphere. People were given discrete, gentle assistance to eat when needed and they were offered a choice of meals.

When people required specialist diets these were provided and the catering staff had clear information about people's dietary needs. One person had recently been advised to eat a modified textured diet, during our inspection the kitchen prepared them a meal of an incorrect texture. However, staff acted swiftly to rectify this and the registered manager ensured the kitchen team were provided with more detailed information. Risks associated with eating, drinking and weight loss had been identified and were managed by staff. One person told us, "They weigh me regularly and write it all down."

Food and fluids were monitored for people who had been identified as being at risk of poor intake and we saw evidence that external health professionals had been involved when required. People's diverse dietary needs were identified and catered for. For example, one person had a specific dietary preference and the registered manager had been to the person's favourite shop to source the foods they used to love. This had

increased the amount the person ate.

People and their families were positive about the environment. Bowbridge Court is situated in a large purpose-built premises. People's physical needs and safety had been considered in the design of the environment. Communal areas were spacious to enable people to mobilise safely and call bells had been installed throughout the home. Where needed, keypads were in place on doors to ensure people's safety and security, people's capacity to consent to this had been considered. People's bedrooms were homely and personalised and each room had accessible en-suite facilities. The home had a range of communal areas which gave people choices about where and how to spend their time, this included a cinema room, craft room, hair salon and café. There was a plan in place to redecorate some areas of the home to ensure they were in a good state of repair. There was a well maintained accessible garden, people were encouraged and assisted to grow plants and vegetables and during our inspection we saw people enjoying the garden together with staff.

The design and decoration of the home also catered for the needs of people with dementia or memory loss. The registered manager had sought advice from a specialist in dementia. Consequently, many improvements, such as dementia friendly signage, had already been made and further improvements, including themed and sensory areas were planned.

Good

Is the service caring?

Our findings

People were provided with kind and caring support. People and their relatives were positive about the staff team and the service at Bowbridge Court. One person told us, "Staff are kind and gentle." A relative told us, "The staff, for the most part, are caring and kind, so I think [relation] is very happy here." Overall staff knew people well and were aware of what and who was important to them. People told us staff were thoughtful and considerate. This was demonstrated in a story shared with us by one person, who told us, "When I was ill and told a staff member that I didn't think I would make my 100th birthday party, they organised a big party on my 99th birthday to make me feel happy. It was lovely and there were lots of people there including family and friends. It was totally unexpected." Throughout our inspection we saw that staff treated people with respect and were patient, friendly and gentle in their approach.

Support was individualised and based upon people's preferences. A relative explained that their relation frequently took post from the front of house manager's tray when they first moved into Bowbridge Court, this was because they had previously worked in the postal service. In response the staff had made the person their own post tray with letters. The relative told us, "It's working really well." The housekeeping manager explained they were developing person centred housekeeping care plans with each person. This aimed to ensure people could be involved in areas of housekeeping if they wished and to make sure housekeeping services met people's preferences.

Staff showed care and concern for people's emotional needs. One person told us "My [relative] died not long after we moved here and I do sometimes get very emotional about that. The staff were very good when it happened, but it still comes over me sometimes. The carers understand and take care of me." Another person said, "The staff know I don't like being on my own, so they stop to chat if they see me sitting alone." A third person said, "They took me out into the garden the other day but when we got out there, there was a bit of a breeze so the carer came back upstairs and got my cardigan in case I felt chilly." Staff were also responsive to people's anxiety and distress. A relative told us, "They soon spot if [relation] needs some one to one and have time to be with them if they get agitated, which is comforting."

People were involved in decisions about their support. One person told us, "I can please myself here really. They don't make you do anything you don't want to do." A member of staff told us, during our inspection we saw that staff checked with people about their preferences for care and support and offered people choices. Care plans contained detailed information about people's communication needs and staff had a good understanding of this. For example, one person did not routinely communicate verbally, staff were knowledgeable about their non-verbal communications and gestures, the person also had a range of printed signs and symbols which they could use to make their needs known. The registered manager told us this person had only lived at the home for a short period, but in that time their family had reported that the person's communication and wellbeing had improved significantly. They put this down to the approach of the staff team.

The registered manager told us people had access to an advocate if they wished to use one and there was information about advocacy displayed in the home. Advocates are trained professionals who support,

enable and empower people to speak up. Several people received support from an Independent Mental Capacity Advocate (IMCA). IMCAs are a legal safeguard for people who lack capacity to make specific important decisions.

People were supported to keep in touch with family and friends and visitors were welcomed in to the home. One person told us, "My friends and family can come when they like and are always made welcome." A relative commented, "They (staff) always make me feel welcome and offer me a drink. There are no restrictions on when I can visit. We have a good old gossip and sometimes the staff stop to chat with us too." There were no restrictions on visitors to the home.

People told us that staff treated them with dignity and respected their privacy. One person told us, "Staff are very respectful and I never feel embarrassed about things that they have to do." Another person said, "Staff are very kind and always knock before coming into my room or checking I am ok with them doing things for me." Staff could describe how they respected people's privacy, for example, by asking discreetly if people required support with personal care, knocking on people's doors before entering and closing doors and curtains when supporting with personal care. Throughout our inspection we observed that staff treated people with dignity, and respected their privacy. For example, a member of staff was assisting one person to the toilet when another person asked loudly where they were going, the member of staff replied "[Name] just needs to go to their room for something, we won't be long." This demonstrated staff were mindful of respecting people's right to privacy and confidentiality.

People were supported to maintain their independence. One person told us, "I really enjoy the weekly exercise and I am encouraged to walk." Another person said, "After I fell, it took a long time to rehabilitate, but they have helped me to get fitter and do more exercise to help my muscles recover. I am pretty much back to where I was now." People's care plans contained details of where people were independent and areas where they required support. Throughout our inspection we observed staff promoting people's independence, for example, by prompting people to eat themselves rather than doing it for them.

Good

Is the service responsive?

Our findings

People received care which was in line with their needs and preferences. There was a robust referrals and admissions process in place to ensure that people could be appropriately supported by the service. When people moved in, a support plan was developed with the person and these were detailed, personalised and, overall, up to date. Staff had an in-depth knowledge of people's preferences and support needs. Staff were very positive about the quality of information in care plans and the care planning systems.

People told us staff knew them well and said they were responsive to their needs. A relative explained how their relation had changed bedrooms as their needs had changed, to ensure the environment was suitable for them. They told us, "I think it has been a really good move for [relation] as they have come out of their shell a bit more. There are less people down here and the staff have more time for [relation]."

People were provided with caring and compassionate support in their last days of life. People had been given the opportunity to discuss their wishes for the end of their lives and this was recorded in their care plans. When people were coming towards the end of their lives there were clear plans in place to ensure their wishes were respected and to make sure they got appropriate support and pain relief. People's families were also supported at this difficult time and were free to stay with their loved one in the last few days of life. People's wishes for after their death were also respected, the registered manager described how the staff team had recently come together to sing a person's favourite song on the morning of their funeral.

People were provided with a range of opportunities for meaningful activity. Feedback from people living at the home was positive. One person told us, "There is a good range of entertainment here now, which helps pass the time." Another person said, "We have singers, harpists, a violinist – it's become quite varied and enjoyable." A third person commented, "They (staff) did convince me to go on the boat trip last year. It was good and I will probably go again this year if there are enough spaces." There was a member of staff dedicated to providing people with opportunities for social and recreational activities. They were passionate about their role and people were very positive about their approach. They told us, "I am making my way round to everyone again so that I can find out what they like to do, even if they are in their rooms a lot. I plan to do a monthly planner so everyone knows what is coming up, but they do get reminded on the day."

Throughout our inspection we observed people were offered a wide variety of ways to spend their time. This included garden games in the sun, films in the cinema room and a cocktail making session. People were involved, engaged and there was laughter and friendly conversation. There were also a range of organised events and entertainment options available to people such as singers and exercise sessions. In addition, there were links with the local community and the local school visited the home on special occasions.

People's diverse needs had been identified and accommodated. People's religious and spiritual needs were identified and recorded. For example, people who wished to practice their religion were provided with opportunities to do so at Bowbridge Court or in local places of worship. Adjustments were also made to cater for the needs of people with sensory impairments. One person told us, "I do have an ensuite room but because my sight isn't good, they put a commode in my room for the night time. It does help a lot."

We spoke with the manager about how they ensured they met their duties under the Accessible Information Standard. The Accessible Information Standard ensures that all people, regardless of impairment or disability, have equal access to information about their care and support. The registered manager told us they had considered this and would take action to meet people's information access needs by producing information in different formats if the need arose. The provider had an accessible information policy in place which provided detailed information about how they ensured people had equal access to information.

There were systems and processes in place to deal with and address complaints. People told us they felt comfortable raising complaints or concerns. One person said, "Complaints do get sorted. It sometimes takes a while, but it is getting better." Staff knew how to respond to complaints and were aware of their responsibility to report concerns to their manager. There was a complaints procedure on display in communal areas informing people how they could make a complaint. We reviewed records of complaints and these had been investigated and responded to in a timely manner. Although some of this information was not contained in the complaints file, the registered manager provided evidence to demonstrate complaints had been handled to the complainant's satisfaction.

Requires Improvement

Is the service well-led?

Our findings

At our past four inspections in August 2016, April 2017, December 2017 and April 2018 we found concerns with the governance and leadership at Bowbridge Court. This resulted in an ongoing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found improvements were underway, but further work was needed to ensure the effectiveness and sustainability of systems and processes.

Systems to ensure the quality and safety of the service were not always effective. At our April and December 2017 inspections we found the provider did not have sufficient systems in place to record, analyse and learn from incidents of verbal and physical altercations. At our April 2018 inspection systems had been implemented to address this. However, at this inspection we found the new processes had not been effective in identifying and addressing verbal and physical altercations between people living at the home. Although care staff had completed the appropriate documentation and this had been reviewed by members of the management team, action had not been taken to reduce the risk of recurrence or to make referrals to the local authority safeguarding team. The failure to operate effective systems to review and learn from these incidents placed people at continued risk of harm.

The overall rating for this service is rated as Requires Improvement. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding.' Good care is the minimum that people receiving services should expect and deserve to receive. The service has been rated as 'Requires Improvement or Inadequate' on six consecutive inspections. This shows that effective systems were not in place to ensure the quality of care was regularly assessed, monitored and improved.

The above information was an ongoing breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In other areas there were effective systems and processes in place to monitor and improve the quality of the service. The management team conducted a wide range of audits including the environment, medicines, catering and infection control. Regular audits were also carried out by the provider. Action plans were developed as a result of audits and there was also an overall action plan documenting how they were working towards compliance with the legal regulations. Spot checks were also conducted to monitor staff practice and audits of areas, such as the dining experience, were conducted to ensure people received high quality care. The registered manager conducted thorough and robust investigations into most serious incidents and learning from these was used to make improvements. For example, they had investigated a medicines error and this had resulted in a change to some medicines management processes to reduce the risk of reoccurrence.

People and their relatives were positive about the quality of service provided at Bowbridge Court and the overall atmosphere of the home. One person commented, "I could not be more happy here. Everything about Bowbridge Court is wonderful. I would recommend it to anyone." A relative told us, "I have complete peace of mind when I leave here as I know [relation] is well looked after."

There was a registered manager in place at the time of our inspection. People, their relatives and staff were positive about the impact the registered manager had on the home. One person told us, "There has been a (positive) difference since [registered manager] came here and staff seem much happier now." Another person commented, "I think they have been through some hard times here but they seem to be coming out the other side and things are getting better." A relative told us, "They are making improvements and there seems to be more confidence in the new manager now she is getting results."

Staff told us they felt supported by the registered manager and had confidence they would address any concerns raised in an appropriate manner. One member of staff told us, "I have been well supported here. The staff are a good team and the manager lets me do what I need to do to get the job done and keep the residents happy." There were regular staff meetings, these were used to share news and information with staff and to discuss areas of concern and improvements needed.

Throughout our inspection the management team were responsive to feedback and took swift action to address areas of concern, ensuring immediate risks were reduced. After our visit the registered manager provided us with an action plan based upon the feedback we provided.

The registered manager told us they were given the resources they needed to develop and improve the quality of the service provided. They had a vision for the home which was shared by the staff team. They were working on making the home more person centred and dementia friendly and had several initiatives planned to enable them to achieve this, such as, night staff wearing 'pyjama's' to aid people's orientation and improve their sleep routines.

The home had good links with external health and social care professionals to ensure people's needs were met. We received positive feedback from a health professional who told us the staff team were committed to improving the quality of support provided at Bowbridge Court.

People were given the opportunity to provide feedback about the running of the home and feedback was used to make improvements. One person told us, "I always go to the resident's meetings. It was me that complained to them about the very smelly material chairs in the Home that made it unbearable for those living here. I certainly didn't want to sit on them. I give them their due, within 3 months, all the chairs had been changed to these (wipe clean ones) and it has made such a huge difference, so they do listen." A relative told us, "I come to meetings regularly and feel that they listen to what I am saying." There were regular meetings for people living at the home and their relatives. These were used to discuss areas such as food and events and people were also offered the opportunity to discuss any concerns or put forward suggestions for improvements. Feedback from these meetings was acted upon to improve the home, for example people had suggested they wanted to go to a local craft café and a visit had been planned. People were also encouraged to give feedback in regular surveys and using online forums.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home and on their website. We checked our records, which showed the provider, had notified us of events in the home. A notification is information about important events, which the provider is required to send us by law, such as serious injuries and allegations of abuse. This helps us monitor the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not always assessed and mitigated to ensure people's safety. Regulation 12 (1) (2)

The enforcement action we took:

We retained conditions already imposed on the providers registration. These were related to the safety and management of the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment People were not safeguarded from abuse and improper treatment. Regulation 13 (1)

The enforcement action we took:

We retained conditions already imposed on the providers registration. These were related to the safety and management of the home.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems to ensure the safety and quality of the service were not always effective. Regulation 17 (1) (2)

The enforcement action we took:

We retained conditions already imposed on the providers registration. These were related to the safety and management of the home.