

# Stanley House Limited

# Bowley Court

## Inspection report

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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

This inspection was carried out on 14 July 2016 and was unannounced.

Bowley Court provides nursing care for up to 20 people. It specialises in supporting people who have either, Huntington's Disease, acquired brain injury or people with mental health needs who also have physical disabilities. At the time of our inspection there were 20 people living at the home.

A registered manager was 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.

Staff knew how to recognise and report any concerns about people's safety. Staff understood risks associated with people's needs and how to keep them safe. There were enough staff on duty to respond to people's health needs at the times when they needed support. The provider completed checks to ensure staff were suitable and safe to work at the home.

People were treated with dignity and respect and staff were kind and caring in their approach with people. People had care and support that was centred on them as individuals and their independence and freedom of choice were promoted and supported.

People had end of life care that had been recognised by a national organisation as being of the highest standard with emphasis on people's wishes and respecting them to the end of their lives.

People's health needs were responded to effectively with people being supported to access doctors and other health professionals when required. People had daily access to health professionals like neurologists, psychiatrists, doctors, occupational therapists and physiotherapists. People were supported to have their medicines when needed. Medicines were stored and administered appropriately.

People had access to a varied diet of food and drink. People were supported to have their food and drink safely. Where recommendations had been made by other professionals regarding their diet or health needs these had been acted upon by staff.

Staff understood people's individual communication styles and were able to communicate effectively with people. People's permission was sought before any care or support was given. Time was taken to make sure that people could make choices and decisions about the care and support they received.

People were supported by staff that had the knowledge and skills to understand and meet their health needs. Staff had access to additional training to match people's specific health needs. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance.

People and their relatives found the staff and management approachable, willing to listen to their views and opinions. People knew how to complain and who to complain to. Feedback from the people and their relatives was gathered on a regular basis and any areas identified for action were acted upon. Audits and checks were completed regularly to ensure that good standards were maintained.

Relatives and staff told us the registered manager was approachable and was willing to listen to their views and opinions. Relatives and staff views on the care and support provided was gathered on a regular basis. There had been recent improvements made to how feedback was used to identify any areas for action or improvements to be made. A range of audits and checks were also completed regularly to ensure that good standards were maintained.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People's individual risks were understood by staff. Staff knew how to keep people safe and what to do if they had concerns. There were sufficient numbers of staff to meet people's needs in a safe way.

People had support they needed to take their medicines safely.

### Is the service effective?

Good ●

The service was effective.

People were supported to access different health professionals when needed.

People had the support they needed with preparing meals or with eating and drinking.

Staff understood the principles of the mental capacity act and the importance of ensuring people were able make choices and consent to their care.

Staff felt well supported and had regular access to training and supervision.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring and treated people with dignity and respect.

People were involved in planning and reviewing their care and support. They felt they could make suggestions about their care at any time and they would be listened to.

People were supported to have choice and to be involved in all aspects of their care.

People were supported to have the best end of life care possible.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support responded to their individual needs.

People had their health needs responded to quickly. If staff had any concerns about people's health needs other health professionals became involved quickly.

People were supported to communicate their wishes.

Relatives knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

### Is the service well-led?

Good ●

The service was well led.

Relatives and staff felt that the registered manager was approachable and supportive. Staff felt supported and listened to.

The registered manager monitored the quality of the service by a variety of methods including audits and feedback from the people that lived there. They used the information to make improvements to the service.

# Bowley 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.

This unannounced visit took place on 14 July 2016 by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law. We also asked the local authority for any concerns or information relating to Bowley Court. We did not receive any information of concern.

During the visit we spent time with the people who lived at the home, however due to the complex nature of their health needs they were unable to speak with us. We spoke with, four relatives, six members of staff who consisted of one nurse team leader, four care assistants and one cook and the registered manager who was also the provider. We also spoke with a visiting doctor. We observed staff supporting people throughout the home. We also 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. We looked at a care plan for epilepsy and a falls risk assessment.

We reviewed records relating to the management of the service, this included the quality checks made by the provider and the registered manager.

# Is the service safe?

## Our findings

Relatives told us that they felt Bowley Court was a safe environment for their family members to live in. Staff knew what they needed to do if they suspected abuse. Staff had a good understanding of different types of abuse and told us that they had regular training on keeping people safe. There were systems in place to protect people from abuse and to ensure that the relevant authorities were informed and action taken to keep people safe.

Relatives said that as people's conditions progressed the support and service adapted to their needs and made sure that risk continued to be managed and people kept safe. Staff told us how the approach at Bowley Court was about making sure that people took ownership of their lives, and that this meant that on occasions this meant people taking risks. They told us that people's conditions sometimes meant that they could be at risk of injury if they were not supported in the right way. They said that for some people just to go out to the local community took planning to ensure that it could take place safely. We saw that people's safety had been routinely assessed, managed and reviewed.

Staff told us how very occasionally people could become upset or display anxiety. They said that they had very good support and training from the organisation. They gave an example of some of the training they did and this included the use of Non Abusive Psychological and Physical Interventions (NAPPI). These are techniques designed to de-escalate any incidents where people's behaviours posed a risk to themselves or others. Staff told us that this gave them the ability to do this in the least restrictive way possible. .

Relatives felt that there were enough staff to provide people with the support they needed. One relative said, "There have never been any concerns to how the home is staffed. Staff are always available to provide people with the care and support they need." Staff told us that they felt there were sufficient staff to enable them to do their job safely. We saw that people received the care and support when they needed it. We saw that staffing levels were determined according to the needs of people living in the home. For example some people required one to one support due to their health condition. We saw that the provider made sure that this was always available when needed. Staff told us that the provider was flexible and responsive with staff provision and deployment.

The registered manager told us that they only used agency staff occasionally and it was always staff that knew the people and the home. There was a team support role. This was an additional member of staff each day whose role was to support other staff with care tasks and also to immediately fill any gaps in staffing due to sickness or holidays. We spoke with the team support and they told us that it benefited people as it reduced the amount of agency staff that were being used, and when there was no staff absence they were able to work with the staff to best target where their support would benefit people the most. The provider told us that this was to ensure consistency in people's care, particularly for people who would be anxious about unfamiliar staff supporting them.

Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS)

were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The registered manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

Relatives told us the staff supported people with their medicines. We saw that people had the support they needed to make sure that medicines were taken safely. People received their medicines safely and accurate records of medicines were kept. Only staff that had received training in the safe management of medicine were able to administer medicine. We found that medicines were stored safely and appropriate systems were in place for the ordering and disposal of medicines .



## Is the service effective?

### Our findings

Relatives told us that staff had the knowledge and skills to meet people's needs effectively. One relative said, "Staff are so up on their knowledge. It is a very specialised area that calls for a specialised approach and they definitely give that." A doctor said that they felt staff were skilled at what they did. Staff told us that they had good success to training and good support in their roles. Staff said that there were also opportunities for additional training around people's specific health conditions. One example was the provision of training in Huntington's disease, which a number of people who lived at the home were diagnosed with. Staff told us that the training was of a good quality and useful to their roles. All staff had individually prepared progression handbooks. These were written around people's individual roles and detailed the training they needed and knowledge and skills that they needed. Staff told us that they completed these books and used them as discussion points with their supervisors and managers. This provided staff with consistent training of skills and knowledge relevant to their roles.

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.

Relatives told us that people were encouraged and supported to make choices and that staff respected their wishes. Staff took the time to make sure that people had choices and to understand people's own individual communication styles. People did not have any care or support without their permission. We saw that staff told people what they were about to do and waited for them to indicate that it was good for them to proceed. For example we saw where a person was asked if they wanted to come inside after sitting out in the garden. The person was unable to speak, but used a communication aid to give their response. The person indicated that they wanted to stay outside, staff respected this choice and made sure the person had the support they needed to remain outside.

We discussed what needed to happen if people were not able to make certain decisions for themselves. Staff explained about best interests meetings and the importance of including appropriate people in the decisions, for example family members, advocates and social workers and the person themselves. What staff told us demonstrated that they had knowledge of the principles of the MCA. All staff told us that they had received training about the MCA.

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. We found that people's mental capacity to make decisions had been assessed and appropriate DoLS applications had been made. At the time of our visit 16 applications had been made and seven people had a DoL in place. All of the staff we spoke with demonstrated a good awareness of the DoLS and what it

meant for the people that lived there.

People had food that was freshly prepared to meet their individual dietary requirements. Most people needed specially modified diets and their food specially prepared to make sure their health needs were met. Staff were able to tell us how they safely prepared food and we found that risks had been assessed and appropriate support was given to make sure people had their food and drink safely. Some people needed the amounts of food and drink they had monitored and we found this was recorded in their care records and where concerns had been identified support from the appropriate health professionals had been sought.

People had good access to health professionals. Due to the complex nature of their health conditions appointments with health professionals were required regularly. We saw that people had the support they needed with any appointments and that staff made every effort to involve and communicate with the person about their treatment. Relatives told us that the care and attention that people got and the involvement of professionals ensured that people's needs were met. One relative said, "The slightest concern or change and the relevant health professional is involved straight away." We could see in the care records that where needed referrals had been made to relevant health professionals and guidance given had been followed. We observed that there were detailed handovers between shifts. Staff told us that they found that these provided important details about how people had been and any changes to people's health or support needs.

The provider told us that they purchased additional services from neurology, art therapy, music therapy, physiotherapy, occupational therapists, speech and language therapists and neurology services. They told us that this ensured that they had flexible and fast access to a range of health professionals. Staff told us that they found that people did not have to wait long for the appropriate professional to become involved. One staff member said, "People do not go without. If we feel a person needs a certain therapy or if they need a specialist we do not have to wait long." Staff told us that working with the therapists and other professionals helped them understand people's needs and provide better care and support.

## Is the service caring?

### Our findings

The provider had achieved beacon status in the gold standard framework (GSF) for end of life care. The gold standards framework is an organisation that provides training, support and accreditation for services around best practice in end of life care. Beacon status is the highest achievement possible under the GSF. This showed that the service was assessed as providing end of life care through innovative and established good practice. We saw that all people had advance planning in place that had been gathered prior to their condition deteriorating. This had been done with the person themselves and people important to them such as family members. Choices and decisions made about treatments were recorded in care records and kept under review. We saw where a person had made a decision that they did not want a PEG tube fitted (a PEG is a tube inserted into the stomach when a person can no longer have food orally). There were other arrangements in place to ensure that the person's wishes were respected, but that the best possible treatment would continue to be given.

People had made choices over who they wanted to act as power of attorney to make decisions in their best interests when they were no longer able to. These were kept up to date and clearly displayed in people's care records. Some people had also expressed a wish not to be admitted to hospital when their life was coming to an end. This was clearly documented and the registered manager told us that they always respected people's wishes and would do all that they could to maintain someone at home until the end. Relatives told us that the staff and registered manager showed empathy and understanding in everything they did.

We saw that staff used a variety of different communication techniques that were tailored around the person. They told us that they received regular input and support from speech and language therapy (SALT) and felt that this meant they were quick to adapt and understand people's communication. We saw that some people had the latest technology to enable them to voice their wishes, some people used adapted sign language and for other people it was sounds and expression. We saw that staff took time to listen, understand and communicate with everybody that lived there.

Relatives told us that people had good relationships with the staff that supported them. We found the atmosphere in the home calm and relaxed. We saw people laughing with staff and that staff were kind and caring in the way that they supported people. Relatives told us that people were treated with dignity and respect. We saw numerous occasions during our visit where people had requested support with personal care. We found that staff were always discreet and respected people's dignity and privacy. Staff addressed people by their preferred names and knocked on people's doors before going into their room. Staff told us that they had frequent training on dignity and respect and it was a regular point of discussion in team meetings and also in meetings with the people that lived there. Staff and the registered manager told us that they all worked to ensuring that people received support that was dignified and respectful at all times.

Staff told us that some people had support with their faith in the home, and this included visits from the local clergy. Staff also told us that they had in the past supported people from different faiths and people were given the support to practice their beliefs freely. The registered manager told us that they had no

preconceptions about people's faith and they ensured that staff had the knowledge to support people freely with their beliefs and culture.

Relatives told us that the people that lived there were always involved as much as possible with all aspects of their care and support. Where possible the registered manager had ensured that when people could give any advance wishes or choices regarding treatment before their condition worsened this was done and regularly reviewed with the person. We saw where people had made choices in their care records and that staff adhered to these wishes.

People were given support to maintain interests and hobbies. Some people were supported to a local garden project; another person who had a keen interest in art was painting some pottery. People had the support they needed to and staff took the time to make sure that people were fully involved. Staff told us that they recognised that as people's conditions changed it often meant that more things were done for and to people rather than with them. They said that the approach at Bowley Court was to promote and support people to maintain some independence for as long as possible.

Staff and the registered manager all told us that the views of people were important to how care and treatment was planned and delivered. What relatives told us, what we saw during the inspection and what we saw in people's care records showed that people were involved in every stage of care from assessments to reviews.

We saw that staff spent time with people; sometimes this was just having conversations about how people were feeling and other topics such as the day's news. Staff felt there were enough staff to provide the support that people wanted. They told us that just spending time with people and being there to give them company provided people with confidence and reassurance and contributed to their wellbeing.

## Is the service responsive?

### Our findings

Relatives felt that staff understood people's health needs and had the skills to meet them. They told us that they knew people's needs and at what stage people were at regarding their condition. Staff were able to tell us in detail about people's health needs and about what the people liked or did not like to do. We saw that staff had the knowledge and experience to respond to people's health needs. People's health conditions often included more specific and complex conditions. Staff could tell us about these conditions, what additional support they needed and what they looked out for that would indicate a person was unwell. Staff told us that people were able to access specialist support quickly. They gave us examples of where a person's condition had changed and that they had been able to access a doctor the same day and then they also saw a specialist neurology consultant. Staff felt that the quick involvement of health professionals provided people with the support they needed. Staff told us that they felt they had information and support from health professionals and that this helped them in knowing what individual responses were needed to ensure that a person's needs continued to be met.

Relatives told us that the care was individual to the person's needs. We saw that people had their own specialist equipment including moulded wheelchairs and equipment. They told us that if people's needs changed other professionals became involved quickly to ensure that the care and support continued to reflect people's individual health needs. Staff told us that they knew who was receiving particular therapies and health professionals and that it was always tailored around the individual. We saw examples where for some people; due to their health condition they were having intensive physical exercise to support them with their physical health. Another person was having support to do a craft activity. This was a combination of input from the staff and the art therapist.

Relatives told us that they felt they could raise any concerns or complaints. All the relatives we spoke with knew who the registered manager was and felt comfortable to raise concerns with them or the staff. They said that they were confident that any complaints or concerns would be listened to and appropriately dealt with. We asked staff how they gathered the views of the people that lived there. They told us that people had a key worker who would spend time with the person before any care review. Staff were confident that they knew people's individual communication styles well enough to be able to identify if someone was unhappy. There had not been any complaints but we could see that there was a system in place to respond and investigate concerns appropriately.

## Is the service well-led?

### Our findings

Relatives told us that the home was well run by the registered manager and that they felt involved in the running of the home. Staff told us that it was an open culture with the registered manager and that they would listen and be approached with any ideas or concerns. One staff member said, "It is such a caring and supportive environment. At times this is not an easy job, but you know you have the full support of the manager." We found that staff were motivated to provide the best care and support they could and felt that it was a team approach.

The registered manager told us that the vision of the service was to provide a home environment that was, "The best place to live, and the best place to work." Staff shared this vision and staff told us that they felt the manager and provider understood about valuing the staff so that they were then motivated to do their best. All of the staff told us that they felt supported and valued by the registered manager.

We saw there were systems in place to check the quality of the care given by staff. A lead nurse told us that the care and support was monitored daily by the lead nurse and any areas of concern highlighted immediately to the registered manager. Staff told us that they found this was positive as senior staff were always ready to listen and it meant that any concerns were quickly identified by the registered manager. There were also regular checks and audits on areas such as risk assessments, care records, training, accidents or incidents (including falls) and medicines. We could see where actions had been taken as a result of the checks and audits. For example a new medicines system had been recently introduced. The registered manager had been monitoring it closely and had made changes and improvements to their medicines procedure as a result. This had reduced the amount of medicines errors in the home.

Feedback was gathered on a regular basis from the people that lived there, relatives and also from staff. We could see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service.

We spoke with staff about the support they had to do their job. Staff told us that the provider and registered manager were supportive and approachable. Staff told us that they had access to regular supervision, training and staff meetings. They all felt that the registered manager listened and took action when necessary. The registered manager told us that they felt well supported by the provider and had a clear management structure to support them with their role.

All staff were aware of the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. The provider had, when appropriate, submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.