

Bowood Care Homes Limited

Bowood Court & Mews

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

About the service

Bowood Court and Mews is a residential care home providing personal and nursing care for up to 93 people aged 65 and over at the time of the inspection.

Bowood Court and Mew is a care home for adults set across two buildings. One larger building is called Bowood Court. Bowood Mews is a smaller building that caters for people with greater support needs in living with dementia.

People felt safe around staff they knew and who were familiar to them. Staff understood how to support people safely and minimise any risks to their health. Staff also understood how to raise any concerns they may have to the management team. People had access to support from staff when needed and from staff who had undergone background checks to review their suitability to work at the home. Staff understood how to minimise the spread of infection.

People were supported by staff whose training was regularly reviewed and updated. People were confident if they required additional medical support and guidance this would be provided. Bowood Court and Mews had recently been redeveloped to improve people's experience of care and day to day living.

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; systems supported this practice.

People were involved in their care planning on a day to day basis as well as a longer term. People were shown kindness by staff who respected their individuality and understood how to demonstrate caring with dignity.

People's care was reviewed and updated regularly. People understood they could complain if needed.

People's experience of care was reviewed and where improvements needed, changes made. People were positive about the management of the home and systems were in place to continually check and review the quality of care people received.

Why we inspected

This was a planned inspection based on the previous rating.

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

Rating at last inspection

The service was rated as Requires Improvement (published in November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Bowood Court & Mews

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

There were three inspectors in the inspection team and one assistant inspector.

Service and service type

Bowood Court and Mews is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This was an unannounced inspection.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as safeguarding concerns. We sought feedback from the local authority who work with the service who told us they felt improvements had been made recently.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, deputy manager, senior care workers, care workers and the activities worker. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We reviewed additional information sent into us by the registered provider.

Is the service safe?

Our findings

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People looked at ease in the company of staff and told us they had felt safe around regular staff they knew.
- Relatives told us they felt assured their family was safe living at the home both in terms of the care they received as well as in the company of staff.
- Staff understood how to protect people from harm and share any concerns they may have with the management team. The management team had systems in place for reviewing and sharing concerns were appropriate with stakeholders such as
- Notifications we received prior to the inspections confirmed the registered manager had completed notifications in a timely way.

Assessing risk, safety monitoring and management

- Care plans we reviewed detailed the risks to people's health that they lived with as well as guidance for staff to refer to. For example, staff understood how to manage people's skin to minimise the risk of their skin breaking down. Risk assessments were completed fully and reviewed regularly.

Staffing and recruitment

- The registered provider had a centralised system for checking the background of potential staff to work at the home before they commenced work at the home. Background checks included DBS (Disclosure and Barring Service) checks to ensure staff did not have any prior convictions which may preclude them from working at the home.

Using medicines safely

- People received support with their medicines.
- Systems were in place to ensure medicines were ordered and stored appropriately.
- Staff training was regularly reviewed to ensure they could competently support people.

Preventing and controlling infection

- Regular checks were in place to ensure the home was clean and odour free.
- Staff understood and practiced techniques aimed at minimising the risk of the spread of infection.

Learning lessons when things go wrong

- The registered manager explained how they had incorporated learning from previous inspections and from their own checks. For example, the registered manager had recently changed the medications system

to a system that worked better for the home and enabled them to better support people. Training was then updated for staff to ensure staff followed the correct procedures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

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

- Assessments of people's needs were shaped following input from health and social care professionals.
- People and their families were invited to participate in the assessment process and contribute their ideas to enable staff to understand people's needs.

Staff support: induction, training, skills and experience

- People and families told us they felt confident with the staff supporting them.
- Staff had access to training and regular supervision. Systems were in place to ensure training was based in best practice.

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

- People were offered choices in the food and drinks they were offered. People were positive about the food. Alternatives were provided where this was appropriate. People requiring additional support to have their meals were supported to the level they needed.

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

- People and families told us care staff did not hesitate in seeking medical advice and guidance when needed.
- Staff worked across two buildings where people had differing needs. People with more acute needs in relation to dementia lived in Bowood Mews. Staff worked across both buildings and understood how to escalate concerns to more senior staff when needed. Care plans were reviewed detailed appointments and advice from health professionals so that this could be incorporated into people's care.

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

- The home had had a complete refurbishment and the home was continually improving access and signage for people living with dementia.
- People were encouraged to bring in their own personal items to remind them of home and make their own personal space more comfortable and familiar to them.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Systems were in place to ensure the registered manager monitored the application and approval process for DoLS. Systems were in place for staff to access information so they knew which people had a DoL and its purpose.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good.

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 and families were very complimentary about the staff supporting them. We saw numerous examples of staff demonstrating warmth and kindness and people responding positively to this.
- Staff completed training in relation to equality and diversity. People were supported by a diverse team that understood how to support people and celebrate their individuality.

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

- People were supported to make day to day decisions about their care. For example, some people chose to have quiet reflective time and staff understood this and respected this request.

Respecting and promoting people's privacy, dignity and independence

- People were respected to maintain their dignity and independence in ways that were important to them. For example, we saw for some people it was about dressing in a way they had always done and staff supporting them to achieve this. For other people it was about doing things at their pace and staff allowing them space and time to do this. Staff told us they had benefitted from training that helped them understand how to respect people living with dementia.
- Staff told us respecting people was about showing empathy and having the same concern for people as they did their own family.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same Good rating.

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's preferences for care were listed in their care plan in consultation with their families were appropriate. Care plans we reviewed demonstrated that people's care was reviewed and updated regularly.
- People's care was adjusted according to people's changing needs and circumstances. Where increased support

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.

- People's information and communication needs were assessed, and staff understood these alongside the AIS. Information was provided to people in a format that met their needs for example, people were shown items or information was in a pictorial format.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered opportunities to be involved in past times they enjoyed or had participated in prior to living at the home. For example, one person told us about liked to sew and offered to repair loose buttons for staff.
- People with spiritual beliefs were supported to maintain their beliefs and had visits from leaders associated with their faiths.
- People spoke positively about the activities they were offered both within and outside of the home. Regular day trips took place and a relative told us how their family member came alive during the sessions with the visiting singer.
- The registered provider also explained how activities for people living with dementia had been reviewed and improved following specialist advice.

Improving care quality in response to complaints or concerns

- Relatives understood who to complain to where this was appropriate and felt assured their concerns would be listened to.
- Complaints we reviewed demonstrated how the registered manager had investigated and responded to

complaints as appropriate.

End of life care and support

- Relatives whose family member had received end of life care spoke positively about the care they received and said they were "Over the moon" with how their family member had been supported and could not have asked for more.
- Staff spoke knowledgeably about how they supported people to ensure they received the care and attention needed. The registered manager described a good relationship with the GP that allowed people to remain at the home and receive end of life care there.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

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;

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 provider was open and transparent about some of the challenges they faced in trying to achieve high standards of care. They explained the home had had a period of instability but that the management and culture within the home were now stable. They understood their responsibilities under their duty of candour.
- The home had undergone significant refurbishment and plans were in place to continue the programme of improvements.

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

- The management team understood their roles and how each played a key role in ensuring people's care was continually reviewed and improved. The registered provider's quality assurance team worked with the registered manager of the home to identify improvements and developed an action plan to track and monitor progress.

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

- People and families felt able to speak with any the management team and felt assured their query would be resolved.
- People and staff felt communication was good. Regular meetings were held and the registered manager told us there was always a member of the management team around to answer queries.

Continuous learning and improving care

- The registered provider explained how they had continually reviewed practices since taking over the home. They explained they had faced a number of challenges including changing the culture within the home. At the previous inspection, we identified a number of inconsistencies in how accidents and incidents were being recorded. At this inspection we saw how the registered provider had incorporated learning from feedback to improve how they recorded people's experience of care and analysed it to ensure they were

making adjustments were necessary.

Working in partnership with others

- The registered provider explained how they were working with the local authority to improve people's experience of care. The registered provider explained they also had a good relationship with social workers and local health professionals such as chiropodists to ensure people's had access to the care they needed.