

Stanley House Limited

Bowley 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

About the service

Bowley Court is a residential care home providing personal and nursing care for up to 20 people in one purpose-built building. It specialises in supporting people who have Huntington's Disease, acquired brain injury or mental health needs, who may also have physical disabilities. At the time of our inspection, there were 20 people living at the home.

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

The provider's risk assessments procedures in relation to risks associated with people's individual care and support needs were not sufficiently effective. A more robust and accurate system was needed for recording and monitoring the administration of people's topical medicines. Staff were clear how to identify and report abuse. The provider followed safe recruitment procedures. People were protected from the risk of infections.

People's individual needs were assessed before they moved into the home. Staff received ongoing training and management support to enable them to work safely and effectively. People had enough to eat and drink and any associated risks were managed with appropriate specialist input. Staff worked effectively with community health and social care professionals to achieve positive outcomes for people and ensure their health needs were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew the people they supported well and adopted a caring approach towards their work. People were encouraged to express their views about the care provided, and these were listened to. People were treated with dignity and respect at all times.

People's care plans were individual to them, covered key aspects of their care needs and promoted a person-centred approach. People had support to participate in a range of therapeutic, social and recreational activities. People and their relatives understood how to raise any concerns or complaints with the provider. People's wishes and choices about their end of life care were assessed and acted upon.

The provider's quality assurance systems and processes were not as effective as they needed to be. They had not enabled the provider to ensure staff always maintained accurate and complete records of people's care, or ensured a consistent approach to risk assessment. The management team promoted effective engagement with people, their relatives and community professionals. Staff felt well-supported and valued by an approachable management team.

Rating at last inspection

The last rating for this service was good (published 15 September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bowley Court

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by an inspector and a specialist advisor who is a nurse specialist.

Service and service type

Bowley Court 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with 10 members of staff including the registered manager, deputy manager, facilities manager, administrator, activities coordinator, two nurses and three care workers.

We reviewed a range of records. This included six people's care records, medication records, three staff files in relation to recruitment and incident and accidents records. We also reviewed a variety of records relating to the management of the service, including policies and procedures and quality assurance audits.

After the inspection

We spoke with three relatives and four community health and social care professionals about their experience of care provided. We also continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had systems and procedures in place designed to assess and manage the risks associated with the premises, the specialist care equipment in use and people's individual care and support needs.
- However, we found the provider's procedures for assessing the risks to individuals were not sufficiently robust. Whilst risk assessment tools were used to monitor and reduce people's risk of malnutrition, pressure sores and falls, these were not always fully or consistently completed.
- Nursing staff used the National Early Warning Score (NEWS2) system to detect and respond to any clinical deterioration in people living at the home. However, their completion and use of this tool was not consistent.
- Records indicated that the risks associated with people's gastrostomy devices were not being monitored on a consistent basis. A gastrostomy is a surgical opening through the abdomen, enabling a person to be fed directly into their stomach.
- We discussed these issues with the registered manager who assured us they would address these without delay, providing nursing staff with additional training where needed.
- People's relatives and community professionals spoke positively about the steps staff and management took to keep people safe, and the appropriate advice sought in response to any change in risks.

Using medicines safely

- The provider had systems and procedures in place designed to ensure people received their medicines safely and as prescribed. However, a more accurate and robust system was needed to record and monitor the application of people's non-medicated topical medicines by care staff. 'Topical medicines' typically refers to creams and ointments applied to the skin. We discussed this with the registered manager who assured us they would introduce a more robust system of recording as a matter of priority.
- People received their medicines from qualified nurses and trained care staff.
- People's medicines were stored securely at all times to prevent unauthorised access to these.
- The provider followed clear procedures when people were given their medicines covertly, which reflected the Mental Capacity Act 2005.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. Their relatives and the community professionals involved in their care were confident people were safe from avoidable harm and abuse at the home.

- Staff understood how to recognise and report abuse involving the people who used the service.
- The provider had procedures for monitoring any safeguarding concerns at the service and notifying the appropriate external agencies in line with local safeguarding procedures.

Staffing and recruitment

- People, their relatives and staff themselves felt staffing arrangements at the home ensured people's needs could be met safely. A relative said, "I have watched the staffing situation carefully. The standard of care and ratio of people to staff has never slipped."
- The management team and provider adjusted staffing levels in line with people's current needs.
- The provider followed safe recruitment practices when employing new staff.

Learning lessons when things go wrong

- Staff understood the provider's procedures for recording and reporting any accidents or incidents involving the people who lived at the home.
- The management team and provider monitored accident and incident reports, on an ongoing basis, to learn from these and reduce the risk of things happening again. Learning from accidents and incidents was discussed at the home's regular staff meetings.

Preventing and controlling infection

- The provider had measures in place to protect people, staff and visitors from the risk of infections.
- We found a good standard of hygiene and cleanliness was maintained throughout the home.
- Staff had been supplied with, and made use of, appropriate personal protective equipment (i.e. disposable gloves and aprons) to reduce the risk of cross-infection.

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.

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

- Before people moved into the home, the management team met with them and, where appropriate, their relatives and the community professionals involved in their care to assess their individual needs and requirements.
- Care plans were developed, and reviewed on a regular basis, to ensure people's needs and preferences were consistently addressed.
- The management team kept themselves up to date with current legal requirements and best practice guidelines through, for example, attending further training and events run by the local clinical commissioning group.

Staff support: induction, training, skills and experience

- People, their relatives and community professionals told us staff had the skills and experience needed to work effectively. One community professional said, "The care staff are impeccable. I haven't come across a better trained group of more caring staff."
- Staff received an initial induction, followed by ongoing training and support to help them succeed in their job roles.
- Staff spoke positively about their induction experience and the standard of the training provided. One staff member explained, "We do a lot of training and it's good training. A lot of our training is held away from the house, so we can focus, and it is run by different specialist trainers."

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

- People told us they had enough to eat and drink. People's relatives confirmed their loved ones had the staff support they needed to and eat and drink safely and comfortably.
- Any complex needs or risks associated with people's eating and drinking were assessed and managed with specialist advice from the provider's speech and language therapy team and other relevant professionals. This included the provision of high-calorie diets to address weight loss, and texture-modified meals and thickened drinks to reduce the risk of choking.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked with a range of community health and social care professionals to achieve positive outcomes for people.
- The community professionals we spoke with described good communication and positive working

relationships with the service.

Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us staff helped people to seek professional medical advice if they were unwell and to attend routine health appointments and check-ups.
- People's GP visited the service on a fortnightly basis, as part of monitoring their health needs.
- Specific care plans had been developed in relation to the management of people's long-term health conditions.

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

- The home had been purpose-built to meet the needs of the people who used to the service.
- People told us they liked their personal rooms at the home, which they could personalise to their tastes.
- People had appropriate space to socialise with others, receive visitors, eat in comfort, participate in activities or spend time alone if they wished.

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 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. 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.

- Staff and management understood people's rights under the MCA. People's relatives praised the extent to which they supported their loved ones' right to make their own decisions.
- Formal mental capacity assessments had been completed in relation to significant decisions about people's care, including the proposed use of covert medicines.
- The provider had made applications for DoLS authorisations based upon an individual assessment of people's capacity and care arrangements. Where DoLS authorisations had been granted for individuals, the provider reviewed any associated conditions placed on these.

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.

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; promoting equality and diversity

- People, their relatives and community professionals told us staff approached their work in a kind and caring manner. A relative said, "They [staff] are all jolly, pleasant and very caring."
- We saw a number of warm, caring interactions between individual staff members and the people they supported.
- The staff we spoke with knew people well, and they prioritised people's needs and requests in performing their duties.
- People were at ease around staff, with whom they joked with and communicated freely.
- Staff and management recognised the need to promote people's equality and diversity through their work. They talked positively about the provider's willingness to adapt the service to people's individual needs.

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

- People and their relatives told us the management team listened to their views and involved them in decisions about the service provided.
- We saw staff encouraged people to make day-to-day decisions, such as how they wanted to spend their time.
- 'Residents' meetings' were organised on a bi-monthly basis to enable people and their relatives to have their say and be involved in decisions that affected them.
- People and their relatives were provided with information on where to turn for independent support and advice on their care, including local independent advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People's relatives told us staff and management treated their loved ones with dignity and respect at all times, and actively promoted their independence.
- Staff gave us examples of how they promoted people's rights to privacy and dignity through protecting their modesty during personal care, respecting their choices and talking to them throughout care tasks to let them know what was going to happen next.
- The provider had procedures in place for protecting people's personal information and staff followed these.

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.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us the care provided was shaped around people's individual needs and preferences. One relative described how the timing of their loved one's lunchtime meal had been changed, at their request, to enable them to watch the cricket on TV uninterrupted.
- People's care plans were individual to them and kept under regular review. They covered key aspects of their care needs and included information about that was important to individuals to promote a person-centred approach.
- Staff confirmed they read and followed people's care plans.
- People had support to participate in a wide range of therapeutic, social and recreational activities, both at the home itself and in the local community. These included regular art therapy, physiotherapy, fun exercise and music-based sessions, sensory activities and meals and drinks out. People spoke to us about the activities they particularly enjoyed participating in. A relative said, "[Activities coordinator] is an absolute star!"

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 communication and information needs had been assessed.
- A range of communication tools and aids were used to support effective communication with individuals and ensure they had information in a way they could understand.

Improving care quality in response to complaints or concerns

- People and their relatives were clear how to raise any concerns or complaints about the service, and were confident these would be addressed by the management team and provider.
- The provider had developed a complaints procedure to ensure all complaints were recorded, responded to and learned from.

End of life care and support

- The provider had procedures in place to establish and record people's wishes regarding their end of life care so these could be acted upon.
- They ensured people had the support they needed as they approached the end of their lives, through

working closely with the appropriate community healthcare professionals, including palliative care nurses and people's GP.

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 Good. At this inspection this key question has now deteriorated.

This meant the service management and leadership did not always support the delivery of safe, high-quality care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- The provider had quality assurance systems and processes in place to designed to enable them to monitor and improve the quality and safety of people's care. These included the distribution and analysis of feedback questionnaires, a programme of weekly and monthly audits on key aspects of the service and a clear quality improvement plan. However, we were not assured the provider's quality assurance activities were as effective as they needed to be. They had not enabled them to address the concerns we identified in relation to the service's inconsistent approach towards risk assessment and the administration of people's topical medicines. In addition, the provider's quality assurance processes had not ensured staff maintained accurate and complete records in relation to people's gastrostomy care.
- The management team understood their duty to be open and honest with people and their relatives in the event anything went wrong.

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

- The inconsistent approach towards the use of risk assessment tools did not fully support a shared understanding of the current risks to individuals amongst staff and management.
- Staff were clear about what was required of them at work.
- Regular handovers, governance meetings and staff meetings took place with the aim of ensuring quality issues, risks and the legal requirements upon staff and management were understood.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, their relatives and the community professionals we spoke with described an inclusive culture within and open communication with the service. They spoke positively about the overall quality of the care provided, and their dealings with the management team. One relative said, "The management team are both very friendly and helpful. [Registered manager] is always available to speak to you.
- Relatives and community professionals explained they were kept up to date with any significant changes in people's health and wellbeing, and could freely express their views to the management team with confidence these would be acted upon.

- Staff spoke about their work at the home with enthusiasm, and felt well-supported and valued by the management team. One staff member told us, "I love them [management team]. They are very approachable, they get things done and they listen to any gripes when needed."