

Housing 21

Bowland View

Inspection report

Scholars Rise
Bentham
Lancaster
LA2 7FS

Tel: 07590355661

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Ratings

Overall rating for this service	Good ●
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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

Bowland View support people to live independently in their own homes and aims to enhance their quality of life by providing personal care services. The service offers individualised care packages on a domiciliary care basis, specifically tailored to a person's requirements.

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate the premises used for extra care housing; this inspection looked at people's personal care and support service.

People using the service lived in ordinary flats in a purpose built assisted or tailored care living development. Not everyone living at Bowland View receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

Risks relating to people's needs had been identified. Records seen provided a detailed plan for staff to follow in managing those risks. Systems were in place to record accidents and incidents. These were consistently monitored to identify any themes or trends allowing for any lessons to be learned.

There were enough numbers of staff on the rota to support the number of people using the service. We received positive feedback from people about the reliability of their visit times. Information required in staff recruitment files was not always completed in full and some files needed to include more details to ensure the recruitment process was robust.

We have made a recommendation about completing thorough recruitment checks.

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. Consent to care and treatment had been obtained and where people lacked capacity relevant others had been involved in supporting people's decision making.

Training records seen demonstrated appropriate and relevant training was provided. Referrals were made to other healthcare services when necessary. People told us they thought the care they received was very good and spoke positively about the staff who supported them.

People told us the staff treated them with respect and dignity and were kind and caring towards them. Care plans demonstrated a person-centred approach. People's individual needs were responded to well and

people were extremely satisfied with the service. Concerns and complaints were promptly responded to. End of life care where relevant was done co-working with the community nurses.

There was a positive culture at the service; people spoke highly about the staff and staff told us really enjoyed their jobs. There was regular oversight and monitoring of the safety and quality of the service. The regional extra care manager and acting manager were committed to learning and developing to improve the service, and engaged well with people, their relatives and staff.

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

Rating at last inspection

This service was registered with us on 7 January 2022 and this is the first inspection.

Recommendations

We have made a recommendation about the recruitment process and that it ensures information relating to checks of suitability are robust.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive findings below.

Bowland View

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was absent from work. The service was being supported by the provider's regional manager and the service's acting manager and both supported us with this inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be staff and people available to speak with us.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 23 November 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service about their experience of the care provided. We spoke with 5 members of staff including the regional manager, the acting manager an assistant care manager and 2 care workers. We also spoke with a visiting health professional to the service. We reviewed a range of records. This included 4 people's care records and medication records. We looked at 6 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 also reviewed.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- There were enough numbers of suitably trained staff. People's experiences about the consistency of visit times were very good. One person said, "The staff are very reliable."
- The provider had recruitment systems and processes in place. However, some records and checks of suitability were not consistently completed

We have made a recommendation the provider needs to ensure the recruitment checks of suitability are robust and consistently applied.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained to identify and report abuse and to provide people's care in a safe way.
- People told us they felt safe with the staff who visited them in their homes. One person said, "I do feel safe in their care."
- Staff told us they were very comfortable raising any concerns with the managers.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff completed assessments records that provided a detailed plan for managing any risks.
- The provider has systems in place to record accidents and incidents. We saw action had been taken to appropriately deal with them.
- The managers consistently monitored accidents and incidents to identify lessons learned, themes or trends and shared any learning with the staff team.

Using medicines safely

- People's records were clear as to whether their medicines were prompted or administered by the staff.
- Staff were trained in how to support people with their medicines and their competencies were regularly checked.
- People's medicines were being managed correctly and safely.

Preventing and controlling infection

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

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

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

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

- The managers carried out an assessment of people's needs before agreeing to provide their care. One person told us, "The assistant care manager did a new assessment on me before I came home from hospital."
- People were regularly included in developing their needs assessment and care plans.
- The manager and senior staff referred to current legislation, standards and best practice to achieve effective outcomes.

Staff support: induction, training, skills and experience

- The staff had been trained and had their competencies checked before providing people's care.
- The staff told us they completed a range of training to give them the skills and knowledge to provide people's support. One staff member told us, "We've done a lot of training it's all been really useful."
- People told us they were happy with the care they received. One person told us, "The staff here are far better trained than those in the hospital."

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

- Staff provided the level of support people needed with preparing meals and drinks or visiting the on-site restaurant.
- People had been referred to other services where concerns with eating had been noted.

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

- Staff supported people in managing their health and wellbeing needs by making appropriate referrals to external services such as the falls team.
- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. A visiting health professional told us, "The staff are very proactive and good at communicating with us. They are excellent at recognising any changes in people's needs."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. There were currently no applications to the Court of Protection in the service.

- Staff were knowledgeable about their responsibilities under the MCA and people's rights were protected.
- People and their relatives were regularly involved, consulted with and had agreed with the level of care and treatment provided.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and were kind and caring towards them. People were very complimentary about the staff who supported them. One person said, "The staff are all amazing."
- The staff respected people's privacy and promoted their dignity and independence. One person told us, "The staff are very respectful to me, my apartment and help me with anything I ask them to."

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

- The provider had systems and processes in place to capture people's views of the service. The feedback seen about the care provision was all positive.
- People and their relatives were regularly asked for their opinions about the service. Regular meetings were arranged by the managers and staff for people to be able to express any views. We saw the service had taken action to improve people's experiences from their feedback.

Is the service responsive?

Our findings

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

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

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

- People's needs had been assessed and staff supporting them had a good understanding of their personal preferences. Care support plans were personalised and tailored to the meet the needs and wishes of the individual.
- People told us they had been involved in their care and support plans. Staff supported them to express their views and make choices about the care delivered. One person told us, "I have a care plan and the staff all know what's in it."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff had identified people's communication needs and they were recorded as part of the care and support plan.

Improving care quality in response to complaints or concerns

- The managers had effective communications with people and any concerns or complaints had been dealt with as they had arisen.
- People told us they could approach the acting manager about any concerns they had. One person said, "The manager is fantastic and doing a good job."

End of life care and support

- The service had systems in place and worked closely with the primary care teams to support people at the end of their life.
- The staff team had relevant experience of caring for people at the end of their life.
- The provider had sourced a nationally recognised end of life training standard for staff.

Is the service well-led?

Our findings

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

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

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

- People were cared for by staff that enjoyed their jobs and staff we spoke to said there was good morale within the company. A care worker told us, "It's a lovely place to work. We're like a small family."
- Staff said they received good support from the managers. One member of staff said, "We can ask the managers anything and they sort things out quickly."
- We received very positive feedback about the leadership and the management from staff and people using the service. One person told us, "They [managers] are fabulous."
- People told us they were very happy with their visit times and were happy with the care and support they received

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 provider, managers and care staff understood their responsibilities under the duty of candour.
- Peoples relatives and or relevant others including, commissioners of care and local authority safeguarding had been informed of any significant events

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

- The managers had regular oversight of the safety and quality of the service. Prompt action was taken when any shortfalls were found.
- The provider had systems and processes to monitor the services performance.
- The managers completed spot checks of staff and observed their competence. Any issues and concerns were dealt with promptly.

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

- People could engage and give feedback on the service they received and be involved through their care reviews and at meetings.
- We saw reviews for individual people were completed regularly and peoples experience of the service was gathered.

Working in partnership with others

- Staff worked effectively in partnership with community health care professionals from multidisciplinary teams to achieve good outcomes for people.
- The staff told us managers listened to them and were very supportive. One staff member said, "It's absolute joy to work here."