

Maria Mallaband 17 Limited

Bowerfield Court

Inspection report

Broadwood Close
Disley
Stockport
Cheshire
SK12 2NJ

Tel: 01663721464

Date of inspection visit:
27 December 2018
04 January 2019
11 January 2019

Date of publication:
19 February 2019

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: Bowerfield Court is a nursing home in High Lane, Disley, Stockport. The home is a purpose built facility registered to provide accommodation and nursing care for up to 40 people including younger adults with high level physical needs. The home also supports respite placements and provides end of life care. At the time of the inspection there were 37 people living at the home.

People's experience of using this service:

- Improvements had been made to the service since our last inspection. Issues relating to night staffing levels and poor record keeping had been addressed
- People living in the home and staff told us they had noticed an improvement since our last inspection and were happier.
- People told us there were always staff to help them and they did not have to wait too long to receive support.
- Staff told us they felt they had more time to spend with people and felt less rushed.
- People told us they felt safe and well looked after
- Staff worked as a team and understood the importance of the contribution made by different staff members to ensure that people were well looked after.
- Improvements had been made to the management of the home with a service manager being appointed to support the registered manager who would have more time to talk to people living in the home and resolve issues.
- The home employed a mobility therapist who helped people maintain what mobility they had.
- People received support that was personal to them and staff communicated with people in formal or less formal ways according to the person's preference.
- The registered manager had appropriate support to enable them to meet their responsibilities.
- The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".
- More information is in the full report

Rating at last inspection: At the last inspection the service was rated Requires Improvement (25 May 2018)

Why we inspected: This was a planned inspection based on the rating of the service at the last inspection.

Follow up: We will continue to monitor the service through information we receive and future inspections.

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 safe.

Details are in our Safe findings below.

Good ●

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 well led

Details are in our Well Led findings below.

Good ●

Bowerfield 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 as part of our regulatory functions. This inspection checked 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.

Inspection team:

The inspection team consisted of one adult social care inspector.

Service and service type:

Bowerfield Court is a care home with nursing. People in care homes receive accommodation and nursing or personal care. 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:

The first day of the inspection was unannounced. We inspected the service on 27 December 2018, 4 January and 11 January 2019.

What we did:

Before the inspection we reviewed information we held about the service including notifications the service was required to send us about things happening in the home, information from other stakeholders, for example the local authority and information from members of the public. In addition the provider

completed a Provider Information Return (PIR). Providers are required to send us 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 six people living in the home, two relatives of people living in the home, four members of care and nursing staff and the registered manager. We also reviewed care and medication records of four people, records of accidents and incidents and complaints, quality and maintenance checks and surveys conducted by the provider.

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 observed interactions between staff and people living in the home and looked around the building.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection in May 2018, this key question was rated "requires improvement". We found there were insufficient staff employed at night. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question safe to at least "good". At this inspection, we found the service had taken some steps to improve the safety of people's care. Therefore, the rating has changed to "good".

Staffing levels

- At our last inspection we found there were not enough staff employed at night to meet people's needs safely. At this inspection we found staffing levels had increased and there were additional staff at night.
- People we spoke with told us there were enough staff and if they needed anything the staff helped them promptly. One person told us, "I feel safe, there's always staff if you need them."
- Staff we spoke with also said staffing levels had improved and they felt less rushed and had time to spend with people.
- This meant we were satisfied the service was now compliant with the regulations relating to safe staffing levels.

Using medicines safely

- At our last inspection we found records relating to topical medicines such as creams were not always fully completed. At this inspection we found records relating to people's medicines were fully completed.
- People told us they received their medicines at the correct time and records we looked at confirmed this.
- Medicines were stored at appropriate temperatures in secure rooms.
- People's medicines were reviewed with other healthcare professionals regularly to ensure they were still required.
- This meant we were satisfied the service was now compliant with the regulations relating to safe management of medicines.

Systems and processes

- People told us they felt safe living in the home.
- Systems were in place for staff to report any concerns they had about people being at risk of abuse.
- Care staff had undergone training in safeguarding people and knew how to recognise abuse and protect people from the risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed in line with the person's choices.
- Assessments were reviewed and updated regularly.

- Regular maintenance checks were undertaken to ensure the home was a safe environment.
- People's records were kept securely and were accessible to staff when they were needed.

Preventing and controlling infection

- Staff had received training in infection control and during our inspection we observed staff following good infection control practices.
- The home had been awarded a 5 star food hygiene rating by the local authority which is the highest rating.
- The home was clean and in a good state of repair.

Learning lessons when things go wrong

- The service worked with the local authority and other organisations to investigate where concerns were raised.
- Where improvements to the service were identified the improvements were implemented through staff training or through team meetings.
- Care staff told us they felt able to raise concerns with management and felt their concerns would be investigated thoroughly.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection in May 2018, this key question was rated "requires improvement". We found staff had not received appropriate amounts of training and supervision to enhance their skills and knowledge. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question effective to at least "good". At this inspection, we found the service had taken some steps to improve the effectiveness of people's care. Therefore, the rating has changed to "good".

Staff skills, knowledge and experience

- Staff told us they felt they had the training and support to enable them to care for people safely.
- Staff were supported to undertake additional training courses such as vocational and nursing qualifications in addition to the home's mandatory training.
- Training sessions were put on at different times of the day to make it easier for staff working nights and weekends to attend and ensure they were kept up to date with current practice.
- We observed staff supporting people in safe and compassionate ways and staff demonstrated a good knowledge of how to support people with different needs.

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

- People told us their support plans detailed outcomes they wanted to achieve. One person told us, "I have put on weight since I've come here. I was too thin when I came out of hospital but I'm getting it back which is what I wanted."
- Support plans we reviewed contained detailed information about how the person wanted to be supported to achieve their outcomes.
- People's background and cultural choices and preferences were included in describing how people wanted to be supported.

Supporting people to eat and drink enough with choice in a balanced diet

- We saw people being offered choices for their meals including meals not on the menu to suit people's cultural needs or choices.
- Drinks and snacks were available throughout the day for people to help themselves to or to request from staff.
- Most people told us they enjoyed the food in the home, however some people felt the meals were not as good as they had been previously.

Staff providing consistent, effective, timely care within and across organisations

- Staff told us that all the staff worked together as a team and this was confirmed from our observations. One member of staff told us, "I love coming to work. We all work together. There's a different atmosphere if you're enjoying your job."
- As new staff came on duty there was a handover from the previous shift where people's changing needs for the day were discussed.

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

- Where people needed support from other healthcare providers such as GPs or speech and language therapists, referrals were made promptly and advice from the other providers was incorporated into the way people were supported.
- The home employed a mobility therapist who worked with community physiotherapists to help people with exercises and massages to maintain their health and mobility.

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

- People were encouraged to personalise their bedrooms to make them feel homely. One person told us, "If I want a picture hanging I just ask and they do it."
- Communal areas were kept clean and un-cluttered to reduce the risk of people tripping.
- Signage in the home was suitable for people living with dementia.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us they were asked for their consent before they were supported.
- When people lacked capacity to make decisions for themselves meetings were held with the people who knew them best to ensure decisions were made in the person's best interest.
- Where people were subject to restrictions on their liberty, appropriate processes were followed to ensure the restrictions were the least restrictive in line with the Mental Capacity Act.
- Staff had undergone training in the Mental Capacity Act and understood its requirements.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People we spoke with told us they were well treated. Comments we received included, "It's absolutely wonderful. The staff here make it superb." "I've got no complaints, I'm well looked after." and "I'm happy, I've been here a long time." A relative told us, "[Care worker] is lovely. [Other care worker] is very nice they'll do anything for anybody."
- People were emotionally supported. One person told us, "They treat you like an adult rather than being patronising. They care about me and have helped me mentally as well as physically."
- We observed staff interacting with people living in the home in fun but respectful ways. Staff adjusted how they interacted with people according to the needs of the person. Staff told us, "It depends who we're talking to. Some people like quiet but some like a laugh and joke."

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

- We observed staff offering choices to people about what they wanted to do during the day and were involved in other decisions throughout the inspection.
- Where people were unable to communicate their choices verbally the service used different ways to communicate with them such as utilising technology or eye signals.
- Information was given to people in ways they could understand. Where people were unable to read a written care plan staff would read care plans out to people or utilise technology so documentation was understandable to the person.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. We saw examples where people with limited mobility were offered sessions at a local swimming pool to help them maintain their mobility and independence.
- Staff we spoke with told us, "Some people we can help to get more independence but for those people that we can't we want to help them keep what independence they have got."
- People we spoke with told us, "Even though I'm in a nursing home the staff make sure I have my dignity. I can have a shower whenever I want and even little things like that mean a lot."
- We observed care workers speaking to people by lowering themselves to the person's level and speaking in a calm clear voice so people could understand them.
- Technology was used well to enable people with limited control over their bodies to have control over their environment such as the temperature in their room and to change the TV channel or volume.

Is the service responsive?

Our findings

Responsive – this means that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care

- People's care plans were personal to the person and reflected their choices. Staff told us, "We speak to people or their families and ask what goals they have and we do our best to help them achieve them."
- A motorised cycle was available to people to use with the support of the mobility therapist. This meant people who were no longer able to walk could feel like they were cycling helping both their mental and physical health.
- The home had a sensory room containing equipment which would stimulate people with sensory impairments and was used to stimulate people mentally in a relaxing environment.
- We saw examples where people were supported to be part of the local community to take part in activities that were interesting to them, for example trips to the local swimming pool.
- We saw activities in the home that people appeared to be enjoying. The mobility therapist told us, "We have some people who won't take part in more organised exercise but they enjoy playing with a ball so they are still keeping active."
- Some people told us they felt the activities that were on were not always communicated to all people living in the home and so they sometimes missed out.

Improving care quality in response to complaints or concerns

- The home had a complaints policy in place and people told us they knew how to complain.
- Some people felt complaints were not responded to promptly and that they could be better informed as to how investigations were progressing.
- Complaints were reviewed both in the home and across other homes owned by the same provider to identify trends and any areas where improvements could be made.

End of life care and support

- Processes were in place to support people at the end of their life.
- People were able to state how they wanted to be supported at the end of their life and if the person wanted to, advance care plans could be made to ensure their wishes were followed. These plans involved the person's GP and other health professionals involved in their care.
- Medicines that people may need as they neared the end of their life were stored securely and separately from their other medicines to keep them safe and ensure they were only given when they were needed.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection in May 2018, this key question was rated "requires improvement". We found procedures relating to topical medicines were not being followed and some care records were not up to date. Following our last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question effective to at least "good". At this inspection, we found the service had taken some steps to improve the effectiveness of people's care. Therefore, the rating has changed to "good".

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

- The registered manager had a clear view of the culture they wanted in the home. Staff told us they understood and shared the registered manager's view.
- Staff told us they felt the registered manager was fair and open. One staff member told us, "If you've done something wrong [the registered manager] will pull you in and speak to you but in a supportive way. I fell really supported by [the registered manager] and not just about work stuff."

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

- 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.
- Staff told us they worked well together and respected the contribution that different people played in supporting people. One care worker told us, "There's no divide between the nurses, carers and domestics. We all do our bit."
- A variety of safety checks were done on the home to ensure it was safe for the people living there. These were overseen by the registered manager to ensure any actions needed were done.
- The home had a system for digitally storing test certificates such as gas and electrical safety and appointments were made for them to be re-checked by a central team.

Engaging and involving people using the service, the public and staff

- Staff we spoke with told us they felt the registered manager was approachable would listen to any suggestions they had. A care worker told us, "We can ask [the registered manager] about anything." Another care worker told us, "[The registered manager] is busy but they're there if we want to raise anything."
- Some people we spoke with felt the registered manager was not always available as they were the registered manager for another home next door to Bowerfield Court. The registered manager explained that a permanent service manager was being recruited to oversee the day to day running of the home to improve

the visibility and availability of managers. At the time of our inspection a temporary service manager was in place and people living in the home and relatives told us they had noticed an improvement. One relative told us, "[Service manager] has come in and acted on things that we've said and has sorted things like the hairdresser."

- Annual quality surveys were conducted on behalf of the home by a market research company and the results published on the internet.

Continuous learning and improving care

- The service reviewed incidents and accidents and other information such as complaints and compliments to identify where the service could be improved.
- Information from incidents and accidents in the home were compared with other homes run by the same provider to see if there were any themes or issues that could be learned from, both within the home and the wider company.

Working in partnership with others

- The home worked well with other organisations.
- The home provided placements for student nurses. A nurse we spoke to said, "It's important that students are aware of the sort of things we do [in nursing homes] and that they know they can learn skills here rather than just in hospitals."
- The home had good relationships with local GPs and the local authority and worked with them to achieve the best outcomes for people.