

St Philips Care Limited

Bowburn Care Centre

Inspection report

Bowburn South Industrial Estate
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Date of inspection visit:
22 June 2021
28 June 2021
05 July 2021
21 July 2021

Date of publication:
11 August 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bowburn Care Centre is a care home registered to provide accommodation for up to 80 people. The home has two floors and can specialise in providing care to people living with a dementia. At the time of this inspection 57 people were living at the service.

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

The current manager was appointed to the post at the beginning of February 2021 and they have applied to become the registered manager. The feedback we received was positive about the new manager. Staff and people felt the provider and manager had made improvements. They were confident the improvements would continue to be made.

Some concerns were raised by community healthcare staff who regularly work in the home relating to the quality of personal care and pressure area care for people by some staff. The community team were positive about the improvement work being carried out at the home by the managers but felt not all staff were engaged with this, all the time. We discussed this with the provider and manager who were taking steps to ensure all staff were aware of their responsibility to provide high quality care for people.

There were enough staff on duty to keep people safe, although the home were still utilising agency staff whilst they recruit. We noted that the home's layout meant at times staff deployment wasn't clear but the manager told us they would ensure people would have access to staff support quickly. We found agency staff had not always been properly inducted and the provider took steps to address this immediately.

We found the audit and analysis documents had improved following our January 2021 inspection. Additional support such as a senior support manager who worked at the home full-time ensuring improvement had been made. They completed quality checks, out of hours visits and staff support had been carried out.

Staff recruitment procedures had been strengthened to ensure staff were employed safely. Staff training and supervision had been delivered which ensured all staff had received mandatory training and received one to one supervision sessions.

Medicines were now managed and administered safely by trained and competent staff. Medicines records had significantly improved.

Care records had significantly improved and were more person centred and had been reviewed. Some care records we viewed still needed further work but the provider had a clear action plan in place to address this.

We saw significant improvements had been made to the environment and it was safe and clean. Staff were clear on the use of personal protective equipment and had been trained in infection control procedures.

Measures to reduce the risk of COVID-19 were now in place.

The manager closely analysed information about accidents and incidents to determine if all reasonable steps were being taken to minimise the risk of falls and people sustaining injuries. They could outline how changes to practice had reduced the number of falls people experienced.

The home had undergone a major refurbishment programme, which had enhanced the environment, and further work was planned.

The provider and manager had engaged positively with the local authority and other healthcare partners to address the issues found following our inspection in January 2021. Their willingness to work with others to make improvements was commended.

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

Rating at last inspection

The last rating for this service was inadequate (published 18 February 2021).

This service has been in Special Measures since January 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an unannounced focused inspection of this service in January 2021 and found multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve the delivery of person-centred care. They also outlined how they would address the breaches around delivering safe care and treatment, safeguarding people from abuse, employing suitable and experienced staff and governance systems. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bowburn Care Centre on our website at www.cqc.org.uk.

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 responsive?

The service was not always responsive

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bowburn Care Centre

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 team consisted of two inspectors.

Service and service type

Bowburn Care Centre 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. The registered manager was absent from the service at the time of our inspection visit and an interim manager had been in post for a short time.

Notice of inspection

We carried out this inspection unannounced early in the morning so we could experience care by night staff and also speak with them.

What we did before the inspection

We spoke with the local safeguarding and commissioning teams as well as the local Infection Control nurse team following our last inspection and issues that we found.

We reviewed information we had received about the service since the last inspection. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people, the regional manager, regional support manager, three senior care workers, and six care staff members on the inspection. We spoke with both night care staff and day staff. We reviewed five care plans, five Medicine Administration Records (MARS), four staff files and a variety of records relating to the quality of the service.

After the inspection

We requested further information from the interim manager, regional manager and nominated individual for the provider. We spoke with visiting community healthcare professionals.



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 focused inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were still being improved to ensure they were always safe.

Staffing and recruitment

At our January 2021 inspection the provider failed to ensure suitably qualified, competent, skilled and experienced staff worked at the service. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider's recruitment process minimised the risk of unsuitable staff being employed and recruitment records had improved.
- The provider had ensured staff had received mandatory training and two additional clinical care lead roles had been employed.
- Staffing had been maintained at safe levels however agency staff was currently being used due to staff leaving and sickness. We found agency staff had not always been inducted or had the relevant information about them at the home. We raised this with the person-in-charge and they addressed it immediately.
- Staffing levels were monitored to ensure there were enough staff to provide safe support, however the layout of the home meant that some people who chose to remain in their rooms did not always have staff available promptly as they were located elsewhere. The person-in-charge told us they would continue to review where and how staff were deployed.

Assessing risk, safety monitoring and management.

At our January 2021 inspection, the provider failed to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any risks. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider and manager had critically reviewed all aspects of the service and determined if and where improvements were needed.
- Risk assessments contained explanations of the control measures for staff to follow to keep people safe, however some of these still required improvement to ensure that consistent guidance was being followed by staff. We saw for one person their dietary intake was described they needed a "normal" and "fork mashable" constituency of food. It was unclear if this person was at risk of choking. This was raised with the person-in-charge and immediately addressed.

At our January 2021 inspection, the provider failed to maintain standards of the premises and equipment. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in certain events, such as a fire.
- A major refurbishment programme has been commenced, which has significantly enhanced the environment in all areas. New furniture has been bought and further improvement work was planned.

Preventing and controlling infection

At our January 2021 inspection, the provider failed to mitigate the risks to the health and safety of people related to the transmission of infectious disease. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People were protected from the risk of infection.
- The provider had followed COVID-19 guidance to reduce the risk of infection. We discussed with the person-in-charge the need for staff to review where they changed into and out of their day clothes, which they addressed immediately.

Systems and processes to safeguard people from the risk of abuse

At our January 2021 inspection, the provider failed to ensure systems and processes were in place to keep people safe from the risk of abuse. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Systems were in place to protect people from abuse. Staff said they would not hesitate to report any concerns they had.
- Accidents and incidents were monitored to see if lessons could be learnt to keep people safe.
- We did receive some concerns from visiting community professionals regarding the thoroughness of personal care and the care of people with tissue viability. We raised these with the manager and provider who assured us they would be addressed.

Using medicines safely

At our January 2021 inspection, the provider failed ensure the proper and safe management of medicines. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines storage and administration was safe. Increased monitoring was in place to ensure that medicines were given as prescribed and ordered and stored correctly. The home was still working with their GP and pharmacy to make continued improvements to this process.
- Staff were now trained and assessed as competent.

Lessons learnt

At our January 2021 inspection, the provider failed to assess the risks to the health and safety of people and do all that is reasonably practicable to mitigate any risks. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems and processes were now in place to ensure lessons could be learnt when things went wrong.
- Accidents and incidents were recorded and investigated by management team and learning shared with the staff team.
- The management team had been open and transparent with partner agencies when things had gone wrong.

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 requires improvement. At this inspection this rating has remained the same. This meant people's needs were not always met.

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

At our January 2021 inspection, the provider failed to ensure people received care that met their needs. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- We observed people appeared happy and well cared. We visited early in the morning and only a few people were up and dressed and they confirmed to us this was their choice.
- People now had regular weights recorded. Observations about healthcare needs such as food and fluid charts, blood sugar levels and wound care were improved. A healthcare professional reported they still had concerns about fluid recording and practice of offering fluids by staff despite all staff being trained by the management team. We raised this with the management team who undertook to revisit this with staff.
- Care plans, daily records and risk assessments had improved and were more person centred. Some work was still needed to ensure information across care plans and risk assessments was consistent.

End of life care and support

At our January 2021 inspection, the provider failed to ensure people received care that met their needs. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- Staff had received training in providing end of care support. Staff were now following infection control guidelines and had access to equipment to ensure cross infection risks were minimised.
- Advanced care planning, emergency care and resuscitation preferences were recorded.

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

- Staff and people reported to us that activities were now happening more regularly and we witnessed visitors entering the home to see their relatives in accordance with current visiting guidelines.

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.

- Staff understood people's communication needs.
- People had a communication care plan which stated how they preferred to be spoken to and if they required any communication aids.

- Information around the home provided people with knowledge about events and activities scheduled to take place.

Improving care quality in response to complaints or concerns

- People were felt they would now be confident to raise a concern or complaint.
- There had been no recent complaints. Information relating to how to make a complaint was readily available to people.

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 promoted an open, fair culture.

At the last focused inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service had made improvements to management, leadership and the culture of the service. These need to be embedded and sustained.

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

The provider failed to ensure systems and processes were in place to assess, monitor and improve the service. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The manager was appointed to the post in January 2021 following our last inspection where we found significant concerns. Their application to become registered with the Care Quality Commission has been received and accepted.
- The manager and the wider management team continued to make improvements to the way the service was operated.
- We still found some areas for improvement regarding records and systems. We saw that quality audits carried out found areas for improvement such as where weights for people were not taken according to the care plan. The manager and provider were continuing to work on improvements via an action plan.

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

At our January 2021 inspection, the provider had failed to act on feedback from staff to evaluate and improve the service. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Investigations and auditing of incidents and accidents were now robust, fully completed and managed appropriately to mitigate future risks to people.
- People and staff spoke positively about the leadership skills of the manager. One staff member said, "We can go to [Name] now and raise issues knowing we are listened to and we can see things are getting better."
- We received positive feedback from the local authority practice improvement team who have been working with the home weekly on their action plan and also visiting healthcare professionals about the willingness to engage in making improvement.

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

At our January 2021 inspection the provider failed to ensure the care and treatment was appropriate, met people's need and reflected people's preferences. Enough improvement had been made at this inspection

and the provider was no longer in breach of regulation 9.

- The manager had sent out questionnaires to people, staff and relatives. People said the manager was approachable and was a visible presence in the home.
- We saw that an action plan was devised for the areas of improvement from people's views.

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.

At our January 2021 inspection the provider failed to seek and act on feedback provided or concerns raised. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and manager had notified us of all relevant events at the service as required.
- People and staff fed back how they felt very confident around the ability of the manager to make and sustain improvements.