

English Care Limited

# Bowbrook House

## Inspection report

Bowbrook  
Shrewsbury  
Shropshire  
SY3 5BS

Tel: 01743247071

Website: [www.bowbrookhouse.co.uk](http://www.bowbrookhouse.co.uk)

Date of inspection visit:  
29 September 2016

Date of publication:  
27 October 2016

## 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

This inspection took place on 29 September 2016 and was unannounced.

Bowbrook House provides personal care for up to 30 people. At this inspection they were providing care and support for 29 people.

A registered manager was in post and present at this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported day to day by a care manager who was not available at this inspection.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risk associated with their care. Staff knew what to do in order to minimise the potential for harm.

People were supported by enough staff to safely meet their needs. People received help with their medicines from staff who were trained to safely support them. The provider followed safe recruitment practices and completed checks on staff before they were allowed to start work. The provider had systems in place to address any unsafe staff practice including retraining and disciplinary processes if needed.

Staff members had the skills and knowledge to meet their needs of those they supported. Staff members new to the role received an induction period of training. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's requirements was provided.

Staff members were aware of the guidance and legislation that governed their practice. People were supported in a way that maintained their individual rights. People were involved in decisions about their care and had information they needed in a way they understood. When people were not able to make decisions themselves staff members knew what to do to ensure any decisions made were in people's best interests.

Staff received support and guidance from the registered manager and care manager who they found approachable. People and staff felt able to express their views and felt their opinions mattered.

People had positive and caring relationships with the staff members who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them.

People had their privacy and dignity respected by those supporting them. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently. People were supported to eat and drink sufficient amounts to maintain good health.

The provider undertook regular quality checks in order to drive improvements. People and their relatives felt their opinions mattered to the provider and any suggestions they made were valued. The provider had systems in place to respond to the suggestions of others.

## 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.

People were kept safe from the risks of abuse as staff had received training and knew what to do if they suspected wrongdoing. Risks associated with people's care had been assessed and actions taken to minimise the possibility of harm. The provider followed safe recruitment processes for staff members.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff members who had the skills and knowledge to effectively meet their needs. People had their rights protected by staff members who knew the current guidance governing their practice. People were supported to access healthcare professionals when needed to maintain well-being.

### Is the service caring?

Good ●

The service was caring.

People were supported by a kind and compassionate staff team. Staff spoke about those they supported with warmth and respect. People were supported at times of upset and distress. People were supported to make decisions about their own care.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care and support plans that reflected their individual needs and preferences. People and relatives felt able to raise any concerns and were confident they would receive an appropriate response. The provider had systems in place to investigate any concerns raised with them.

### Is the service well-led?

Good ●

The service was well led.

People felt involved with their home and their suggestions were

valued by the provider. The provider and staff team had shared values in supporting people in a way they wanted. The provider had systems in place to monitor the quality of service they provided and where necessary made changes to drive improvements.

---

# Bowbrook House

## **Detailed findings**

### Background to this 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 was planned to check 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.

This inspection took place on 29 September 2016 and was unannounced.

The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning.

We spoke with nine people, five visitors, the registered manager and five staff members. We looked at care and support plans for two people including individual assessments of risk and medicine administration records. We looked at records of incident and accidents, compliments and complaints and the recruitment records of two staff members.



## Our findings

We looked at how people were kept safe from abuse. One person told us, "I feel very safe." Another said, "I have my own items like my computer and feel my belongings are safe." Staff members told us they had received training and knew what to do if they suspected abuse. One staff member said, "If I saw something I didn't like I would intervene straight away and make sure the person was alright. I would report anything to [registered manager's name]." Staff knew how to report any concerns. We saw information was available to staff members including details of the local authority where they could raise their concerns. We saw the registered manager had made notifications to the local authority in order to keep people safe.

People told us they felt safe receiving services from the provider. One person said, "Staff are trained to use my equipment safely." We saw people had individual assessments of risk associated with their care and support needs. These assessments included the use of mobility aids, nutrition and hydration. People had personalised evacuation plans in case of emergency and staff members understood these plans. Staff members could tell us what they would do to support people in such a situation.

Staff members we spoke with knew how to report incidents, accidents or issues relating to unsafe equipment. One staff member told us, "I recognised the piece of equipment we were about to use was faulty. We have a spare piece of equipment available in case this happens. I reported it and it was repaired." We saw a staff member identify a fault with a door closure and report this to the registered manager to rectify. Incidents or accidents were recorded by staff members and scrutinised by the registered manager to identify any patterns or actions that needed to be completed. The registered manager told us they did this so they could see if any changes were needed to minimise the risk of harm to people. We saw records where a concern had been raised regarding the safety of two people. The registered manager had sought advice and guidance on how best to safely support these people. We saw amended assessments of risk which included this advice and staff members could tell us the changes made. This enabled staff members to provide continued support in a way that minimised the potential for harm for people.

We saw people were encouraged to continue to engage in activities they wanted to and to make positive choices regarding risks. When risks were identified the registered manager adapted care and support plans to include these. For example, we saw risks associated with one person going out had been identified and assessments completed to reduce the potential for harm. The person was able to continue with their activity as this was something they enjoyed and gained benefit from. We saw the person was involved in their risk assessment and their thoughts were included.

People told us there were enough staff to meet their needs. One person said, "When I ring the bell I don't have to wait long." The registered manager assessed the needs of people and if someone required additional support extra staff would be provided to meet their needs.

Staff members told us that before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

People received their medicine when they needed it. We saw people being asked if they wanted their medicines and informed what they were. We saw staff members following safe practices when supporting people to take their medicines which included the safe storage of medicines. Staff members told us after they had received training in the safe administration of medicines they were assessed as competent. This was to make sure they followed their training and assisted people safely. We saw guidance was in place for "as when required" medicines for people for staff members to follow. Staff members knew what to do in the event of a medicine error. One staff member told us about one error. They stated the GP was contacted to ensure no harm was caused and the error was investigated by the registered manager to identify any learning from the incident. Other staff members we spoke with were aware of the error and the learning from it in order to prevent reoccurrence.





## Our findings

People and their relatives told us that the staff assisting them had the skills and knowledge to support them. One person said, "They (staff) are all pretty good, they know what they are doing". A relative told us, "I can't speak highly enough of staff. They're all friendly including the cleaner and chef; they must have good training." Staff members told us they were supported to develop their skills by completing an induction to their role and attendance at regular training sessions. One staff member said, "I completed a four-week induction period where I assisted a more experienced staff member. This allowed me the chance to get to know people and how they wanted me to help them." Another staff member told us, "I wanted to know more about dementia. They (provider) put me on some training. This helps me to understand people living with dementia. It has equipped me with more skills particularly around how to communicate and listen more effectively."

At this inspection we saw staff members attending a fire safety and awareness course. Following this one staff member told us what they had learnt and how they were putting this learning into practice. We saw this staff member check a piece of fire equipment and report a potential issue to the registered manager for their attention. The staff member told us, "What good is training if you don't do anything about what you have learnt." We saw the registered manager follow up on the recommendation of the staff member.

People receiving care did so from a staff team who were supported in their role. Staff members told us they received regular one-on-one sessions with a senior staff member. During these sessions they could discuss what has gone well and what could be improved. Staff also had the opportunity to discuss any development opportunities including any additional training they felt they needed in order to do their jobs. One staff member told us, "I wanted to do a level three in health and social care and (provider) funded and supported me to complete this." Staff members we spoke with told us they were able to seek support and advice outside of these formal sessions if they needed it.

Staff shared information appropriately with the people they supported and other professionals involved in their care. We saw details relevant to the person were passed to medical professionals in order for them to accurately make an assessment of their needs. We saw updates on people's health and welfare were discussed and recorded. This was so that other staff members could consistently follow the latest advice regarding people's care.

We saw people were supported to make their own decisions and were given choices. People told us they were given options about what to wear, what to do and what to eat. People were given the information in a

way they could understand and were allowed the time to make a decision. We saw one person appeared to struggle to make a decision about what they wanted for lunch. A staff member prepared two plates of food and showed them to the person. After a while the person made a decision and we saw them eating what they had chosen.

We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision making. We saw details of a best interest decision which had been made for someone regarding the best method to support them with their medicines. The decision included the person's previously known wishes, their relatives and the multi-disciplinary team involved in the person's care. The decision was made for the person in the least restrictive way possible to meet their needs.

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. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

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). The provider had made appropriate applications and followed the guidance provided. We looked at the recommendations made as part of the authorised applications. The provider had taken action and was meeting the recommendations made. They had systems in place to monitor the timescales for reviews or a repeat application if necessary to ensure people's rights were maintained.

Staff followed current guidance regarding do not attempt cardiopulmonary resuscitation (DNACPR). People's views and the opinions of those that mattered to them were recorded. Decisions were clearly displayed in people's personal files and staff knew people's individual decisions.

All those we spoke with were complimentary about the food and drink they were offered. One person said, "If I don't like the meal on offer I am always given an alternative. They (staff) know I don't like lamb so today I had bacon and plenty of it." Kitchen staff knew individual's food likes and dislikes which encouraged people to eat. One person said, "They (kitchen staff) have brought any items I have asked for like Worcestershire sauce." People were encouraged by staff members to eat sufficient amounts to maintain good health. We saw one person not eating much of their lunch. A staff member spent some time with them and encouraged them to eat. We saw the provider had responded to unplanned changes in people's weights by following the advice of dietitians and adapting menus for individuals which included fortified foods and supplements if needed.

People had access to healthcare services, including GP and opticians. A chiropodist was visiting at the time of this inspection. One person said, "They look after me here and fetch a doctor if I need one." We saw one senior staff member responding to the concerns passed to them from one of their colleagues about someone's welfare. This member of staff spent time with the person and explored options with them including contacting the GP. Information regarding changes in health and welfare and any medical interventions were recorded. Staff members we spoke with were aware of people's health needs and how to seek assistance or guidance to ensure people's healthcare needs were met.



## Our findings

People we spoke with described the staff members supporting them as lovely, wonderful and kind. One person said, "They are all so lovely and always have time to listen to me." Another person told us, "Lots of friends visit me and they say they have lost all fear of going into a care home having seen me here and the courtesy and helpfulness of the staff." One relative said, "Staff are great. I'm always taken with how much they care for individuals and always do anything they need. [Provider's name] are very lucky to have such good staff." Throughout this inspection we saw people and staff members, including domestic and catering staff, talking together in a relaxed and social way and sharing jokes where appropriate. Staff we spoke with talked about those they supported with fondness. Staff members knew people's personal life histories including key events in their lives, their families and occupations.

Staff members understood and respected people's religious and spiritual needs. The registered manager told us they had regular services at Bowbrook House and people could attend as they wished. One person gained great comfort in attending a religious service at church and this was supported. In addition internet based religious services had also been set up for people to access at any time they wanted. Staff members we spoke with knew the individual religious needs of people and how to support them in accordance with their wishes.

People were supported by staff at times of emotional upset and distress. One relative said, "Staff have been super and very approachable. [Relative's name] found it very traumatic giving up their home and was distressed. Staff took the time to help them settle and I can't fault the care." We saw staff members had recognised one person was potentially at risk of emotionally withdrawing and becoming depressed. Staff members had a good knowledge of what this person liked to do and extra support was put in place to engage this person and help maintain their emotional well-being.

People told us they were involved in decisions about their own care and support at Bowbrook House. One person said, "I hate to have a bath so have a shower every day." We saw people being supported to make decisions about what medical interventions they wanted, what they wanted to eat and what activities they wished to be involved in. One staff member told us, "We know personal image is very important for [person's name]. We help them with their cosmetics and they are able to decide what shades or colours they wish to wear on that day."

People were encouraged to be as independent as they could. We saw one person was encouraged to take part in their financial affairs with the assistance of staff. One staff member told us this person no longer

retained the full ability to manage all financial transactions. However, with assistance they could still go to the bank and complete basic banking. Another staff member said, "It is important that people still do what they can. We never de-skill people but enable them to do what they can and more importantly what they want."

People told us they were treated with respect and their dignity was maintained. We saw staff members knocking on doors and waiting for a reply before entering. People told us they were asked for their permission before any assistance was given regarding personal care. People told us that their dignity was maintained by staff who acted in a professional yet caring way when supporting them.

Staff members had a clear understanding of confidentiality. Records personal to individuals were kept securely and accessed only by those with authority to do so. We saw staff members sharing information with healthcare professionals and they only shared details needed in order for the practitioner to make an appropriate assessment.



## Our findings

People were involved in the development of care and support plans that identified their needs and their personal preferences. One person said, "I feel like all the staff know me and how I like things." We saw these plans detailed people's individual needs, likes and dislikes and personal histories. One staff member told us, "These plans are developed with the person and we gather as much information as possible so we have a complete picture. However, we never rush them. It can take many days, weeks or months to get to know someone." We saw one person only liked food from one particular food supplier. The registered manager and staff were aware of their preferences and supported them to meet their wishes.

We saw the care and support plans were personal to the individual and contained relevant information staff members needed to know in order to support them. We saw these plans were regularly reviewed and contained up to date changes in people's support needs. We saw one person's mobility had recently changed. These changes were reflected in the person's care plan along with instructions to staff on how to effectively and safely support the person. Staff members we spoke with were able to tell us about those they supported. They had a clear understanding of individual's support and care needs, their personal preferences and things that were important to the person. For example, staff members knew that one person likes to purchase cakes for others. They supported this person to continue to go to the local shop and make these gifts to those they lived with. One staff member said, "I know this matters to them so we keep supporting them to do it for as long as they wish."

People told us they enjoyed a range of activities at Bowbrook House which kept them interested and stimulated. People told us they were involved in quizzes, craft activities, trips out, coffee mornings, baking and visits from entertainers. We saw craft sessions taking place during this inspection. These sessions were completed in small groups with people receiving individual support and encouragement. We saw these sessions were social events for people and that visitors were also encouraged to take part. We saw open invitations for visitors to attend coffee mornings and outings. People told us they have recently taken part in trips to local historic places of interest, boat trips and railway journeys. Annual social events like a summer BBQ's or Christmas lunches were arranged with an open invitation to people, friends and staff members.

People were supported to maintain relationships that mattered to them. All those we spoke with told us family and friends were encouraged to visit at times to suit them. We saw visitors having lunch with people and separate tables were made available so they could sit together. The registered manager told us that as well as encouraging friends to visit they used internet based video calling for some people. This was in order to maintain long distance relationships with people.

All those we spoke with felt comfortable to raise any concerns or complaints with staff or the registered manager. One person told us, "I am aware of the complaints procedure but it has not been required as standards are really quite good." One relative told us they did have cause to raise a concern once and this was dealt with appropriately by the registered manager. At this inspection we saw information was provided to people, relatives and visitors on how to raise a concern or who to talk too if they had a complaint. The registered manager had systems in place to investigate and respond to complaints. We saw details of investigations and the outcome and explanations provided to the complainant.



## Our findings

People told us they were involved in decisions about their home and the services that were provided at Bowbrook House. The provider had recently undertaken a survey to gather people's views on the menus and food on offer. The results were passed to the catering staff who made changes including offering different sizes of plates and trying different cake recipes. People knew who the registered manager was and told us they saw them regularly. We saw many spontaneous interactions between people, visitors and the registered manager at this inspection.

The registered manager told us they involve people and their families in as much as they want to be. They said that recently one person didn't particularly like the decoration scheme in their bedroom. With the assistance of the provider and their family their room was redecorated to meet their personal preferences.

People and families felt able to make suggestions regarding any improvements they felt were needed at Bowbrook House. People were confident that any suggestions would be considered and if appropriate changes would be made. For example, following the suggestions of one relative changes were made to the incident and accident forms. Prompts for staff were included to consider the wishes of people regarding contact with relatives in the event of an accident. We saw these changes had been made to the relevant documentation.

People we spoke with and relatives believed the registered manager was open and transparent and they were able to openly discuss anything they wanted with them. Staff members were aware of any incidents or key events, by the registered manager, so that improvements could be made. One staff member told us about a recent error with medicines. Although no harm occurred all staff members we spoke with were aware of the error. One staff member said, "When things go wrong we all need to understand what happened. This is so with can put it right and make sure it does not happen again."

Staff members told us they felt they all worked together as part of a team with shared values and a common goal to provide a homely environment for people. The registered manager told us, "We want people to feel that this is their home and that they feel comfortable and safe living here." One person told us, "It was not easy to give up your home but staff are very pleasant and helpful which makes it easier."

Staff members were aware of appropriate policies which directed their practice including the whistleblowing policy. Staff members we spoke with told us they were confident they would be supported if they ever needed to raise a concern.

Staff members were involved in regular staff meetings where they were able to discuss aspects relating to their work as part of a group. This included what was going well and any areas for improvements. Staff members told us they felt their opinions mattered to the management team and they felt empowered to make suggestions. One staff member said, "I made a suggestion at a staff meeting about changing some of the documentation we use to make it more succinct. I felt listened to and my suggestion valued."

Bowbrook House had a registered manager in place who was supported day to day by a care manager. The care manager was not available at this inspection. The registered manager understood the requirements of their registration with the Care Quality Commission. The registered manager had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. The registered manager told us they maintained their professional practice by attending regular training and development events provided locally. They had also established an informal support network where they could seek advice and support from their peers in other care establishments.

The registered manager and care manager had systems in place to monitor the quality of service provision. Both assessed information from quality checks, training, incident and accidents and feedback from people and staff which they used to drive improvements. For example, following recent falls prevention training the registered manager had identified a staff member to act as a 'champion'. This will assist in the cascading of training and information to assist in the prevention of falls.