

John-Edwards Care Homes Ltd

BOWS

Inspection report

324 Frome Road
Trowbridge
Wiltshire
BA14 0EB

Tel: 012257744444

Website: www.johnedwardscarehomes.co.uk

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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

Bows is a care home registered to provide accommodation and personal care (not nursing) for up to five people with a learning disability. At the time of the inspection five people were living in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People received kind and caring support from compassionate staff who knew them well. Staff treated people with dignity and respect. People appeared relaxed and happy in staff presence.

People were kept safe and had risk assessments reviewed regularly which also enabled them to maintain a level of independence.

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 place supported this practice.

Staff were well trained and had the right mix of skills and experience to support people's needs. Staff had specialist training in autism, learning disabilities and challenging behaviours.

People had the opportunity to access their local community and engage in activities of their choice.

The service worked closely with health and social care professionals to ensure people had appropriate access to services.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 good (published 6 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 well-led findings below.

Bows

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 one inspector.

Service and service type

Bows is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the notifications we had received from the service. Notifications are important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

We spoke with three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, senior support workers and support workers. 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 reviewed a range of records. This included three people's care records and multiple medication records. We looked at three 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 reviewed.

After the inspection

We contacted three professionals who visit the service, but did not receive feedback.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding and whistleblowing training and we confirmed this from training records. These areas of knowledge were discussed at team meetings.
- Systems were in place to keep people safe. Staff knew how to identify and report safeguarding concerns.
- Processes were followed appropriately. The registered manager knew their responsibility to report any concerns to the local authority and notify us. The registered manager had implemented new body charts to monitor any marks or bruises. This would identify any pattern or unexplained injuries.
- Relatives we spoke with told us they thought the service kept their family member safe and they had no concerns.

Assessing risk, safety monitoring and management

- We saw a variety of risk assessments pertaining to each person's support needs. These included use of the homes hot tub and local swimming pool, travelling in the car and accessing the local community. These were regularly reviewed.
- Risk assessments contained the likelihood and severity of the risk occurring and guidance for staff on how to minimise the identified risk.
- People were protected from risks whilst being supported to maintain their independence. For example, one person with epilepsy enjoyed swimming. The risk was rated as high, the control measures in place were for the support worker to remain with the person at all times. Guidance for staff was in place to recognise early warning signs of a seizure and how to manage this safely.
- There were personal emergency evacuation and missing person plans in place.
- Risks associated with the building and outdoor space were present and were also reviewed regularly.

Staffing and recruitment

- At the time of the inspection the service was fully staffed with one new staff member completing their induction period.
- The staffing structure consisted of a skill mix of new staff and senior members of staff who mentored them. This ensured people were supported by staff with knowledge and experience.
- The registered manager had also recruited a male member of staff which they told us had made a positive contribution to the staff team. Males being supported had the choice of receiving personal care from a male or female member of staff.
- Staff were recruited safely. This included pre-employment and identity checks and a Disclosure and Barring Service (DBS) check. A DBS allows employers to make safer recruitment decisions and helps to prevent unsuitable applicants from working with vulnerable groups of people.

- A relative told us they thought staffing levels had increased recently and people were able to enjoy more one to one activities.

Using medicines safely

- Medicines were administered, stored and managed safely. Medicines administration records were completed correctly.
- People had medicines care plans which gave guidance to staff on how people preferred to take their medicines. Emoticons (simple symbols showing facial expressions), were used to communicate if people were experiencing pain. Medicines which were taken 'as required' had protocols in place. Body maps were in place for the accurate application of creams.
- Audits and spot checks were carried out regularly and the service had a recent external audit from the pharmacist.
- Staff had been trained in medicines administration and were spot checked for competency by the registered manager.

Preventing and controlling infection

- The home was clean, tidy and smelt fresh. The kitchen and bathrooms were hygienic, with notices to remind people and staff to wash their hands.
- The home had sufficient supplies of personal protective equipment, including paper towels and gloves.
- Laundry items were washed daily and mops and buckets were colour coded according to the type of spillage so as not to cross contaminate.
- Staff had received effective training in infection control practices.

Learning lessons when things go wrong

- When something went wrong, the registered manager responded appropriately and used the incident as a learning tool for staff. For example, as part of their 'goals and achievements', one person was being supported to improve their mobility. The plan was to support the person to walk for 40 minutes without stopping. However, it was found the person had fallen three times. The conclusion reached was 40 minutes was too long. The person was supported to walk for 30 minutes and tolerated this well, without subsequent falls.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental and social needs were assessed, by a multi-disciplinary team of health and social care professionals.
- Care and support plans were person centred and had one-page profiles of important information to know about the person. In addition, care plans had 'how to care for me' profiles which detailed the level of support required and what the person could do independently.
- Care and support plans contained people's likes, dislikes and preferences and referred to tasks people were able to do independently. There was evidence of the person and their family being involved in the assessment and reviewing process.
- Relatives we spoke with told us the staff knew their family member well.

Staff support: induction, training, skills and experience

- Staff had access to on line and face to face training in areas such as safeguarding, autism, behaviour that challenges and emergency first aid.
- A recent training area completed through the providers learning and development team, was how to recognise early warning signs of sepsis.
- New staff had a thorough induction and were supported to complete the care certificate if they were new to social care. The care certificate is a nationally identified set of standards which sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they felt well supported through one to one supervision, appraisal and informal guidance when requested. Staff told us they felt confident they would receive support from the registered manager whenever they needed it.

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

- Staff had guidance on how to support people to eat and drink adequately. For example, one person had professional input from a dietician as their appetite was poor. Staff were given detailed visual instructions on the types and sizes of foods which they could use to encourage the person to eat. This included using dessert sized spoons to accurately monitor the quantity and using spicy foods for flavour.
- People were supported to prepare some meals and drinks. People were able to choose what they preferred. For example, one person used objects of reference, a small plastic squash or milk bottle to choose a drink.
- Staff knew the types of food people enjoyed and different types of cutlery and crockery were used to enable people to eat independently.

- Staff sat alongside people to support and encourage them to eat, describing what the food was. Pictorial menus were displayed to enable people to point and choose their preferred option.

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

- People were supported to attend medical appointments, including their annual Cardiff health check. This is a nationally recognised annual health check, specifically designed to meet the health needs of people with a learning disability.
- One person was supported to attend hospital for a surgical procedure. The service used a 'social story' to help the person to understand what was happening.
- Another person had annual reviews with a neurologist to check medicines were helping with sleep patterns, moods and general well-being.
- People were supported to attend the specialist dental service, optician, orthotics and speech and language therapists.

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

- Bows was a large level access bungalow with an open plan kitchen and dining area, separate bedrooms and bathrooms.
- People's bedrooms were decorated to their choice and were personalised with photos, pictures, toys and other personal belongings. Each bedroom was very different, reflecting the individuals taste and interests.
- There was a large enclosed garden with a patio area. A relative had recently purchased a swing which enabled people to swing themselves rather than being pushed by staff. We saw this in use and being enjoyed. There was a new hot tub which was also a great success. Other items in the garden included ride on bikes and a safe trampoline.
- A large sensory room was being used during our inspection which had a ball pit, sensory lights and music. There was also a games room and gym where people enjoyed playing pool.

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 when this is in their best interests and legally authorised under the MCA. 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments and their corresponding best interest decisions had been completed.
- The service had made appropriate applications to the local authority for DoLS and monitored the progress of each application. The appropriate conditions were met for DoLS which were authorised.
- The appropriate legal authorities were in place and the service was meeting the requirements of the Mental Capacity Act (2005).

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and appeared to be comfortable and at ease in staff presence.
- Staff were very attentive to people's individual needs and focussed on the person they were supporting. We saw lots of gentle guidance with hands and eye to eye contact to enable the person to concentrate.
- Daily records were written detailing the activity of the day, as well as how the person felt and their well-being. Such as, '[person] enjoyed his walk.', '[person] was finding this all very amusing', '[person] has been in excellent spirits this morning' and '[person] enjoyed feeling the wind in her face as she walked.' These records were all written using respectful language and used person centred observations.
- Relatives spoke very positively about the service as a whole, but particularly the staff and registered manager. They told us they were very caring, and their family members were very well looked after.

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

- One person wanted to go outside and stamped their feet in excitement when they were supported to access the swing in the garden. They expressed their joy and happiness facially and in the sounds they made which staff interacted with.
- We saw kind and gentle interactions. One staff member was quietly reading to one person, laughing and chatting and engaging them in the story. People appeared to be happy and settled.
- There was a calm, relaxed and homely atmosphere at Bows which felt and looked family orientated. Staff and people were interacting or quietly doing their own interest or task independently. People were free to access areas around the home and garden.
- We heard and observed staff offering choices and talking to people about day to day things. Staff had an obvious knowledge of people's likes and dislikes in very fine detail. There was lots of patient listening, observing, encouragement and reassurance.

Respecting and promoting people's privacy, dignity and independence

- One person used pretty neck scarfs to discretely guard their clothes. This was more dignified and in keeping with their age, than using a traditional bib or clothes protector.
- The service had important birthdays for people and their relatives in the calendar, so these anniversaries could be celebrated.
- People were compassionately supported to understand when a family member or other person they knew had died. The staff supported people in conducting a small ceremony with balloons and placed a memorial in the garden for remembrance. The people who died were talked about and not forgotten.

- The service had developed 'dignity champions' to support the staff team in raising awareness and promoting dignity in care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had clear and detailed care and support plans.
- There was evidence of adapting and changing support when people's needs changed and of accessing specialist advice and support when needed.
- Guidance from different professionals was followed by staff and detailed in support plans. One person had an activity programme designed by a specialist physiotherapist, based around muscle development, strength and balance. The aim was to maximise function and a 'little and often' approach was recommended to reduce fatigue and the risk of injury. This included mobilising independently, for a specified time period; using a balancing ball and activities such as bowling, dancing and household chores.
- People had specific care plans developed to support them with challenging behaviours. These included guidance to staff on recognising what different behaviours meant and what mood they represented. The guidance also instructed staff on techniques to reduce challenging behaviours and recognise triggers. For example, 'when I am anxious, I will bite my hand or bang my toys on the floor'.
- One person was being supported to explore their sexuality after showing interest in the same sex. Their preference for different styles of clothing was also supported by staff.

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.

- The service was fully compliant with the AIS. People had access to various forms of communication aids specific to their needs and communication passports in their plans. These included PECS (Picture Exchange Communication System) and iPad and iGrid communication software.

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.

- People's families and friends are encouraged to visit at any time and are invited to all assessments and review meetings.
- Families are invited to annual events, such as Halloween parties, garden parties and BBQ's. At Christmas some people go home to their family, so the home has an early Christmas Day to celebrate with everyone.
- Families stayed in close contact with their relatives. One family talked each evening to their relative after finding out from staff what they have done in the day. This meant they were able to effectively communicate

using relevant information. The person was able to respond on the telephone with sounds to questions asked by their family.

- Activities were wide and varied and people had access to one to one support to enable them to swim, ride horses or go into the local community. People had activities both inside and outside of the home. These included cooking and baking, visiting local attractions and attending local events.
- People chose to go to Butlins on holiday this year together as a group.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. This was available in different formats, such as pictorial and widget software and was displayed in the home. The complaints procedure was given to relatives and people were reminded how to complain if they needed to.
- One or two minor complaints had been made during the past year and these had been managed according to their policy and successfully resolved.

End of life care and support

- No-one at the service was receiving end of life care at the time of our inspection. There were no end of life care plans in place, but the concept had been discussed in situations of family bereavement.
- The registered manager told us shortly after the inspection that they had made a start on three plans alongside care plan and local authority reviews. They hoped to have all five in place by the end of the month.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The registered manager had developed a person-centred culture which prioritised safe, high quality compassionate care.
- The staff we spoke with were very happy with the level of support they received and enjoyed working at Bows. Staff were passionate about providing a good quality of life for the people they supported.

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 registered manager had a good understanding of their responsibilities under the duty of candour.

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

- Staff carry out regular checks related to the safety of the premises. For example, fire safety, water temperatures, first aid kits and outside spaces.
- The provider commissioned external professionals to maintain fire and security equipment, gas safety checks, emergency lighting and legionella risks.
- The provider was introducing a new electronic quality assessment process which would be completed by the registered manager and an action plan created. The regional manager would have direct access and oversight of the assessment and action plan as part of their monthly audit.

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

- The staff we spoke with said they felt fully involved in the running of the home. They told us people were always involved in choice and decisions.
- Regular feedback from staff, families and professionals was sought.

Continuous learning and improving care; Working in partnership with others

- The registered manager encouraged continuous learning. Staff were supported to undertake further qualifications and take on responsibilities such as champion roles.
- Staff received performance appraisal and had training and development needs identified through one to one supervision.
- The service worked in partnership with specialist services to provide good outcomes for people; such as

the community team for people with learning disabilities and specialist health services.

- The registered manager was a member of a manager's network of independent homes and of larger providers. They used these meetings to share good practice and gain peer support.