

Bowerswood House Retirement Home Limited

Bowerswood House

Residential Home Limited

Inspection report

Bowers Lane
Nateby
Preston
Lancashire
PR3 0JD

Tel: 01995606120

Date of inspection visit:
30 October 2019
05 November 2019

Date of publication:
05 May 2020

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

Bowerswood House Residential Home Limited is a residential care home providing personal care to 19 older people at the time of the inspection. The service can support up to 24 people.

Bowerswood House Residential Home Limited is situated near the village of Nateby. There is a lounge and a separate dining room for people to enjoy. Parking is available outside the home.

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

There is a history of not meeting legal requirements and people were at risk of avoidable harm. Medicines were not always managed safely which placed people at risk of harm.

The service was not being well-led. Auditing systems did not always identify the concerns found during the inspection and risk assessments to support people's safety were not always completed. Statutory notifications were not always sent to the Care Quality Commission as required by regulation and the rating displayed at the service did not relate to the previous inspection. Care records did not always contain person centred information to support staff to give person centred care.

Oral health assessments were carried out. There were no specific care records to instruct staff on how oral health was to be promoted. We have made a recommendation about the documentation of people's oral health care needs.

People were treated with dignity and respect and staff we spoke with told us how they respected people and ensured their privacy and dignity was maintained. People could express their end of life wishes.

People were consulted and asked their views on the service provided. The registered provider reviewed surveys completed by people and relatives to assess their satisfaction with the service. Any comments were actioned whenever possible. People told us they were happy at the home and were confident any comments or complaints would be resolved.

People were cared for in a clean and homely environment by staff who were caring, competent and knowledgeable about people's needs. Training and supervision was arranged to ensure staff had the skills to carry out their role. People described staff as, "very patient" and told us they enjoyed the activities provided and were supported to take part.

People spoke highly of the meals and snacks they received at the home. Alternatives were provided if people wanted these. People also told us they were supported to see other health professionals if this was required and documentation recorded this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 31 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when they would improve. This inspection was carried out to follow up on action we told the provider to take at the last inspection. We have found not enough improvement had been made and sustained. Please see the safe, effective, responsive and well-led sections of this full report. You can see the action we have told the provider to take at the end of this report.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate 

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate 

The service was not well-led.

Details are in our well-led findings below.

Bowerswood House Residential Home Limited

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 first day of the inspection was carried out by an inspector and a specialist advisor. The specialist advisor had specialist knowledge of medicines. The second day of the inspection was carried out by an inspector and a pharmacist medicines inspector.

Service and service type

Bowerswood House Residential Home Limited 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 was the provider for the service. This means that they 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. The second day of the inspection was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the action plans the provider had given us. We sought feedback from the local authority. The provider was not asked to

complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided, four relatives and three visitors. We spoke with 11 members of staff. These were the registered manager, who was also the provider, and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In addition, we spoke with four care staff, a senior carer and the deputy manager. We also spoke with maintenance person, the cook, the activities co-ordinator and the housekeeper.

We walked around the home to check it was a clean, safe place to live and also carried out observations of interactions between people and staff.

We reviewed a range of records. This included six people's care records and medication records for nine people. We looked at one staff file in relation to recruitment and a file relating to staff supervisions. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us policies in care planning and medicines management. They also sent us records relating to the care of people who lived at the home.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Using medicines safely

At the last inspection we found the provider had failed to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not always handled safely which put people's health at risk.
- The provider did not have a system in place to make sure people's allergies were recorded accurately. One person's records showed they were allergic to a medicine which they were being given and the staff had failed to take any action.
- The provider did not have a system in place to make sure they could access important drug alerts. This meant that people were at risk of being given medicines which had been recalled for safety reasons. After our visit the registered manager acted to ensure they would receive future alerts.
- The provider had failed to ensure written guidance was available for staff to follow when they were prescribed medicines to be given "when required" or with a choice of dose. This meant staff did not have the information to tell them when someone may need the medicine or how much to give.
- The records about medicines were not always accurate and did not always show all medicines could be accounted for.
- Some people chose to look after some of their own medicines. However, there was no system in place to show exactly which medicines people were self-administering and there were no records made to evidence that they were doing it safely.

The provider had failed to manage medicines safely. This placed people at risk of harm. This was a continued breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The provider had not ensured risk assessments were carried out in a timely manner. We noted one person had no risk assessments completed in key areas such as falls, nutrition and skin integrity. The registered manager said they were unaware these had not been completed. In a further person's file, we saw no risk assessments had been completed to minimise the risk of falls, malnutrition and skin integrity. The registered

manager and deputy manager said these should be completed when a person moved into the home.

- The provider had not consistently ensured the premises were safe. During the inspection we saw a keypad lock was fitted to a bedroom door. We asked if this had been included within the fire risk assessment or risk assessed to identify risk controls. The provider told us it had not. In addition, we saw a staircase had no signage indicating it led to a fire exit. The registered manager told us they had an inspection carried out by Lancashire Fire Authorities in March 2019 and the need for more fire signage had not been identified. The provider responded quickly to our concerns and took action to minimise the risk of avoidable harm. We have referred our findings to the Lancashire Fire Safety Authorities.

We found no evidence that people had been harmed however, risk assessments had not been carried out to manage the risk of avoidable harm occurring and the premises were not consistently safe. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Equipment was serviced and maintained to ensure it remained fit for use.
- There were individual plans to describe the help people needed to evacuate the home safely in the event of an emergency.

Preventing and controlling infection

At the last inspection we found the environment was not always clean and resources were not always easily available to minimise the risk and spread of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in respect of infection control practices.

- The environment was visibly clean and there were easily accessible resources to minimise the risk and spread of infection. Appropriate handwashing facilities and protective equipment was sited throughout the home for staff to access.
- People and relatives told us they were happy with the standard of cleanliness at the home and the housekeeper told us they had sufficient time to complete their work to a high standard.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe. One person told us, "They do everything they can to keep me safe and well." A relative told us, "(My family member) feels safe here."
- Staff had received regular training in safeguarding awareness could explain the signs and symptoms of abuse. Staff told us they would take action to protect people by reporting concerns to the registered manager and external bodies, so people were protected.

Staffing and recruitment

- The registered manager carried out sufficient checks to ensure prospective employees were suitable to work with vulnerable people.
- The registered manager deployed staff effectively. One person shared that if they needed assistance in the day or night, staff helped them quickly. A further person told us, "I have a bell and if I ring it, I get a response in a reasonable timeframe"
- Staff told us they had enough time to support people safely and the registered manager would provide extra staff if this was needed. A relative commented, "There's always someone around to help."

Learning lessons when things go wrong

- The registered manager explained that audits were carried out to identify when areas needed improvement. Audits were carried out on care records, falls, cleanliness, medicines and the environment. Staff we spoke with told us these were carried out, but the audits had not identified some of the concerns we found on inspection. For example, care records audits had not identified the fact that risk assessments were required to be completed, and medicines audits had not identified the shortfalls in medicines. This has been addressed within the domain 'well-led' within this report.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Staff did not always complete nutritional risk assessments to identify people's individual needs. Two people's care records viewed had no nutritional risk assessments in place to assess the support and on-going care needed. This has been reflected in the safe domain.
- People told us they were happy with the meals provided and they were offered an alternative if they chose not to have the main meal choice. One person commented, "Overall it's fine. If I don't fancy what I've chosen, they make me something else."
- We observed the breakfast and lunchtime meal and saw people were offered a variety of meals and these were provided to them. People were offered support if this was required and extra portions were offered if people finished their meal.

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

- Staff assessed people's needs prior to them coming to live at the home and care plans were developed to meet their individual needs and preferences.
- Staff could explain the needs and preferences of people they supported and told us they delivered care to meet those needs.
- Oral health assessments were carried out to ensure people's oral needs were met. Care plans contained some information on how these needs should be met by staff but did not cover all areas of oral health. For example, there was no instruction on what action to take if a person needed out of hours support with dental health. The registered manager told us these were being further developed.

We recommend the provider seeks and implements best practice guidance on the implementation of oral health care planning.

Staff support: induction, training, skills and experience

- The provider ensured staff received regular training to maintain and update their knowledge. Staff confirmed they carried out training in key areas such as safeguarding, moving and handling and first aid and attended refresher training as required.
- Documentation demonstrated staff were supported to maintain and increase their skills. The registered manager completed supervisions with staff to review their performance. Staff told us these were useful and they received constructive feedback during supervisions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff worked closely with other health professionals to ensure people's needs were assessed and effectively met. Documentation evidenced the service worked with other professionals such as GP's, falls specialists and district nurses to ensure people's needs were met effectively. In the event of people going to hospital, essential information was provided to support decision making.

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

- The registered manager had considered best practice guidance and visual signage was displayed to help people living with dementia identify the lounge and dining room. Doors to private rooms had people's names on them to enable people to recognise their private space.
- A lift was available to support people with challenges to their mobility and mobility aids were fitted in the communal bathroom.

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.

- People's capacity to make decisions had been assessed in line with the principals of the MCA and documentation was kept to evidence this.
- The registered manager submitted applications to deprive people of their liberty to the local authority.
- People with mental capacity had signed their care records to indicate their consent to the care provided.
- Consent was sought whenever possible. For example, we saw people were asked if they wanted support with personal care or to walk.

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

- Staff supported people with dignity and respect and had a caring approach. We observed numerous occasions where staff used appropriate touch and conversation, and this was welcomed by people who used the service.
- Staff recognised and upheld people's individuality. We saw a staff member congratulated a person on their birthday and hugged them. This demonstrated staff were caring.
- People told us staff were caring in nature. One person said staff were, "gentle souls." A further person described staff as, "very patient."
- The registered manager told us they would inform people of local advocacy services that were available if they needed support to express their views or make decisions.

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

- People were supported to decide their care needs. People we spoke with told us they were involved in discussions about their care. One person shared how staff had discussed their care needs with them and their wishes were respected
- Relatives told us they were involved in discussions about their family members care and whenever possible this took place with their family member. One relative told us they received timely updates and described the engagement from the home as, "exceptional."

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on people's private room doors and waited for a response before they entered. People told us staff maintained their privacy and dignity and were respectful when engaging with them.
- Records were stored securely to protect personal and private information.
- People were supported to maintain their independence. For example, staff supported people with their mobility and encouraged them to walk when this was possible.

Is the service responsive?

Our findings

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

At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care records did not always reflect people's needs. In one care record we found a person had specific dietary needs and lived with a health condition. There was no information within the care record to describe the signs and symptoms the person may experience if their health condition changed suddenly. We discussed this with the registered manager who took action to ensure the care record was reviewed and amended prior to the inspection concluding.

We found no evidence people had been harmed however the care record did not contain important information to enable staff to recognise when the health condition changed. This placed the person at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they were able to follow their own routine and staff accommodated this. Staff could describe the preferences of people they supported and said they aimed to meet these.

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 met people's communication needs. These were considered and documented to ensure staff could meet people's individual needs. There were aids to support communication if this was required, for example picture cards were available and the registered manager told us they would develop pictorial care records if required.

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 supported people to engage in meaningful activities. We saw a person was supported to go for a walk outside as this was something they liked to do.
- People told us they enjoyed the activities and they were encouraged to attend. One person told us were looking forward to the upcoming Halloween party. A relative we spoke with shared that their family member was encouraged to attend arranged activities.
- People were supported to maintain and develop relationships that were important to them. During the

inspection we saw relatives were welcomed to the home and a relative we spoke with described the service as, "homely."

Improving care quality in response to complaints or concerns

- The provider had a process to ensure complaints were dealt with properly. This was displayed within the home. Complaints received since the last inspection had been responded to and resolved.
- People and relatives, we spoke with told us they were happy with the service provided and they would speak to the registered manager if they had any concerns. One person commented, "Anything I say is taken seriously"

End of life care and support

At our last inspection we recommended the provider consider current guidance on the documentation of peoples' end of life wishes. The provider had made improvements.

- The registered manager had sought best practice guidance and care records documented people's individual wishes and spiritual needs. Documentation we viewed evidenced that people, and their relatives when appropriate, were involved in this area of care. At the time of our inspection, the service was not supporting anyone at the end of their life.

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 requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

At our last inspection we found records in relation to the management of the regulated activity were not always completed and audits had not identified the shortfalls we had found. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Auditing and governance systems had failed to identify or address the concerns raised during the inspection. The registered manager told us audits were completed by themselves, the deputy manager and a senior care staff and that the registered manager had oversight of all the audits. For example, audits had failed to identify the lack of fire signage. Care record audits were not documented, and two care records were found to have a lack of risk assessments, also a further care record lacked person centred health information. Audits had not identified that improvements were required in the safe management of medicine.

These matters were a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as audit systems were ineffective.

- It is a legal requirement that certain incidents that occur at the service have to be notified to the Care Quality Commission. Records evidenced that a fall at the home had resulted in a specific injury. The registered manager said they were unsure if the incident had been reported to the CQC. A review of the information we hold on our system showed no information had been received from the service in relation to this injury and the deputy manager confirmed this had not been provided to us.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 as notifications had not always been provided to us as required by regulation.

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

- People and relatives spoke positively about the management team. They told us they were able to speak with them and observations showed people approached them happily if they wanted to talk with them.
- The registered manager told us there had been no recent events when mistakes had been made and an apology required. However, should events occur, these would be investigated, and an apology would be made.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service engaged with people and others acting on their behalf to enable them to influence the service provided. Meetings were provided for relatives and people to attend. Minutes of the meetings showed people's views were responded to and the registered manager could explain the action they took in response to the comments made.
- The registered manager sought feedback to improve the home. Surveys were available for people to complete. We viewed the most recent surveys and saw no negative comments were recorded.
- Staff told us they had staff meetings as well as informal opportunities to seek clarity and share their views. A staff member explained this was an opportunity to make suggestions on how the service could be improved.
- The management team maintained positive relationships with external agencies. This included working with commissioners and external health and social care professionals to ensure a collaborative approach to care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents Notifications were not always sent promptly to the CQC in accordance with regulation.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were not always carried out to manage the risk of avoidable harm occurring and the premises were not consistently safe. Medicines were not managed safely. Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. . Regulation 12 (1) (2) (a) (b) (d) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Audit systems had not been established and operated effectively. Care records were not always complete. Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

