Parkcare Homes (No.2) Limited

Bowden Lodge

Inspection report

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Sheffield
South Yorkshire
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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

We carried out this inspection on 5 October 2017. The inspection was unannounced. This meant no-one at the service knew we were planning to visit.

This was the service's first inspection since their registration with the Care Quality Commission (CQC) in April 2016.

Bowden Lodge provides care for people requiring support with their mental health needs. The service provides care, support, and accommodation for up to 16 people who require personal care without nursing. The service is situated in Sheffield and there is easy access to the city by public transport and all of the facilities available in Sheffield and surrounding areas. At the time of our inspection there were 15 people living at Bowden Lodge.

There was a registered manager employed at the service. 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 and general manager had a good oversight of the service and were experienced in their roles. People and staff told us they were supportive and approachable.

People were supported by staff who knew them well. Staff we spoke with were enthusiastic about their jobs, and showed care and understanding both for the people they supported and their colleagues.

There were enough staff to ensure people's care and support needs were met. The service had robust recruitment procedures to make sure staff had the required skills and were of suitable character and background.

Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns. They were confident any concerns would be taken seriously by management.

Medicines were stored safely and securely, and procedures were in place to ensure people received their medicines as prescribed.

The registered manager, general manager, and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and what this meant in practice.

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

Staff were supported through training, regular supervisions and team meetings to help them carry out their roles effectively.

People were encouraged and supported to eat regular and balanced meals.

Care records showed people received appropriate input from health and social care professionals, such as psychiatrists and social workers to ensure they received the care and support they needed.

Staff we spoke with understood what it meant to treat people with dignity and respect. We saw people were treated with dignity and respect throughout this inspection.

People's care records reflected the person's current health and social care needs. Care records contained up to date risk assessments. There were systems in place for care records to be regularly reviewed.

There was a range of activities on offer to people living Bowden Lodge.

There was a comprehensive complaints policy and procedure. This was clearly displayed in the main corridor and copies were held on people's care records.

There were effective systems in place to monitor and improve the quality of the service provided.

The service had up to date policies and procedures which reflected current legislation and good practice guidance.

Safety and maintenance checks for the premises and equipment were in place and up to date.

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.

Staffing levels were appropriate to meet the needs of people who lived at Bowden Lodge and safe recruitment procedures were in place to make sure staff were of suitable character and background.

There were clear policies and procedures in place for staff to recognise and respond to any allegations of abuse. Staff had received training in this area and understood how to keep people safe.

We found systems were in place to make sure people received their medicines safely and were protected from harm.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Deprivation of Liberty Safeguards. Staff had an understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported by staff who had the knowledge and skills necessary to carry out their roles in meeting people's needs. Staff were suitably trained and received regular supervisions.

People were supported to maintain good health and to access health and social care services when required.

Is the service caring?

Good

The service was caring.

Staff knew people's preferences and were keen to support people to be as independent as possible.

Staff knew what it meant to treat people with dignity and respect, and we saw people had their privacy and dignity respected by staff at all times throughout the inspection.

Is the service responsive?

Good

The service was responsive.

People's care records reflected the person's current health and social care needs. There were systems in place for them to be regularly reviewed.

There was a range of activities on offer to people living at Bowden Lodge. The service had access to a mini bus so staff were able to accompany people on trips to local amenities and further afield.

There was a comprehensive complaints policy and procedure.

Is the service well-led?

Good

The service was well-led.

People and staff told us the registered manager and general manager were supportive and approachable.

People living at Bowden Lodge and staff were regularly asked for their views. We saw any concerns and suggestions were considered and acted upon.

The service had quality assurance systems in place and up to date policies and procedures which reflected current legislation and good practice guidance.

Bowden Lodge

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 5 October 2017 and was unannounced. The inspection was carried out by two adult social care inspectors 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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.

Prior to the inspection we reviewed the information we held about the service, which included correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the provider is legally required to send us about significant events that happen within the service. For example, where a person who uses the service has a serious injury.

Before our inspection we contacted staff at Healthwatch and they had no concerns recorded. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted members of Sheffield council contracts and commissioning service, and Sheffield Health and Social Care Trust. They told us they had no significant concerns about this service.

During the inspection we spoke with five people who used the service. We met with the registered manager and general manager. We spoke with an additional five members of staff. We spent time looking at written records, which included six people's care records, five staff personnel files and other records relating to the management of the service. We spent time observing the daily life in the service including the care and support being delivered by all staff. We walked around the home and looked in the communal areas,

including the bathroom, the kitchen, and lounges. With their permission we also looked in several people's bedrooms.

Good

Is the service safe?

Our findings

People told us they felt safe living at Bowden Lodge. Comments included, "I feel safe here, I don't feel too much judgement and I am not scrutinised all the time like I was in hospital" and "It is a calm and relaxed environment."

We checked five staff personnel files to see if the process of recruiting staff was safe. Each file contained references to confirm suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character. This confirmed recruitment procedures in the service helped to keep people safe.

We asked the general manager if the service employed enough staff to keep people safe. They told us care staff were employed to cover 12 hour shifts from 8am to 8pm, and 8pm to 8am. During the night there were three care staff employed. During the day there were five care staff employed, including a team leader. The registered manager and general manager were supernumerary to the staff on duty, although the general manager told us they would cover a shift if short-staffed. In addition there was a domestic assistant employed for 40 hours per week and a part-time administrator. Where people were assessed a needing 1:1 support, for example, during a mental health crisis an additional staff member was rostered to work. This was not expected to be covered by the existing care staff on duty.

We asked if a staffing dependency tool was used to confirm whether this was enough staff to keep people safe. The general manager told us the person's health and social care trust assessed people's needs prior to them coming to live at Bowden Lodge and this determined the amount of staff employed at any one time. We were told the service did not employ agency staff and existing staff covered for sickness and other absences. The general manager told us they were in the process of recruiting two new members of care staff.

Staff we spoke with told us they felt there were enough staff employed to meet people's care and support needs. One member of staff told us occasionally it could be difficult if staff rang in sick at short notice.

The service had a nurse call alarm in place in everyone's rooms and we were told people rarely used this. The general manager told us care staff responded quickly if was activated. We did not hear it ringing during the day of this inspection. In addition care staff carried personal safety alarms so they could summon assistance if required.

This meant there were enough staff employed to meet people's care and support needs.

We saw the service had an up to date whistleblowing policy and procedure. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. Care staff we spoke with were aware of this policy and what to do if they thought managers were not responding to their concerns.

We saw the service had an up to date safeguarding policy and procedure. There was a copy held in people's care records and it was clearly displayed in the corridor in the main entrance. All staff received training in safeguarding vulnerable adults from abuse. The electronic training records we looked at confirmed this was the case. In addition all the staff we spoke with told us they had received this training. They were able to tell us what constituted possible abuse and what they would do if they suspected abuse had taken place. Every member of staff we spoke with told us the registered manager and general manager would take their concerns seriously and respond appropriately.

Prior to this inspection we reviewed the safeguarding notifications we had received in the previous 12 months. There had been fourteen in total. Eleven were regarding verbal or physical assaults of people and/or members of staff by a person living at Bowden Lodge. Some of these eleven incidents had been exacerbated by people's substance use. Two notifications were regarding the alleged financial abuse of a person by someone known to them, but not a member of staff. The remaining notification was regarding a medicines error by a member of care staff. In all cases we saw the general manager had taken appropriate action to alleviate the situation and try to reduce the risk of it happening again.

We saw the service had an up to date 'Incident Management, Reporting, and Investigation' policy and procedure. We saw the general manager kept a file to record all incidents, including safeguarding concerns. Each incident had a detailed record which was stored under the month in which it happened and there was summary of all the incidents completed at the end of each month. We saw this recorded what, if any action was taken, any triggers or causes of the incident, such as substance use, and if there was a pattern developing relating to any previous similar type of incidents. By undertaking this analysis the registered manager and general manager could learn from these incidents and take action to reduce the likelihood of them happening again.

This meant systems were in place to protect people from harm.

All the care records we looked at contained a section of individual risk assessments and an associated risk management plan for all areas of daily living. The management plan was dependent on the level of risk identified. For example, if a person was assessed as being at low risk of neglecting their personal care the plan would be minimal, such as care staff reminding a person to shower or bathe if necessary. If a higher level of risk was identified, such as a person being at medium risk of withdrawal from social interaction the plan would give more guidance to care staff. For example, describing possible changes in a person's behaviour which could indicate they were withdrawing from social interaction and giving strategies to reduce this risk. We saw each risk assessment was regularly evaluated by the person's key worker and the management plan was updated if the level of risk had changed.

We checked to see whether medicines were stored securely and dispensed safely. We saw people's medicines were securely stored in cupboards in a designated treatment room. This was locked when unattended. The keys were held by the member of care staff taking responsibility for medicines and there was a specific sheet to be signed whenever the keys were handed over. The temperature of the room was recorded daily, although we saw some gaps in the recording of the temperature in August 2017. The room temperature was also higher than recommended on several occasions within this month. We saw the general manager's monthly medicines audit had picked up on this and there were three separate fans in the room to regulate the temperature. The temperature of the fridge used to store some medicines was also checked, but not always daily. It was operating within the recommended temperature limits.

No one was prescribed controlled drugs (CDs) at the time of this inspection. These are medicines that require extra checks and special storage arrangements because of their potential for misuse. However, we

found a CD register and appropriate storage was in place should this be needed in the future. This meant systems were in place to store medicines safely and securely.

We observed the member of care staff dispensing medicines during the morning. We saw the member of staff checked medicines against the person's medicines administration record (MAR). The member of staff was expected to sign the person's MAR on every occasion the person was supported to take their medicines, or record a reason why it had been declined. We did not see any gaps in recording. This meant people were supported to take their medicines as prescribed.

However, some people were prescribed medicines on an 'as needed' basis (PRN). During the morning we were told one person was given their PRN medicines but their MAR had not been updated to reflect this. We did not see any guidance on the person's MAR as to when a person may require their PRN medicines, however the member of staff clearly knew the person well and what behaviours may indicate a need to take this particular medicine.

We spoke with the general manager about this who told us this was unusual and MAR charts were usually completed properly. We looked at medicine audits and they confirmed this was the case. The general manager told us action would be taken to prevent this happening again. The general manager also told us there was guidance in the person's care record as to when their PRN medicine may be required. We checked the person's care record and saw there was clear guidance for care staff.

From our observations around the premises we saw all the communal areas were regularly cleaned. This included a communal bathroom. Every person had access to a shower in their rooms but not a bath. The general manager told us a number of people preferred a bath and the bathroom was used regularly. The general manager undertook regular infection control audits, at least every six months but we saw these were usually completed every two to three months. The premises repeatedly scored 100% in all areas of cleanliness and infection control with no outstanding actions to be completed.

Good

Is the service effective?

Our findings

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 so that they can 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the service was working within the principles of the MCA. There was a key code required to open the front door, however we were told all people currently living at Bowden Lodge had the code, which meant they were able to come and go as they pleased. No one was subject to a DoLS authorisation at the time of this inspection. The care records we looked at demonstrated that people's mental capacity had been considered. Throughout their care records we saw it detailed whether the person had the capacity to make and communicate decisions about their day to day care, along with more complex decisions, such as their place of residence. We were told one person had fluctuating capacity to consent to care and we saw this person had capacity assessments which reflected this.

The service had CCTV in place in the communal lounges, kitchen, and corridors. We saw everyone living at Bowden Lodge had signed a document to say they understood this and consented to this.

We were told all staff received training in the principles of the MCA and DoLS. Electronic training records confirmed this. From our conversations with care staff and the general manager it was clear they had good working knowledge of the MCA and DoLS. They understood the importance of the MCA in protecting people and the importance of involving people in making decisions. Care staff were able to give us examples of what this meant in practice, "It's about creating options, asking questions and avoid being regimented."

This shows the general manager, registered manager and care staff understood their responsibilities under the MCA.

We saw evidence of all staff receiving an induction on their personnel files. Staff we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training the registered provider thinks is necessary to support people safely. This included: safeguarding, health and safety, and safe manual handling techniques. Electronic records confirmed staff had received this training and we saw staff were booked onto refresher training when it was due to be completed again. Training was delivered via a mix of eLearning and classroom based sessions.

We saw the service had both an up to date supervision policy and appraisal policy. Supervision is regular, planned, and recorded sessions between a staff member and their manager to discuss their work objectives

and wellbeing. An appraisal is an annual meeting a staff member has with their manager to review their performance and identify their work objectives for the next twelve months. We were told by the general manager that supervision took place every six to eight weeks. The registered provider's supervision policy did not stipulate how often supervision should take place for care staff, but stated, 'Every employee working in direct contact with service users will have access to regular supervision.' Staff we spoke with told us they had regular supervisions and yearly appraisals. The staff personnel files we looked at held written records of supervisions and appraisals taking place as often as they should.

This meant staff members were aware of their roles and responsibilities and had the relevant skills, knowledge, and experience to support people living at Bowden Lodge.

People living at Bowden Lodge had access to a communal kitchen and were supported to prepare and eat their own breakfast and lunch at a time that suited them. We saw weekly menu plans displayed on the kitchen wall. We saw there was a wide variety of a breakfast cereal available for people to help themselves as well as a cooked option if they wanted this. We were told staff supported people to make their own lunch wherever possible, rather than doing this for them. The main meal of the day was served late afternoon and this was prepared by the care staff on shift. We saw this meal included a hot option. People were encouraged to eat together. However, people could choose to eat in their rooms if they preferred to.

Where dietary needs and wants had been identified we saw there were appropriate options available to people. For example, there was a halal menu, and foods were clearly identified when they were gluten free. We saw there was a dedicated food shelf in the freezer with clear signage to identify it was halal food. Fridge and freezer temperatures were recorded and were within the recommended guidelines.

Care records showed that people were supported to access a wide range of health and social care professionals. We spoke with a psychiatrist who told us they visited the home approximately every six weeks to undertake reviews of people's needs. One person told us, "I'm being supported to change GP and book an appointment with the help of the staff."

Good

Is the service caring?

Our findings

People told us the staff were caring. One person told us, "The staff are nice and really friendly, the manager lovely."

There was a relaxed atmosphere about the home. Some people chose to spend the day in their rooms, others liked to go out and some spent time in the main communal lounge and dining area. We saw staff interact positively with people and they clearly knew people well. We heard lively conversations between people and staff. People were spoken to respectfully and we saw caring interaction between people and staff.

Staff were able to tell us what it meant to treat people with dignity and respect. Comments from staff included, "Treat them how I want to be treated or if it was my family member living here" and "Support people with personal care in their own room, ask for their consent to help them and try to encourage them to do as much as possible for themselves."

People told us staff encouraged them to be as independent as possible. Staff we spoke with were enthusiastic about their jobs, and showed care and understanding both for the people they supported and their colleagues. Staff told us they would recommend the service to a loved one, if they needed this type of care and support.

Staff wore ID badges. We saw people had instructions on the doors to their rooms about how they liked to be contacted. For example, staff and any visitors to knock three times and wait for a response before entering. People had their preferred names displayed on their doors.

Every person had one or two keyworkers. They were clearly identified at the beginning of each person's care record. The role of the keyworker was described as, 'Being approachable, to offer reasonable advice and support, keep care records up to date, have monthly keyworker meetings with the person, and to develop an understanding of the things the person enjoys.' We saw in people's care records written evidence of meetings taking place between the person and their keyworker. Activities were discussed and how the person was feeling in general. Where the person did not want to meet, this was also recorded. We found there was not always a record to evidence this happened every month.

Care staff told us they were matched with people after the person had been living at Bowden Lodge for a while. This was to ensure people were matched with staff they got on with the best and had shared interests. One care worker told us they particularly enjoyed their role as keyworker, "We have a good relationship where we can be open and honest together." Another member of care staff told us, "[Key working] is about the individual, building relationships and getting to know the person well."

In the dining room and on people's care records area we saw there were contact details for local advocacy services. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf.

Good

Is the service responsive?

Our findings

People's care and support needs were assessed by the general manager or a team leader before they came to live at the home. This was to check Bowden Lodge was a suitable place to meet their needs. Visits to the home to meet other people and staff were arranged prior to moving in to make the transition process as smooth as possible. We saw one person was due to move in soon. They had an initial assessment on their care record and had already visited the home several times to share a meal and get to know other people and the staff.

People's care records were person centred. At the front of their file was a one page profile including, 'What people like and admire about me, what is important to me and how best to support me.' This was alongside a photograph of them. This would give any new members of staff immediate relevant information about the person and their support needs. Care records also contained detailed information on how best to support the person and what, 'Good and bad days' looked like. The information was written in the first person and was specific to that person. All areas of daily living were assessed and any needs identified in each area were written up in a, 'Personal development and support needs assessment.' This also recorded what the person's desired outcomes were for each area. For example, to be able to visit their family regularly.

Each need was evaluated each month by the person's keyworker. The person could choose to be involved or not. In some care records we saw the evaluations took place every month and were signed and dated by the keyworker and the person, where appropriate. However, this was not the case in all of the care records we looked at. We spoke with the general manager about this. They had recently undertaken a care plan audit and had also identified that some care records needed updating. We saw work was already underway to update these records and progress was being monitored.

We saw there was an activity board on display in the corridor. It listed a variety of activities available to people during the week. The general manager told us this was updated every Monday for the week ahead. Activities included karaoke, bingo, and film nights. We saw there was a coffee morning advertised on the day of this inspection but we didn't see it take place. The general manager told us people didn't want to do that today and preferred to do some baking. We saw one person was supported to bake instead. We were told a trip to Matlock had been arranged for tomorrow and several people were going. The service had access to a minibus, which some staff were insured to drive. In addition to the group activities available on a day to day basis within the home, people were also allocated sometime each week for one to one support. This included supporting people to attend appointments or to visit their family. Some people needed a lot of support to socially interact. A member of care staff told us, "[It was important to] focus on their interests and encourage them to take part."

The service had an up to date complaints policy and procedure in place. This was held electronically, and on people care records and clearly displayed on the wall in the dining room. This was displayed in an easy read format. Easy read refers to the presentation of text in an accessible, easy to understand format. The procedure described what action the service would take to investigate and respond to any complaints and concerns raised. It included information on who to contact if a person was unhappy with the initial response

to their complaint. The general manager told us there had not been any complaints since the service started in April 2016. Our conversations with people confirmed this to be the case.

Good

Is the service well-led?

Our findings

Bowden Lodge registered with CQC in April 2016, and both the registered manager and general manager have been in post since that time. The registered manager has overall management responsibility for four services. The general manager was employed specifically to manage Bowden Lodge and reported to the registered manager.

Staff and external professionals spoke highly of the registered manager and general manager. Comments included, "[Name of general manager] is excellent, always on top of things," "[Name of registered manager] is a good manager and approachable" and "The managers listen, I feel supported in this job."

We asked if people and staff were asked for their views on the service provided and given any opportunities to make suggestions for improvements. We saw records of monthly meetings held with people living at Bowden Lodge. These were called "Your Voice" meetings. The minutes were easy to read and contained pictures as well as the names of everyone in attendance. Popular topics of discussion were menu options and activities. We were told a team leader also met individually with people who didn't feel able to contribute to the group meetings to ascertain their views. We were told people were asked to complete a 'Service User Satisfaction Survey' every year. We saw the results for 2016 had been collated, analysed and shared with everyone. Eight people out of a possible sixteen had responded. People were asked to rate 24 different statements about the service on a sliding scale from 'Always' to 'Never'. All eight had responded, 'Always' to the statement, 'I feel listened to when I need to discuss something'. Nobody had responded 'Never' to any of the statements.

We saw records of staff team meetings held approximately every two months. In addition the registered provider conducted an employee survey every year. We saw the key findings of the most recent survey had been collated and distributed to staff. Where actions had been identified to improve things for staff these were listed alongside who was going to take responsibility for the actions and timescales for completion.

This shows the service had systems in place to regularly ask people and staff for their views on the service so they could continually improve.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. In addition to the medicines audits, infection control audits, and care plan audits we saw the service had a range of audits covering all areas of service provision. We saw where actions had been identified these had been completed or were in progress.

We reviewed the service's policy and procedure file. The registered provider had created the policies and procedures for all its services. We saw they covered all areas of service provision relating to both the people who lived at Bowden Lodge and the staff. They were held electronically with key policies and procedures printed off and displayed around the premises and included in people's care records. All staff had access to

the electronic versions. We saw the policies and procedures were up to date and regularly reviewed. This meant they reflected current legislation and good practice guidance.

We checked that maintenance records for the premises were regularly undertaken with satisfactory outcomes. Water safety and legionella testing, and electrical installation and equipment servicing records were up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, there were records of regular fire drills taking place.

The registered manager and general manager were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The registered manager confirmed that all notifications required to be forwarded to CQC had been submitted. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.