

Maria Mallaband 17 Limited

Bowerfield Court

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Bowerfield Court is a nursing home providing accommodation for people who require nursing or personal care and treatment of disease, disorder or injury for up to 40 people. At the time of the inspection 35 people were using the service. The nursing home accommodates people across two floors in one building, with shared communal living and dining areas and outside space, and single person bedrooms with ensuite facilities.

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

People felt there was not always enough staff to support them when they needed assistance, although they told us generally staff were kind and caring and worked hard. Records did not easily allow oversight to ensure safe recruitment processes had been completed, or that staff had received all the relevant training needed for their role.

The new management team were working hard to address any shortfalls identified within the home. There were suitable audits which were identifying issues and required actions. However, this had not yet been embedded and there were still areas of shortfall regarding care plans and record keeping. People and staff spoke very positively about the new management team and felt that improvements were being made.

Medicines were mostly managed safely. However, some records necessary for the safe and responsive administration of medicines were not in place and we have made a recommendation about this.

The care home was clean and tidy and there were appropriate checks of equipment and throughout the building. There were systems in place to ensure staff knew people's current needs and the new manager had oversight that these were being appropriately managed such as wound management.

People were mostly supported to have 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. However, records did not always reflect how people were involved in developing and reviewing aspects of their care, or that information about a person's capacity and any restrictions was accurate and up to date.

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 05 May 2022). The service remains rated requires improvement. This service has been rated requires improvement for 2 consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made in some areas and the provider was no

longer in breach of regulation 12. However, at this inspection we found the provider remained in breach of regulations 17 and regulation 18.

At our last inspection we recommended that the provider review their process for recruitment and regulatory requirements to ensure they are following suitably robust processes. At this inspection we found the processes in place did not allow for easy oversight and further work was needed in this area.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 08 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and staffing at the service.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations

We have identified ongoing breaches in relation to staffing and the overall governance of the service. We have made a recommendation in relation to medicine administration records.

Please see the action we have told the provider to take at the end of this report.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Bowerfield Court

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector, a medicines inspector, a nurse specialist advisor and an 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.

Service and service type

Bowerfield Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bowerfield Court is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a manager in post who had begun the process of registering with CQC to be the registered manager. At the time of the inspection this process had not yet been completed.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any information of concern and notifications the service is required to submit regarding any significant events happening at the service. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed staffing levels and walked around the building to ensure it was clean and a safe place for people to live. We observed how staff supported people and provided care.

We spoke with 11 people who use the service, 2 relatives and 16 members of staff, including the manager, nurses, senior care workers, care workers, and auxiliary staff including the activity worker.

We reviewed a range of records including 8 people's care records. We looked at 4 staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including policies and procedures were examined.

During the inspection we looked at people's electronic medicine records and other medicine related documents. We observed medicines administration on both floors of the home and spoke to 4 members of staff about the management of medicines.

We continued to review evidence and seek further clarification during and following the inspection.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection we found the provider had failed to ensure that appropriate staff were deployed to provide required care and that safe recruitment procedures were being followed. This was a breach of regulation 18(1) 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 18.

- Feedback from most people living at the home was that there was not always enough staff. One person commented, "The majority of things are okay, there just aren't enough staff. When you press the buzzer, it can be a long wait." We saw records of call bells indicated that at times people did have to wait longer periods for staff to respond. Records did not always demonstrate people were consistently getting their required intervention, such as regular and timely pressure relief, in line with their assessed needs.
- The provider used a dependency tool and was staffing at least to the minimum staffing hours identified by this tool. However, this tool noted that information on quality and the size of the home also needed to be considered within staffing arrangements. It was not clear how this was incorporated and measured within the staffing arrangements.
- Staff generally told us that staffing levels had improved. One member of staff said, "Staffing levels are ok, certainly better than what they were. We have got a lot of new staff coming in, so using less agency cover. We are keen to keep new staff and give them the support and training they need."
- Agency staff were at times used. People commented some of the agency staff were not as kind or caring as the regular staff and could be difficult to communicate with.
- We observed there were certain times of the day where staffing levels were more challenged, and staff were less visible across the home. One staff member commented, "It can sometimes be hard to find someone to help you, mealtimes can often feel rushed and you don't have quality time to support people." The management team were aware of this issue and had arranged for other staff to support people at busy times where possible.

The provider had failed to ensure that enough staff were consistently deployed across the home to meet the needs of people. This was a continued breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we recommended the provider review their process for recruitment and the

requirements of schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure they are working within the framework set out.

- Suitable recruitment systems were in place. However, recruitment records were partially held across two systems which made it difficult for registered persons to readily access the information required to assure themselves that their staff team were recruited in line with schedule 3 of the Health and social Care Act 2008. This was discussed with the management team during the inspection.

Using medicines safely

At our last inspection we found systems were either not in place, not being followed, or not robust enough to demonstrate medicines safety was effectively managed. This was a breach of regulation 12(1) 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 this area of regulation 12.

- We saw medicines being administered in a safe and kind way.
- Medicines were kept safely and at the right temperature.
- Medicine storage areas were clean and tidy
- Medicines that are controlled drugs were managed safely.
- The addition of thickening powder to a person's drinks was not recorded; there was no information to show their drinks were prepared safely.
- People's preferences as to how staff administered their medicines was not documented on the electronic medicine administration record (eMAR) system so the information was not readily available to staff giving medicines.
- Protocols to tell staff when medicines prescribed 'when required' should be administered were missing from people's eMARs. This meant these medicines might not be used safely or effectively.

We recommend that the provider ensures all the information staff need to safely administer medicines to people in line with their preferences are accessible at the point of administration, and accurate records are maintained.

Preventing and controlling infection

At our last inspection we found the provider had failed to ensure appropriate processes were being followed regarding infection prevention and control practices. This was a breach of regulation 12(1) 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 this area of regulation 12.

- Infection prevention practices had improved. There was up to date information regarding the Control of Substances Hazardous to Health (COSHH) which had been signed as read by staff using these cleaning products.
- Records of cleaning were being maintained and the home was clean and free from odour throughout our site visits. One person told us, "It's always lovely and clean."
- We observed staff using personal protective equipment (PPE) appropriately. PPE was readily available,

and staff had completed training in the use of this.

- The external areas of the home were experiencing issues with a pest infestation. The management team told us that this was being addressed and new equipment and pest management systems were put in place by the time the inspection was completed.

Visiting in care homes

There were no restrictions on people visiting their family members living in the care home, and we saw people enjoying visit from friends and family.

Systems and processes to safeguard people from the risk of abuse

- People were generally happy with how they were supported and felt safe at the home. One person told us, "The staff are okay generally speaking, better than okay in the vast majority." We observed positive and caring interactions between people and the staff supporting them.
- The provider had policies in place and staff completed training regarding safeguarding adults and understood their responsibilities. Staff worked hard to keep people as safe as possible.

Assessing risk, safety monitoring and management

- People's needs were assessed prior to admission. The management team told us they consider whether they could meet the persons needs prior to agreeing a placement.
- Individual and generic risk assessments were in place with guidance for staff on how to reduce risk. We noted occasions where people were encouraged to take positive risks such as self-administering their medicines with the support of the service.
- People's needs and risks were assessed using evidence-based tools, such as MUST to assess nutrition, and care plans developed. We noted some inconsistencies within care plans about risk, and that not all records were subject to frequent reviews which was discussed with the manager during the inspection.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were sought to deprive a person of their liberty. However, records did not always demonstrate that outcomes of capacity assessments were reviewed, or reflect where DoLS were either requested and awaiting assessment or had been authorized. This was discussed with the management team during the inspection.

Learning lessons when things go wrong

- The provider has systems in place to ensure lessons were learnt. Records showed action plans were implemented to share lessons and prevent reoccurrence. Staff were encouraged to reflect on situations where things had not gone right.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 received care in line with their preferences. People told us they were generally happy with the care they received and told us they had choice and their views were respected by staff.
- The provider had identified the need to improve care plans. We found care plans were detailed but some were lengthy, confusing or contained inconsistent detail. New care plans were being rolled out and care plans rewritten during the inspection. There was a plan to introduce an electronic care planning system in the near future. This will be reviewed at the next inspection.
- People's care plans were being reviewed, although these were not always at consistent intervals for some people and did not always reflect how people had been involved in these reviews.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were captured, and care plans were developed which detailed what these needs were and how staff should meet these.
- Resources were available to support communication between staff and the people they were supporting. This included translation and large format adaptations to written records, communication cards and access to electronic resources including translation services.

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

- An activity worker had been recently recruited. They had developed a plan of activities and told us, "I've only been in post a couple of weeks but have lots of ideas. I'm looking forward to this new challenge of improving the quality of life for our lovely residents."
- One person told us "The activity person is really nice. They have lots of ideas of what they want to offer in the home. They are chatty and will pop in just to chat if I am in the mood." Another person told us, "The new coordinator is getting lots of people involved and it's nice. There are already a good range of things to do."

Improving care quality in response to complaints or concerns

- People, relatives and staff spoke positively about the new management team and felt able to raise

concerns with them. One person told us, "The new manager and assistant manager seem to have more about them. They look into things for you." Another person told us, "I find the new managers easy to talk to and I've no complaints about anything really."

- The provider had a complaints policy and this information was provided to people with a service user guide. We saw that there were systems to ensure oversight where complaints had been made to ensure these were investigated and responded to

End of life care and support

- No one was receiving end of life care at the time of the inspection.
- People had end of life care plans in place. However, a number of these noted the person did not want to discuss this area of their care. This was respected by staff; however, it was not clear that this was revisited to enable peoples wishes to be captured before they became unwell and required this type of support.
- Regular staff were kind and caring when supporting people with all aspects of care and wanted to ensure people would remain comfortable and pain free when they reached the end of their life. It was not clear that staff had completed training in this area of care.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection we found systems were either not in place or robust enough to demonstrate records and governance was effectively managed. This was a breach of regulation 17 (2) 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.

- At the last inspection we identified concerns regarding the governance of the service relating to a variety of documentation including people's care, recruitment and the management of the service. Some areas of documentation had improved but other areas, such as care records required further work.
- The manager and provider were completing checks and audits, such as care plan audits, which had identified several of the issues we found during this inspection. Although action was being taken to address the short falls in areas such as care plans, the improvements required following our last inspection had failed to address this in a timely way and the improvements to care plans was only recently being undertaken.
- Records did not show that staff were completing the mandatory training in line with the provider policy and best practice guidance. Staff had not completed the required training in relation to learning disabilities and autism which is now a requirement for all health and social care services. The training policy of the provider did not reflect these changes, and the training had not yet been rolled out for staff.

The provider had failed to ensure that systems for oversight were sufficiently embedded to ensure people were receiving good quality care. This was a continued breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People, relatives and staff generally spoke positively about the home. One relative told us, "The new manager and deputy are smashing, and their team all seem to be working well. I am happy with my [family member] being here."

- Staff spoke positively about the new managers and were hopeful this would create the continuity the home needed. One member of staff said, "The new managers have been a breath of fresh air. I feel supported. The residents are more settled. We had been rudderless for too long." Another member of staff told us, "The managers will help out on the floor and give constructive feedback. If you raise concerns they will respond."

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 staff told us the new management team had an open-door policy and they felt able to discuss any concerns or issues.
- Where things had gone wrong, these were investigated, and lessons learnt. Investigation reports and reflective accounts were completed.

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

- People, relatives and staff told us they felt able to raise concerns. One person told us, "The staff are fantastic mainly. If they can't find the solution there and then they will make sure they go and sort it out."
- Meetings and surveys were completed to obtain feedback about the service and meetings evidenced that action was taken in response to feedback. One person commented, "The new manager seems ok. They have been in to see me on a few occasions and do seem to listen to what I've said."
- Staff worked closely with other services to ensure people received the support and specialist input they required.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider had failed to ensure that systems for oversight were sufficiently embedded to ensure people were receiving good quality care. Regulation 17 (1) (2) (a) (b) (c)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider had failed to ensure that enough staff were consistently deployed across the home to meet the needs of people. Regulation 18 (1)