

St Philips Care Limited

Bowburn Care Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Bowburn Care Centre is a residential care home situated in Durham. It provides accommodation and personal care for up to 80 older people. The service does not provide nursing care. At the time of our inspection 53 people used at the service, some of whom were living with dementia.

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

People were looked after safely in a home that had a welcoming, positive atmosphere. The registered manager had implemented and sustained a range of improvements to the service, which meant people received a better standard of care.

Staff worked together well to keep people safe. They understood their roles and worked hard as a team.

Risks to people's health and safety were assessed and regularly reviewed. These assessments were person centred and detailed.

The provider had safeguarding and whistleblowing training, policies and systems in place. Staff understood how to identify potential signs of abuse and were confident in the registered manager acting on any concerns.

Staff worked well with external partners to keep people safe.

The registered manager, regional manager and senior staff demonstrated good awareness and oversight of systems and process. Audits were effective.

The environment was well maintained and clean. The registered manager agreed that the outdoor space would benefit from being reviewed to ensure it better met the needs of people living with dementia.

Staff were recruited safely. Their competence was regularly assessed and they were supported to complete relevant refresher training.

Medicines were stored and administered safely by competent, experienced staff.

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.

Activities were varied and well planned. People's individual cultural and spiritual needs were respected and acted on.

The registered manager led by example and was well respected by staff and external partners. Feedback

from relatives and external specialists was positive regarding the leadership of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 11 August 2021)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bowburn Care Centre

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 Act.

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 one inspector, a specialist nurse 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

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people, three relatives, one visiting healthcare professional and five staff, including the registered manager, regional manager, activities coordinator and care staff. We spoke with three more relatives over the telephone and contacted five more staff via telephone and email.

We observed interactions between staff and people in communal areas, including at lunchtime. We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files. We reviewed a variety of records relating to the management of the service, including policies and procedures, training records, meeting minutes. We contacted four further health and social care professionals via telephone and email.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. Staff demonstrated sound understanding of core areas of good practice, such as the administration of 'when required' medicines, patches and creams. Records were accurate and without errors. Staff understood the electronic medicines administration system in place and used it to reduce risks.
- The provider had systems in place to identify and act on errors. Auditing of medicines were consistent and effective. They were completed by staff who understood what to look for in terms of good practice and potential shortfalls.
- Errors were reduced by a proactive approach. One recent medicines issue was addressed promptly with additional safeguards in place. Staff had a good relationship with the pharmacy, who visited annually to check record keeping and practice. Where suggestions for improvement were made, they were acted on.
- Staff were competent to administer medicines. The registered manager checked their competence regularly. They worked with local nursing professionals to see if further responsibilities could be delegated to care staff.

Assessing risk, safety monitoring and management

- Staff understood how to keep people safe and protect them from a range of day to day and longer-term risks. Risk assessments were detailed and person centred. The language used was clear for staff and respectful towards people. Staff understood these assessments and acted in line with them. Regular reviews and work with external professionals meant risk assessments were up to date and effective.
- People felt safe. One person told us, "I really wasn't safe at home – I feel really safe here." One relative said, "We have never had concerns – the staff look after people." We observed people interacting in a relaxed, trusting fashion with staff throughout the inspection.
- The premises were clean, well maintained and safe. There was maintenance support on site. Utilities, safety and fire equipment were checked and serviced regularly.

Staffing and recruitment

- There were sufficient staff to meet people's needs safely. Staff responded to call bells promptly and did not appear rushed. One person said, "I don't really need help during the day but if I ring for help in the night, they are there straight away." One relative told us, "It's always calm when we visit and there are always plenty of staff". The service used a dependency tool to help ensure the service was suitably staffed.
- The registered manager had reduced the use of agency staff and the continuity of care was good. There were several established senior leads who helped when there were unexpected staff absences. Staff confirmed the registered manager also completed ad hoc nightshifts to ensure staff deployment was safe during the night. The provider had a programme of rolling recruitment to ensure there were sufficient staff.

- Staff were recruited safely, with a range of pre-employment checks to reduce the risk of unsuitable people working with vulnerable people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to protect people from the risk of abuse. People told us that staff were respectful and caring. One person said, "I feel completely safe". One relative said, "I have peace of mind with them. When [relative] had a fall in the night the sensor worked and they did everything I would expect."
- The provider investigated and reflected on incidents. The registered manager apologised to those affected if something went wrong and worked promptly and openly to put things right.
- Staff received safeguarding training. There was clear, accessible guidance on how to raise safeguarding concerns in communal areas. People, relatives and staff felt comfortable raising any concerns.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. We observed one instance of poor PPE practice; the registered manager acted promptly and appropriately.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

Visiting in care homes

- The registered manager ensured relatives were able to visit loved ones, in line with current guidance. Relatives said, "When they had to limit visiting they talked to me about becoming an essential care giver so I could still come in and see [person]."

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.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People enjoyed individual and group activities which were well planned and inclusive. The activities coordinator was passionate about making sure people had access to a variety of things to try. For instance baking, visiting entertainers, reminiscence, games and a meditation sessions, which was the idea of one person.
- The activities coordinator involved people in planning activities by meeting and speaking with them. The registered manager agreed to use the service's social media presence to involve relatives more in the planning of events and activities. They also sent annual surveys to people and relatives to gather feedback and ideas.
- People were protected from the risks of social isolation and encouraged to maintain and develop friendships. The service used the Postcards of Kindness scheme. This is a scheme organised by Age UK whereby people from all over the world send postcards to care home residents. The provider ensured people could remain part of their religious community, through on-site church services. One relative said, "Religion is a big part of who [person] is and how she stays active and engages with others – they respect that."

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

- Care plans were detailed and person-centred. There was a section at the front of each with core details about people's likes and preferences, so new staff could gain an understanding of people. Changing needs were identified and care plans updated accordingly.
- People and relatives confirmed they were involved in care plan reviews and updated regularly. One relative said, "[Registered manager] is very good at keeping us in the loop and we can ring or email or just go and see them anytime."

Improving care quality in response to complaints or concerns

- Complaints were handled openly and in line with the provider's policies. effectively. People, relatives and staff told us they knew how to raise any concerns, and that the registered manager dealt with them promptly and diligently.

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.

- Care plans contained comprehensive information regarding people's communication needs and preferences. Staff followed these plans and communicated well with people. They adapted their tone and style depending on who they were speaking with.
- Activities were planned through group meetings and one to one conversations. The activities coordinator understood people's preferred ways of communicating.
- Signage regarding core information such as safeguarding and complaints, was made accessible in communal areas.

End of life care and support

- The provider worked closely with external nursing professionals to ensure, where people and families wanted, they could remain at the home rather than go to hospital. The registered manager spoke sensitively with people and families about how they could plan people's end of life needs and preferences.

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. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had implemented and sustained a range of improvements to the service. They had prioritised people's safety and then improved areas of specific practice, such as record keeping, teamwork, training and activities.
- The registered manager had ensured people experienced positive health and wellbeing outcomes. One external professional told us, "I really like that the manager knows all of the residents very well." They gave an example of how the registered manager had visited a person at short notice. They said, "I was so impressed how staff pulled together to get their room ready and greet them with kindness. After around 30 minutes of being at the home, staff had already supported them to have a bath and a shave – they were so grateful for this."
- The registered manager demonstrated a sound understanding of the service and a passion for ensuring people received good quality care. They empowered staff and supported their learning and development. They planned to introduce a range of champions in areas including dementia and oral care to continue empowering staff and improving the service.
- The atmosphere was welcoming and relaxed. Relatives and visiting professionals told us this was consistently the case. People and relatives felt the manager was approachable. One said, "The atmosphere is calmer, it's improved a lot. I think it's because everyone knows what they're doing now."

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

- Staff worked well together and felt supported by the registered manager. They were clear about their responsibilities and the standards expected of them. The registered manager led by example. One relative said, "They addressed the big things and the little things, like making sure there were jugs of drinks out for everyone – they have an attention to detail and they set the standard." The registered manager and regional manager retained oversight of processes and record keeping to ensure standards were high.
- The provider had completed a range of refurbishment throughout the home and more was planned.
- The provider had auditing and governance systems in place to ensure standards of care were maintained. The registered manager shared this work with senior care staff, who demonstrated strong oversight of the processes they audited. The regional manager visited weekly and the registered manager worked collaboratively with external partners to ensure they continually improved the service. External partners and relatives agreed they responded to feedback and queries. The registered manager and regional manager were responsive to feedback.

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

- People and relatives were listened to and their opinions valued. The provider had an active social media group which celebrated events and birthdays, resident and relatives' meetings and annual surveys. The registered manager agreed to review the timing and focus of these meetings and social media group, to help maximise the involvement of relatives.
- Staff worked closely with health and social care professionals to ensure people received the right care in a timely way. Feedback was consistently positive from these partners. One said, "The culture has changed significantly. Communication is much better, with weekly meetings so there are never shocks. The standard of care has significantly improved."
- The registered manager had developed positive external relationships. For instance, with the local church, library and with the nearby nursery. The latter planned to hold their nativity play in the service and there were visits planned to have read along sessions. We received extremely positive feedback from a nurse who had completed their training placement at the service.

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 provider acted when things went wrong and learned lessons from incidents. One relative said, "When there was a mistake they said sorry and made sure it never happened again – they were up front and sorted it." Staff felt they could raise any concerns openly and that any errors would be treated fairly.
- The registered manager had made relevant notifications to CQC in a timely manner.