

Totalwest Limited

# Lower Bowshaw View Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Lower Bowshaw View Nursing Home is a care home providing personal and nursing care for up to 40 people in one adapted building over two floors. At the time of our inspection there were 36 people using the service.

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

Building maintenance was not always completed within a timely manner, putting people's health and safety at risk. Staff were recruited safely, however there were issues with the number of staff deployed to deliver safe and timely care, especially at busy times. During the inspection we were informed that additional staff were to be deployed at busy times. Some furnishings within the home required updating and the provider was in the process of addressing this.

Not all staff training was up to date or robust, and there were insufficient processes in place to monitor staff capabilities. The registered manager was undertaking work to improve staff induction, training, and quality assurance at the time of the inspection, this work will take time to embed.

The registered manager had undertaken work to improve people's care plans, however during the inspection we found that some records had not been reviewed regularly and that some monitoring information was missing, this meant that we could not check if people had received the right care.

The majority of people and their relatives told us that they were happy with the care they received, and that staff were kind and caring. Staff told us they felt supported and that improvements in training were taking place in the service. The management team within the service expressed a strong desire to work towards improvements and had started work in this area.

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.

### Rating at last inspection and update

The last rating for this service was good (published 18 June 2021).

### Why we inspected

The inspection was prompted in part due to concerns received about the provider making sufficient timely improvements to the environment of the home and staff training. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

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 changed from good to requires improvement based on the findings of

this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Since the inspection the provider has taken some steps to improve the service, for example some outstanding health and safety actions have now been completed and additional staff training has been booked.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lower Bowshaw View Nursing Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified breaches in relation to governance, staffing and equipment and premises.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

**Requires Improvement** ●

# Lower Bowshaw View Nursing Home

## **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.

#### Inspection team

The inspection was carried out by 2 inspectors and 1 regulatory coordinator.

#### Service and service type

Lower Bowshaw View Nursing Home 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. Lower Bowshaw View Nursing Home 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 registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 14 November 2023 and ended on 28 November 2023. We visited the location's service on 14 November 2023, 16 November 2023 and 27 November 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We requested feedback from 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 all this information to plan our inspection.

#### During the inspection

We spoke to 5 people using the service, 5 relatives, 3 visiting professions and 16 members of staff including the registered manager, nurses, support staff and domestic staff. We spoke to the local authority's commissioning team and the Integrated Care Boards quality team for feedback

We reviewed a selection of people's care records and medication records. We looked a selection of staff files in relation to recruitment, training and support staff received. We reviewed a variety of records relating to the management of the service, including incident records, audits, policies and procedures.

# 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. The rating for this key question has remained 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.

### Assessing risk, safety monitoring and management

- The provider had not ensured that the premises were safe, and that mandatory safety testing was completed within timescales.
- The provider had monitoring systems within the home to identify when the premises and equipment needed routine or responsive action but did not ensure that works to address issues were completed in a timely manner.
- The provider had failed to ensure that mandatory safety testing for lifts within the service had been completed within the legal timeframe of every 6 months.
- The service had been advised that there were urgent areas of action required within the premises in relation to water safety within the home. At the time of the inspection works to remedy urgent issues had not been completed. Following the inspection confirmation of the completion of some work was provided, however a number of issues remained unresolved.
- The call bell system within the home is insufficient to ensure people living in the service receive care and support promptly. The call bell alarm is not audible within all areas of the home to alert staff when people require support, and does not allow people within the home to have both an active call bell and sensor mat simultaneously.

Action had not been taken to address risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider completed some remedial actions during and after the inspection. After the inspection the provider confirmed that they had now arranged for lifts within the home to undergo mandatory safety checks and a new call bell system was to be installed.

### Staffing and recruitment

- Staffing levels within the home were not consistently sufficient to ensure care could be delivered promptly.
- Some staff, people within the service and relatives told us they felt there were insufficient staff. A person told us 'I don't think there are enough staff because when people want to go to the toilet people have to wait a long time'. A staff member told us 'There are not enough staff downstairs, if 2 staff were busy supporting someone that only leaves 1 member of staff'.
- During the inspection the registered manager advised that the provider had recently approved resources for additional staff to be deployed at busy times, and that this was due to be implemented soon.

- The provider operated safe recruitment procedures to ensure applicants were suitable to work in at the service. Pre-employment checks were conducted, suitable references were sought, and Disclosure and Barring Service certificates were checked. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

We recommend that the provider continues to carefully monitor staffing levels to ensure these are safe, considering current risk factors within the home, staff experience and feedback from people and their relatives.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had suitable systems in place to protect people from the risk of abuse. Staff were aware of the need to raise any concerns immediately, so action could be taken to ensure people were made safe. Staff were confident the registered manager would act on concerns they raised.
- Most people and their relatives told us they felt the care delivered was safe, a relative told us, "The care has been excellent, we are happy with it."

#### Using medicines safely

- People received their medicines safely and as prescribed. Medicines were stored and administered appropriately. Staff were trained to understand about the safe handling of medicines.
- The administration of topical medication was not always documented by staff. Since the inspection we have received confirmation that this has now been resolved.
- There were regular audits and checks to make sure medicines were being managed safely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

#### Visiting in care homes

- People were supported to maintain contact with their family and visitors were welcomed at the home most of the time.
- The home had recently gone through a period of outbreak, during this time the home was closed to visitors. This is not in line with current government guidelines. Advice was given to the registered manager and assurances given that guidelines would be followed in the future.

#### Learning lessons when things go wrong

- There were systems in place to learn when things went wrong. Staff recorded accidents and incidents. The registered manager was involved in reviewing these and helping staff to learn from these.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Training and induction at the home was insufficient to ensure staff had the required knowledge and skills to perform their roles.
- The registered manager advised that a new induction process had been developed and that new staff were undertaking this, however the process for ensuring inductees had passed their induction was still being developed.
- The registered manager and staff within the home told us there was no induction in place for agency staff working within the home.
- The services training matrix showed that some mandatory training had not been completed. For example, about one third of staff had not completed online safeguarding training.

Action was still required to ensure sufficient staff training and induction were available to staff. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had identified that face to face training was required for staff within the service, and a plan was in place to implement this and ensure that in the future this training could be delivered in house.
- Staff told us that they felt supported by the management team onsite. A staff member told us 'The manager has an open-door policy and is always approachable'.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- The management team assessed people's needs before they started using the service, to check the service was suitable for them. Support plans were generally detailed and person centred, however some regular reviews had been missed.
- Staff appeared to know people well and were aware of changes through handovers and daily meetings.
- Where possible people and their families were involved in the planning process.
- The provider had identified that improvements were needed within the home in relation to new floor coverings and soft furnishings, and work was underway to replace these.
- People within the home were able to personalise their rooms and had access areas such as a cinema room, large conservatory and outdoor grounds with seating areas.

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

- People were supported to maintain a balanced diet and had enough to eat and drink.
- Care plans and risk assessments contained information regarding nutritional needs, including information from health professionals where needed. However, some information in relation to nutritional intake was either missing or recorded inconsistently.
- During lunchtime staff were observed supporting people according to their care plans, we observed positive interactions between staff and people who use the service and there was a relaxed atmosphere.

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

- The service worked with other agencies to achieve positive outcomes for people and people were supported to access healthcare services and support appropriately.
- People's health needs were recorded in their support plans and contained information from a range of health care professionals.
- Feedback from visiting professionals was mainly positive. A visiting professional told us 'The nurses seem really knowledgeable, staff know the patients well and everyone seems happy' and, 'They [staff] always demonstrate a caring and respectful attitude towards patients'.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

# 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 good. At this inspection the rating has changed to 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

- The service did not have sufficient governance processes in place to ensure that care was delivered to an appropriate standard.
- Audits within the home had not picked up issues in relation to missing risk assessment reviews and daily monitoring records relating to food, fluid and repositioning, where entries had been omitted. People were at increased risk of harm as the provider had not always identified or mitigated risks, and the care provided was not always clear from documentation.
- There was no process in place for assessing staff competencies in relation to moving and handling within the home. The registered manager told us some oversight was in place in relation to other areas, for example dignity audits, but these were not completed in line with any planned timeframe. There was no system in place to indicate who had had competencies assessed or when future ones should be completed.
- Systems did not ensure that required improvements to the environment and equipment were completed promptly.

Systems were either not in place or not robust enough to demonstrate safety was effectively managed, and records were not always accurate or up-to date. This placed people at risk of harm. This was a breach of Regulation 17 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff that we spoke with felt staff culture was good. During the inspection we received feedback that staff were caring.
- Staff told us they felt able to discuss concerns with the manager, a staff member told us 'I would feel comfortable raising concerns with [registered manager], I feel my suggestions and opinions matter and are acted upon'.
- There was a friendly and relaxed atmosphere at the service. We observed many kind, friendly and thoughtful interactions between people and staff members.
- The provider had a system in place to involve people, the public and staff to share their comments and suggestions about 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; Working in partnership with others

- The provider and manager had a good understanding of the duty of candour and a policy and procedure was in place for this.
- The management team understood their responsibilities to be honest with people, relatives and staff when things went wrong.
- The service was working with professionals to support improvement and learning.

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 15 HSCA RA Regulations 2014<br>Premises and equipment<br><br>Action had not been taken to address risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>Action was still required to ensure sufficient staff training and induction were available to staff. This was a breach of regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.   |

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

| 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                       | Systems were either not in place or not robust enough to demonstrate safety was effectively managed, and records were not always accurate or up-to date. This placed people at risk of harm. This was a breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |

### **The enforcement action we took:**

Warning notice