

Bowood Care Homes Limited

# Bowood Court & Mews

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Bowood Court & Mews is a residential care home providing care and support for up to 93 people. The service is split across 2 buildings on the same site, providing support to younger and older adults, some of whom may have a physical and/or sensory impairment. The larger of the buildings is referred to as Bowood Court and the smaller is Bowood Mews, which specialises in providing care to people with dementia. At the time of our inspection everyone had been supported to move into Bowood Court and the Mews was not in use. There were 59 people using the service.

### People's experience of the service and what we found:

Care plans were comprehensive, personalised and detailed people's current care needs and included how to safely manage any identified risks. The management of medicines was not always safe, however the provider took immediate action following the inspection to address our concerns. Medicines administration was safe, and staff were trained and had their competency checked. There was a safeguarding policy in place and staff knew how to identify and report any concerns. The home was very clean and followed appropriate infection control practices.

There was a training program in place for all staff. Feedback we received about food and drink was mixed. However, kitchen staff were aware of people's preferences and individual risks around food and drink. People were supported to access healthcare and the service facilitated appropriate and timely referrals to other agencies and professionals.

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. Staff we spoke with talked about people in a kind and compassionate manner and were passionate about providing good care. Care plans provided guidance on how to support people, in accordance with their preferences, choices and communication needs. Activities were in the process of improvement and enrichment, and we observed people enjoying the new activities.

Staff were recruited safely as relevant background checks had been completed. Management systems, such as audits and quality assurance, were robust and were now actively used to monitor and improve the service. During this inspection the registered manager resigned, and new manager was employed. People and relatives provided mixed feedback about Bowood Court & Mews. The provider and management team were eager to make the necessary improvements in the service and were working with the local authority as well as external agencies to ensure people received safe and effective care.

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

### Rating at last inspection

The last rating for this service was Requires Improvement (published 16 January 2023).

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 and the provider was no longer in breach of regulations.

#### Why we inspected

When we last inspected Bowood Court & Mews in October 2023, breaches of legal requirements were found. This inspection was undertaken to check whether they were now meeting the legal requirements.

The inspection was also prompted in part by notification of an incident following which a person using the service sustained a serious injury. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk and people's safety. This inspection examined those risks.

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 comprehensive inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Bowood Court & Mews on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow Up

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 safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective 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 

# Bowood Court & Mews

## 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 team consisted of 3 inspectors 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

Bowood Court & Mews 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. Bowood Court & Mews is a care home without 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. However, they had resigned on the day of our first site visit. A new manager is now in post and is working towards applying for their registration.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

During the inspection

We spoke with 15 people living at the home and 9 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 16 members of staff including the nominated individual, relief manager, care manager, operations & compliance manager, kitchen staff, housekeeping, senior care staff and care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with one visiting professional.

We reviewed a range of records. This included 2 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. After the inspection We spoke with three care staff by telephone.

# 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.

### Assessing risk, safety monitoring and management

At our last inspection, the provider failed to ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had improved how they assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Risks to people had been assessed in a timely manner and appropriate risk assessments were in place for staff to follow.
- Since our last inspection the provider had reviewed how the service managed risks associated with choking and ensured texture modified meals were prepared in line with the speech and language team's recommendations and people's individual preferences of food choice.
- We observed safe moving and handling of people using equipment.
- Environmental risks were appropriately managed. The safety of the service had been maintained.

### Using medicines safely

- Although we found no impact on people, improvements were needed in the record keeping of medicines and stock checks of controlled drugs.
- While we did not find any discrepancies with the controlled drugs at this inspection, we did find these were not consistently checked in line with the providers policy. This meant that should an error be found; it would be difficult for the provider to determine when the error may have happened.
- The key to the controlled drugs cabinet was not consistently held in the designated secure place given by the provider. This meant the provider could not always be assured the key was safe and secure. The provider took immediate action during the inspection to prevent this from occurring again.
- Where some people had received their medicine later than the prescribed time, for example, 3 hours later, records did not reflect the reason. The provider took immediate action to address this during our inspection.
- People did not raise any concerns about the management of their medicine. We observed staff carry out safe practice when administering medicine to people.
- The provider was following safe protocols for the receipt and disposal of medicines.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse and avoidable harm.
- People told us they felt safe with the staff who supported them. One person said, "the staff being there for me makes me feel safe, they know what to do to help me".
- Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns.
- The provider monitored incidents of abuse to ensure actions were taken to reduce risk of harm. Where concerns were reported, actions were taken to mitigate the risk of abuse.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff. However, the feedback we received from people and their relatives varied.
- We observed call bells being responded to in a timely manner and staff had received appropriate training.
- The provider operated safe recruitment processes.

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The service was clean and odour free. The service had appropriate cleaning schedules in place.
- The service had an up-to-date IPC policy in place which was been followed.

Visiting in Care Homes

- People were able to receive visitors without restrictions in line with best practice guidance.
- Relatives were free to visit the service without restrictions.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- The service has a system in place to log incidents. Accidents and incidents were regularly reviewed. This ensured lessons were learnt from events which occurred to minimise the risk of future harm.



# 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 Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, the provider failed to follow the principles of the MCA and we could not be assured people had given lawful consent to their care. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

- The provider was working in line with the Mental Capacity Act. People who needed a DoLS authorisation had these in place. Conditions imposed by the local authority were known and were being met.
- One person told us, "The staff are nice and will do anything I ask, if they can". Another said, "I have choices about whether to stay in my room or go to the lounge, and I can choose what time to go to bed."

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience to deliver effective care and support. Feedback from people living at the home varied. One person told us, "I think the staff are adequately trained". Another person said, "I don't think they have adequate training to support me with [person's medical condition]".
- Staff were supported to develop in their roles, undertake mandatory training and told us they were able to request additional training if required.

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

- People's needs were assessed and care and support was delivered in line with current standards to achieve effective outcomes.

- The care manager demonstrated a clear understanding of best practice guidelines and standards to deliver person centred care.
- People told us they received support as they wanted. One person told us, "The staff are nice and will do anything I ask if they can".

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

- On the day of our inspection, we observed some people were not supported to eat and drink enough to maintain a balanced diet.
- The mealtime experience between the 2 floors was observed to contrast. On 1 unit we observed some people being supported by staff and relatives to maintain their nutritional intake. However, other people appeared to be having difficulty and some staff were not sure what support those individuals needed.
- The provider responded to our feedback after the inspection, to address the lack of consistency across the home. We did not find evidence people had been losing weight.
- People's weight was regularly monitored. Concerns about people's weight flagged on the electronic care records to alert staff of any issues.
- Feedback from people and observations regarding the lunch mealtime experience was mixed. Most people told us the food available was of good quality and varied, however 1 person said, "I'd like more choice, it can get boring".
- Checks and actions had been introduced to identify people who were at risk from not eating and drinking enough.

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

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- People were supported to live healthier lives, access healthcare services and support.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- The environment was homely; the communal areas and bedrooms were personalised according to people's taste. Pictures of people living within the service were displayed in communal lounges.
- The service was adapted in line with good practice to meet people's sensory needs.

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

At our last inspection, the provider's systems had not been established to assess, monitor and mitigate 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 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Although the provider had made enough improvements to no longer be in breach of regulations, we found further work was required to embed and sustain the improvements long term.
- People and their relatives struggled to identify who was the manager in charge of running the service. One person told us, "It is difficult knowing who is in charge as there is overlap. There are 5 different people they refer to as manager." We raised this with the provider during feedback and this will be reviewed.
- One relative said, "I don't know who the manager is, but [care manager] is lovely and always gives me a call if there are any issues". Another relative told us, "The turnover of staff is high, staff and managers come and go".
- Although we found no impact on people, staff were not always following the provider's policy for auditing medicines and checks of controlled drugs. The provider had not identified that staff were not consistently following the provider's policy.
- We found people were dressed appropriately for the day and their personal care needs were being met.

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 understood their responsibilities under the duty of candour.
- The provider is legally required to notify us of certain events that happen. As a result of the changes in manager, we were not always notified as expected. The provider took action following the inspection to retrospectively notify CQC of this incident and ensure all notifications were submitted in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- Care plans documented how people liked to receive their care. We observed people being given free choice of where to spend their day and what they wanted to do.
- The provider used surveys and meetings to obtain the views of people using the service and their relatives. Records demonstrated that feedback was mostly positive and complimentary.
- Staff meetings were held regularly. Records of the meeting minutes showed key information was also shared in these meetings, which included updates on the service.

Continuous learning and improving care

- The provider was building a learning culture at the service which improved the care people received.
- Staff told us support from management varied. Some staff hadn't received a recent supervision and felt their suggestions were not always listened to. Others reported the support they received from management was excellent, despite the changes in registered manager.

Working in partnership with others

- The provider worked in partnership with others.
- The provider worked collaboratively with the local authority and healthcare professionals to promote the health and well-being of people living at the service.