

Aldwyck Housing Group Limited

Bushey Flexicare

Inspection report

Collins Court
Lea Close
Bushey
Hertfordshire
WD23 3PY

Tel: 02089506946

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28 July 2016

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 28 July 2016. The visit was announced which meant that the registered manager was given 48 hours' notice of the intended inspection. This was to help facilitate the inspection and make sure that people who used the service and staff members were available to talk with us. At our last inspection on 25 February 2016 the service was not meeting all the required standards in the areas we looked at and were in breach of regulation 12, 13, 17 and 18 of the Health and Social Care Act (Regulation Activities) 2014. However at this inspection we found the required improvements had been achieved and they were now meeting the standards

There was a manager in post who had submitted an application to register with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager was supported by service and assistant service managers responsible for the day-to-day operation of each location where people received care and support.

People told us that staff helped them stay safe, both at home and when out and about in the community. Staff received training for how to safeguard people from abuse and were knowledgeable about the potential risks of abuse and how to report their concerns. Robust recruitment practices were followed and there were sufficient numbers of suitable staff available at all times to meet people's needs. People where necessary and appropriate were supported to take their medicines safely and at the right time by trained staff. Potential risks to people's health and well-being were identified, reviewed and managed effectively.

People who received support, relatives and health care professionals were positive about the skills, experience and abilities of staff who received training and refresher updates relevant to their roles. Staff supported people to maintain good health and access health and social care services when necessary.

Staff obtained people's agreement to the support provided and always obtained their consent before helping them with personal care. People told us that staff supported them in a kind and caring way that promoted their dignity. We found that staff had developed positive relationships with the people they supported and were clearly very knowledgeable about their needs and personal circumstances.

People who received support were involved in the planning and regular reviews of the care provided and this was accurately reflected in their individual plans of care. The confidentiality of information held about people's medical and personal histories was securely maintained.

People received personalised care and support that met their needs and took account of their preferences. Staff were knowledgeable about people's background histories, preferences and routines. People were supported to pursue social interests relevant to their needs. They told us that the registered manager and staff listened to them and responded positively to any concerns they had. People were encouraged to raise

any concerns they had and knew how to make a complaint if the need arose.

People, their relatives, staff and professional stakeholders were all complimentary about the management team and how the service operated. The management team monitored the quality of services and potential risks in order to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported to stay safe and staff had been trained to recognise and report potential risks of abuse.

Potential risks to people's health were identified and managed effectively.

Safe and effective recruitment practices were followed to ensure that staff were suitable for the roles they performed.

Sufficient numbers of staff were available to meet people's needs at all times.

Where necessary, people were helped to take their medicines safely by trained staff.

Is the service effective?

Good ●

The service was effective.

Staff obtained people's consent before support was provided and were aware of the mental capacity principles.

Staff received training and support relevant to their roles which helped them meet people's needs effectively.

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

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and compassionate way by staff who knew them well and were familiar with their needs.

People were supported in a way that promoted their dignity and respected their privacy.

People were involved in the planning and reviews of the support

provided.

People's confidential information was maintained.

Is the service responsive?

Good ●

The service was responsive.

People received personalised support that met their needs and took account of their preferences and choices.

People were helped and supported to pursue social interests relevant to their needs and interests.

People knew how to raise concerns and were confident these would be dealt with in a prompt and positive way.

Is the service well-led?

Good ●

The service was well led.

Systems were in place to quality assure the services provided, manage risks and drive improvement.

People who received support, relatives, and staff were very positive about the new manager and how the service was operated.

Staff understood their roles and responsibilities and were well supported by the management team.

Bushey Flexicare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 28 July 2016 by one Inspector. The inspection was announced which meant the registered provider was given 48 hours' notice. This was to help facilitate the inspection and make sure that people who used the service and staff members were available to talk with us. Before the inspection, the provider was also required to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

Bushey Flexi care provides care and support to people living within their own homes within Storey court, Collins court and Barley close. During the inspection we spoke with six people who used the service, two relatives, three staff members, the manager and a representative of the provider. We also received feedback from health and social care professionals. We looked at care plans relating to four people who used the service, two staff files and other information relating to the monitoring of the service.

Is the service safe?

Our findings

People told us they felt safe living within the at Bushey Flexi care complex. One person told us "there is always someone around and that provides reassurance and I only have to pull my cord and someone responds straight away, it is not an issue at all". Entry to the main building at Collins and Storey court was via a key code system to help preserve security of the buildings. One person told us "I feel safe and secure here and I also have access to my telephone if needed". □

We saw and staff confirmed they had received training about how to safeguard people from abuse and were knowledgeable about the risks of abuse. They knew how to raise concerns both internally and externally. Staff were aware of the companies whistle blowing policy and how to raise concerns via this policy if required. We saw that there were safeguarding contact details prominently displayed on the main notice board in the reception area. All the staff we spoke to were aware of their responsibilities to protect people from avoidable harm. One care worker told us "Safeguarding is always on the agenda at team meetings so we are constantly reminded about the importance of keeping people safe. We saw from the review of records that staff also received regular refresher updates to help ensure they were aware of current requirements and good practice.

Risks to people's health and well-being were assessed and management plans were in place to reduce the risk of harm. These included risks relating to individual people's environment, community areas and people's specific health conditions including safety around mobility. The risk management plans were routinely reviewed which ensured the management plans continued to effectively reduce or mitigate the risks as well as identifying any new risks.

We saw that staffing levels were appropriate at Bushey Flexi care. This meant that people's individual needs were met safely. If staff were off sick permanent staff were asked if they were willing to cover additional shifts, and the manager told us they only used limited numbers of agency staff to cover. The service used a regular agency who provided regular staff. This meant that people consistently received their support from staff that were known to them. One person who used the service told us "There is always [Staff] around if I need help." During our visit we saw that there were sufficient numbers of staff available to care for and support people when required and they were able to be flexible so if they took a bit longer it was not an issue.

The recruitment process was robust and we saw that all pre-employment checks were completed in advance of staff commencing their employment. We looked at recruitment files for three staff members and found that the staff members had not been able to start work until the manager had received a copy of their criminal record check and satisfactory references. This helped to ensure that staff members employed were appropriate to work in a 'care environment'.

Where required people were supported to take their medicines and staff had received training and had their competency checked. Other people told us they were able to take their own medicines however one person told us "The carer's always ask if I have taken my tablets, so I know they remind me in case I forget". We

found that people's medicines were managed safely. Medicine Administration Records [MAR] had been completed appropriately and confirmed that medicines had been administered as prescribed.

There were systems in place to help staff deal with unforeseen events and emergencies and staff had received training, for example in fire safety. Regular checks were carried out to ensure that the environment was well maintained to keep people safe, for example the regular maintenance of fire alarms and corridors and communal area were kept free of furniture which could potentially be a hazard in the event of an evacuation. Staff members and the management team were able to clearly explain the procedures in place to evacuate the building in the event of an emergency such as a fire.

Is the service effective?

Our findings

Staff told us and records confirmed that they received support and supervision from their line manager which helped enable them to provide an effective service to people they supported. Staff told us that before they started working at the service they were required to complete a comprehensive induction which covered a variety of topics including policies and procedures, values and training in areas such as moving and handling and safeguarding people. Staff told us that they worked alongside more experienced staff until they were assessed as being competent to work alone. One member of staff told us "I found this so helpful, it really gave me an insight into what the role was about and also to get to know some of the people we support".

We saw that staff received regular training updates. One member of staff told us they had completed fire safety training, food hygiene and care of people with dementia. We saw from records reviewed that the topics staff had been trained in were relevant to their roles and responsibilities and provided them with the skills required to support people effectively.

We saw that staff attended regular team meetings to discuss all aspects of their jobs, any concerns or any changes to people's health or wellbeing.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA and found that they were. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation.

People were supported where required to prepare food within their own homes. People told us they did their own shopping and chose their own food and drinks. However if they needed support for example with menu planning staff supported them and also encouraged people to keep hydrated. If anyone was identified with any dietary concerns support staff elevated concerns to the manager who would take appropriate action including making a referral to the dietician or speech and language therapist for a swallowing assessment.

People told us they would manage their own health care appointments as much as possible. One person told us that "staff would ask me if I wanted them to contact my GP, however other professionals were also available to support people including opticians, dentists and the podiatrist who either visited the service or people attended appointments in the community. People's daily records were updated to contain information relating to people's health. For example if a person was seen by the GP this was recorded in their daily progress notes so that all staff were aware of anything that might impact or change the persons care plan.

Is the service caring?

Our findings

People told us they felt they were well cared for by the staff who supported them. One person told us "I think they are very nice and caring, they are always wanting to help you" Another person told us "they definitely respect my privacy" they went on to say "they always knock and wait until I invite them in". "Yes I am treated with dignity and respect". People told us they mostly had regular care workers and one person said "They are a small team here so you always get someone you know". "They are all kind and do a good job anyway"

We asked four people if they had been involved the planning of their care. Three people told us they had been involved and a fourth person could not remember. We noted their care plan had been signed to confirm their consent. One person said "I have a file in my home and it contains lots of paperwork, I am sure I could look at it if I needed to know anything" Another person told us "you can always have a chat with staff or the manager if you want to discuss anything, they always have the time to talk with you". We found that all the care plans we looked at had been signed by the person themselves or their family member. This helped to demonstrate that people had been involved and consulted about their care and support plans.

We saw that staff helped and interacted with people in a kind and caring way. We observed staff to be professional when engaging with the people they were supporting, and we noted they respected their privacy and dignity at all times. For example at one point a member of staff was engaged in a conversation and we were in close proximity. The member of staff stopped the conversation until we had passed and explained this was to ensure the person's privacy was preserved. We saw that staff made eye contact with people and stood close to them so they could hear what they were saying.

People told us that since the new manager had been employed at the service things had improved. One person said "They (manager) had introduced themselves and made time to speak to people. Another person said "The support is very good but I think things have improved in recent weeks". We saw from care records that people's live histories were included to enable staff to understand about people and what was important to them and also contained sufficient detail to enable staff to know peoples preferred routines and to give people choices about how their care was provided.

The environment at the service was homely and welcoming. People told us they were involved in organising some of the events at the service and two people told us about the notice board which provided plenty of information on display which meant that they were kept up to date with news and events. A notice board with staff pictures and job roles was displayed in the office so that people were familiar with any new staff or changes in their role.

Communal areas were appropriately designed and decorated for peoples use. People's individual flats and homes were personalised and decorated to their liking.

Relatives and friends of people who used the service were encouraged to visit people at any time and we noted from the visitor's books that there was a regular flow of visitors into the home. Some people who used the service did not have the capacity to make decisions about their care and support or to communicate clearly and we noted that an external advocacy service was available to provide people with support in this

instance.

Confidentiality was well maintained throughout the home and information held about people's health needs and medical histories was kept secure.

Is the service responsive?

Our findings

People received personalised care and support that met their individual needs and took into account their preferences and personal circumstances. One person commented, "My care is provided to me in exactly the way I want it, Staff have checked that everything I need is being done". Another person said "they are always checking if anything has changed so yes I do think they are 'responsive' to my needs".

Staff were provided to detailed information and guidance about how to look after people in a person centred way. Care and support was based on people's preferences and individual requirements. This included information about their preferred routines, support with medicines, health needs, relationships that were important to them, dietary social needs and personal care. Staff were able to describe how they ensured the support provided was flexible and responsive to peoples changing needs. We saw that there were personalised care and support records in place for people to ensure that the staff were clear about the support that was required.

The manager told us that if staff noticed any changes it was communicated to them and they took appropriate action to ensure the person continued to get their needs met. For example if there was a change in the person's ability or mobility. The manager would make a referral for an occupational or physiotherapy assessment. We saw that individual details of how people were supported were kept under constant review and this helped to ensure care needs were kept current and appropriate. People told us the staff always respected their choices and routines.

People told us about 'community' events for example having regular communal meals taken together in the communal dining room. One person told us about the gardening project and the same person has tended the gardens for many years keeping them beautiful and well maintained. Another person was involved in fund raising for community. We observed people to be chatting and having good interaction with each other and staff and managers.

People told us they enjoyed events and meeting up with other people regularly. One person said "I used to attend the weekly meal but have not felt like attending in recent weeks. There is no pressure, we know what's on offer and can make a decision to attend or not".

People and their relatives told us that communication was good and that they would speak to staff if they were concerned about anything. One person we spoke with told us if they had any concerns they would just speak to either a member of staff or the manager. Another person said "We have never had to complain, but know the staff and manager would assist if we had any concerns".

The manager told us that they regularly checked with people to make sure they were happy with their care. We saw that information was displayed on the notice board on how to make a complaint and. We asked staff what the process was if they became aware of any concerns. Staff said that they knew the process for reporting concerns and would inform the manager. Records of compliments showed that people were complimentary about the care they or their family member had received.

Is the service well-led?

Our findings

People who lived at Bushey Flexi care and staff were very positive about the service and in particular the positive impact the new manager had had on the service. People said they felt the managers "had a visual presence and they were always available to chat with them". One person told us "I feel the new manager has done a lot in a short space of time, we all hope the improvements will continue because things are running much better now".

Staff told us they felt supported by the management team and were clear about their roles and responsibilities. One staff member commented, "We have had plenty of training and support and it is all done professionally". Another staff member told us "I have found (manager) them to be both knowledgeable and fair."

People who lived within the complex told us they had 'regular' contact with managers and knew what was going on". The manager was knowledgeable about the individual needs of people who lived at the service and had taken time to get to know about their personal situations and what was important to them.

We saw that feedback was obtained in a number of ways and was analysed to ensure the service achieved continual improvements. Survey questionnaires were also sent out by the senior management team. We looked at the last survey report and saw that overall the feedback provided had been very positive in all of the areas covered.□

The manager was clear about their vision for the service and how they planned to achieve the objectives both in the shorter and longer term.

The manager ensured that regular checks and audits were carried out in a number of key areas in order to monitor and reduce identified and potential risks. This included in areas such as medicines, health and safety, fire safety and care planning. We saw that they had developed action plans where areas for improvement were identified.

We found that people's individual plans of care were up to date and accurate and consistently reflect who had been involved in or consented to the support provided.

Information gathered in relation to accidents and incidents that had occurred was kept under review by the management team. They ensured that learning outcomes were identified and shared with staff.

Staff told us that out of office hours support was always available and explained the on call process and who they needed to contact in an emergency. We saw evidence that people who lived at the service were invited to attend regular residents meetings. People were able to discuss a range of topics from activities to care and support. Actions were recorded to assist in ensuring people were happy with outcomes.