

Trustees of Bushell House

Bushell House

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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

Bushell House is a large spacious Georgian grade two listed building set in its own grounds in the rural village of Goosnargh. It is registered to provide personal care and accommodation for up to 31 adults. Accommodation is provided in single rooms, all of which are en-suite. There are a number of communal rooms including lounges, dining rooms and a library.

People who lived at Bushell House told us they felt safe and supported by staff and management team. Assessments took place to ensure that people's needs could be met by the service. Care records included detailed risk assessments, which provided staff with guidance on how risks to people were minimised.

People were protected by suitable procedures for the recruitment of staff. We saw records which showed the provider had undertaken checks. This to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adults procedures. People told us there was enough staff on duty and that the staff came quickly to any requests for support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People received care that was relevant to their needs and effective because they were supported by an established staff team. They also had received appropriate training such as moving and handling and had a good understanding of people's needs.

We found the service was pro-active in supporting people to have sufficient nutrition and hydration. People said the quality of the food was good, one person said, "The food here is very good". Care plans showed where appropriate the staff had made referrals to health care professionals such as the community nursing team and GP's.

We received consistent positive feedback about the care provided at Bushell House from people who lived at the home and their relatives. The management team and staff told us they fully involved people and their families in their care planning. People we saw were well presented and staff sought to maintain people's dignity throughout the day.

We saw, from care records, that staff had discussed people's preferences for end of life care. People and their relatives were involved in the planning of their care and support. We found that

assessments were undertaken by management prior to any person being accepted into the home.

People were encouraged to raise any concerns or complaints. The service had a complaints procedure. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

Bushell House had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, infection control, monitoring the environment and medication. This helped to ensure people were living in a safe environment.

The registered manager kept up to date with current good practice guidelines by attending managers meetings at which they shared learning and discussed new developments in care. We found the management team receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains good	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Bushell House

Detailed findings

Background to this inspection

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

This inspection visit took place on 11 April 2017 and was unannounced.

The inspection team consisted of two adult social care inspectors and an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had a nursing care background.

We spoke with a range of people about Bushell House. They included ten people who lived at the home, two relatives, the registered manager, the deputy manager and seven staff members. Prior to our inspection visit we contacted the commissioning department at Lancashire county council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care records of four people, staff training records, medication documentation and records relating to the management of the home. We looked at recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at Bushell House told us they felt safe and supported by staff and the management team. For example some comments included, "I feel safe, I've been in a lot of different care homes and you can tell when you feel right". And, "Yes I feel safe and secure".

Care records included detailed risk assessments, which provided staff with guidance on how risks to people were minimised. This included risks specific to each individual according to their daily activities and support needs. For example, we saw in one person's file a detailed falls assessment and falls management plan with very clear guidance on how to safely support the person whilst encouraging independence. Staff told us they had access to this information in people's care records and ensured they used them.

People were protected by suitable procedures for the recruitment of staff. We saw records which showed the provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Systems were in place to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adults procedures. They were aware of their responsibilities to ensure people were protected from abuse. Staff members we spoke with demonstrated that they knew about the procedures they should follow if they were concerned people may be at risk.

People told us there was enough staff on duty and staff came quickly to any requests for support. Comments included, "Yes there is plenty of staff". Also, "Yes there are enough staff". And, "I have a buzzer, staff come near enough straight away". We viewed a selection of staff rotas which showed staffing levels to be adequate to meet the needs of the service.

We looked at medicine administration records of people who lived at Bushell House. This was during the lunchtime medicines round. Records showed medicines had been signed for. We checked this against individual medicines packs which confirmed all administered medicines could be accounted for. This meant people had received their medicines as prescribed and at the right time. Staff responsible for the administration of medicines had been trained to administer them safely.

We looked around the home and found it was clean, tidy and maintained. The management team employed designated staff for the cleaning of the premises. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We discussed the principles of the MCA with the registered manager who was able to demonstrate a good understanding of the process and the associated DoLS. We did not observe people being restricted or deprived of their liberty during our inspection.

People received care that was relevant to their needs and effective because they were supported by an established staff team. They also had received appropriate training such as moving and handling and had a good understanding of people's needs. We confirmed this by our observations during the day. We also looked at training records and talked with staff about individuals who lived at Bushell House. For example a staff member said, "We have very good training opportunities and the manager is supportive".

We found that the service was pro-active in supporting people to have sufficient nutrition and hydration. We observed people were encouraged to take fluids. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences.

We did see supplementary records for one person who was losing weight had not always been recorded. We discussed this with the registered manager and they sought advice on the day of inspection visit. We received confirmation that the record keeping has been subject to more rigorous controls and that the person is continuing to be monitored by the community team.

We observed lunch being served, the food is all homemade, people ate in a relaxed manner and they seemed to enjoy their meals. People had a choice of what they wanted to eat and staff were aware of people's needs in this area. People told us, "The food here is very good". And, "The food is excellent especially the apple crumble".

Care plans showed that where appropriate the service had made referrals to health care professionals such as the community nursing team and GP's. A professional told us the staff contacted them if required for support. Care staff demonstrated a knowledge of the additional support being provided to people by the community nursing care team and understood how this related to the care they were providing to people.

We looked at the premises and found it was appropriate for the care and support provided. There was a lift that serviced the building and all rooms could be accessed by wheelchair users. Outside garden areas were available for people to access and walk around the building.

Is the service caring?

Our findings

We received consistent positive feedback about care provided at Bushell House from people who lived at the home and their relatives. People we spoke with told us, "Staff are very kind, no doubt about that", "The staff are certainly looking after me very well, they're very good". And, "I feel comfortable here, every carer is lovely".

The management team and staff told us they fully involved people and their families in their care planning. People's beliefs, likes and wishes were explored within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person.

We observed staff as they went about their duties and provided care and support during this inspection visit. We observed staff speaking with people who lived at the home in a respectful and dignified manner. For example we observed staff members speaking to people at their level so they had good eye contact. One staff member was seen to hold a person's hand while asking them what drink they would like. Staff appeared to understand the needs of people they supported and it was apparent that trusting relationships had been created.

We saw staff respecting people's privacy by knocking on people's doors and awaiting a response before entering.

We saw, from care records, that staff had discussed people's preferences for end of life care. This meant that the provider would know what the person's preferences were and to respect these on death. At the time of our visit, no one living at the service was receiving palliative or end of life care.

There was information available for people about how to access local advocacy services, should they so wish. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Is the service responsive?

Our findings

People and their relatives were involved in planning of their care and support. People we spoke with told us, "Yes I was involved in writing the careplan if I know how to do something better I tell them, we review it monthly". And, "Yes, the staff come and have a chat about once a month and we discuss how things are going".

We saw care records were written in a person centred way and observed staff followed guidance in care records. For example we observed two staff members move one person from a chair to their wheelchair. They were gentle with the person and used the correct equipment and good communication. Care records were regularly reviewed. This meant people received personalised care, which met their changing needs. People and their relatives told us staff communicated with them regularly to ensure they were aware of any matters affecting people's care.

We found assessments were undertaken by management prior to any person being accepted into the home. Assessments took place to ensure that people's needs could be met by the service. People's initial assessments had been used as a basis on which to formulate a care plan. Individuals and or their relevant family members had been consulted during the assessment process.

Documentation was shared about people's needs should they visit for example the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided for them.

People were encouraged to raise any concerns or complaints. The service had a complaints procedure. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care. Comments included, "If I had a complaint I would tell Matron". And, "If about general things I would tell the carers, if something serious I would ask to see the manager, but I haven't had to complain whilst I've been in here".

A system for recording and managing complaints concerns was in place. We saw evidence of complaints and information was available to demonstrate how those complaints had been reviewed, investigated and responded to.

Is the service well-led?

Our findings

Bushell House had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

People who lived at the home and relatives told us the home was well led. Comments included, "Yes I can talk to the manager". And, "The manager is always available whenever you want". Staff we spoke with told us, "The manager is very supportive and always willing to help with any problems". And, "There is good support from management they will always help us out if we are busy".

Bushell House had procedures in place to monitor the quality of the service provided. Regular audits had been completed. These included reviewing care plan records, infection control, monitoring the environment and medication. This helped to ensure people were living in a safe environment.

During our inspection visit, we saw 'handover' meetings were undertaken on each change of shift to help make sure that any change in a person's condition and subsequent alterations to their care plan was effectively communicated and that staff were clear about any follow up action required.

We found that minutes of staff and residents meetings were retained and people confirmed they had meetings periodically, so that they could get together and discuss any relevant topics in an open forum.

We viewed evidence which demonstrated views of stakeholders, including people who lived at the home, staff and visiting professionals, had been sought. This information had been acted on for the purposes of continually evaluating and improving the service.

On our arrival at Bushell House for Older People, we noted that the last inspection rating of 'Good' was clearly displayed in the reception area of the home and also in the manager's office. This is a statutory requirement for all registered providers.

The registered manager kept up to date with current good practice guidelines by attending managers meetings at which they shared learning and discussed new developments in care.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all information we requested.