

Barchester Healthcare Homes Limited

Bushey House Beaumont DCA

Inspection report

Bushey House Beaumont
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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 

Overall summary

The inspection took place on the 15 December 2015 and was unannounced. Bushey House Beaumont DCA is a domiciliary care organisation. It is registered to provide personal care for older people in their own homes. People who use the service live in flats within the grounds

of Bushey House Beaumont care home and the DCA provides care services for people who live in the accommodation. At the time of our inspection five people were being supported by the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 received care that met their needs and staff knew them well. People were involved in planning their care and the manager and staff valued their views.

People were looked after by staff who had been trained and were able to recognise any signs of abuse and knew how to report concerns. There were sufficient numbers of staff to meet people's needs safely at all times.

People were encouraged and supported to live as independently as they could. Risk to people's health, safety and wellbeing were identified and actions were put in place to manage and mitigate the risks to keep people safe.

Staff had been recruited through a robust recruitment procedure to ensure that staff who were employed were

suitable to work in a care setting. Staff employed at the service had completed an induction when they commenced working at the agency and had received ongoing and refresher training relevant to their roles.

People administered their own medicines. However if required, staff prompted or reminded people to take their medicines. Staff had received appropriate training, so were able to administer medicines if this was an assessed need.

People told us they felt they were treated in a caring way and with kindness. People's privacy and dignity was respected by staff. People were supported to maintain their health and wellbeing.

Staff were aware that they had to obtain people's consent before assisting them. This was recorded in people's care and support plans.

The provider had a policy and process for dealing with complaints and concerns. Audits were in place and the manager checked the quality of the service by requesting feedback through surveys and questionnaires which people were asked to complete periodically.

Summary of findings

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.

People were supported by staff who knew how to recognise and report abuse.

There were sufficient numbers of staff to meet people's needs safely at all times.

People were prompted to take their medicines, by staff who had been trained to support people to take medicines safely.

Good



Is the service effective?

The service was effective.

Staff received induction training and ongoing and refresher training to ensure they had the skills and knowledge to meet people's needs effectively.

People's consent and agreement was obtained, recorded and reviewed.

People's health was monitored to ensure people's physical health and wellbeing were maintained.

Good



Is the service caring?

The service was caring.

People had developed positive relationships with staff, which were based on mutual respect and trust.

Staff involved people and or relatives in planning and reviewing their care.

People's dignity and privacy was maintained and respected by staff.

Personal information was kept secure and confidential.

Good



Is the service responsive?

The service was responsive.

The care people received was personalised for their needs and reflected their preferences.

People were able to raise concerns and complain. Concerns were appropriately investigated and responded to.

Good



Is the service well-led?

The service was well led.

People were positive about the manager and leadership.

There were systems in place to monitor and improve the quality of the service.

Good



Bushey House Beaumont DCA

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 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 15 December 2015 and was carried out by one Inspector. The inspection was unannounced. Before our inspection we reviewed

information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we spoke with two people who used the service, two support staff, the deputy manager, the manager and area regional director. We also sought feedback from people who commissioned the service.

We looked at three care plans, two employment files and a range of other relevant documents relating to how the service operated, including monitoring data, training records and complaints and compliments.

Is the service safe?

Our findings

People told us they felt safe and well supported by staff that supported them at the service. One person told us “I do not have any concerns in relation to my safety”.

We saw that the provider had appropriate systems in place to ensure people were protected from avoidable harm. For example staff had received training in safeguarding adults from abuse and were able to describe to us in detail what constituted abuse and how they would report and elevate concerns if they suspected any type of abuse. There had been no safeguarding concerns raised since our last inspection. However we did see that there was a process in place to capture all relevant information and to report to the local safeguarding authority.

People told us that the staff “were wonderful”. One person told us they were in good hands and had “no concerns about the skills and abilities of the care staff”. People were protected from risks associated with poor care practices, because staff ensured people were kept safe.

Staff were able to tell us about the whistleblowing policy and procedures. Staff told us the management were very open and encouraged and supported them to share any concerns they may have immediately, to enable them to be addressed without delay.

There was safe and robust recruitment processes in place. They carried out relevant pre-employment checks, which included obtaining a minimum of two references. We saw

that potential staff were required to provide a full employment history, proof of identity and address, and also checks to make sure potential staff were eligible to work in the UK. Staff had Disclosure and Barring Service (DBS) checks which were completed before staff commenced work at the home. These checks helped to make sure that potential staff were suitable to support people living independently in their own home. This process of checks meant that people who used the service were cared for by staff that had been through the right checks and to help ensure that people were kept safe.

We saw that people had risk assessments in place. Risks had been assessed in relation to the environment and the personal needs and abilities of the people concerned. Where risks were identified actions were in place to reduce these. Risk assessments assisted care staff to deliver safe care. For example around safe moving and handling practices.

There were sufficient numbers of staff employed by the service to meet the assessed needs of people who used the service. The service was very small and only had a small staff group who knew the people they supported well. People told us they knew exactly what time the staff would arrive to support them.

People were prompted take their medication safely and staff had completed appropriate training. One person we spoke to told us they took their own medicines but said “staff always asks me if I have taken them and this was a useful prompt”.

Is the service effective?

Our findings

People were looked after by staff who were trained and knowledgeable about how to meet people's needs effectively. One person told us "the carers are brilliant, they know the routine now and I feel comfortable with them". Another person said "they are a lovely bunch and they seem to know what they are doing". These positive comments demonstrated that people's needs were met in a way that was important to them.

Staff were appropriately supported by the manager and had regular supervision, team meetings and an annual appraisal. Staff told us that they could discuss any work related matters in their supervision including topics such as personal development.

Staff told us they received training in various topics relevant to their specific job roles. These included safeguarding, moving and handling and food hygiene. Staff told us they had also had an induction at the commencement of their employment, and received refresher training when it was due.

Staff were able to demonstrate that they knew people's needs well. People told us they usually had the same staff as there was a small team of staff. This ensured continuity of care and people told us "the staff had got to know their routines and likes and dislikes".

People were encouraged to make their own decisions and staff offered people choices for example, people could say what time they wanted their support provided, what they wore, what they ate and drank and how they spent their time.

We saw that people had been involved in their care planning and had signed to demonstrate they had given consent to their care plan. Staff told us that people could withdraw their consent at any time and that they always gave people the option to accept their offer of care or to refuse it they wished. One person we spoke to told us "if I don't feel like having my support, the staff accept it and come back later, it's really flexible"

People were supported to maintain a healthy and balanced diet. One person told us the staff helped them to prepare their food but they could manage to make their own drinks. If people wanted to go to the main home they could purchase a 'meal package'. One person said they occasionally went to the main home for lunch but were quite happy having their independence.

People were supported to both make and attend health care appointments. One person told us the staff would assist them in making appointments and they could either attend the surgery or if required ask the GP to visit them at home. People were supported to access dentist, opticians and chiropodists as required.

Is the service caring?

Our findings

One person told us “the staff are kind and caring and I feel very comfortable with them”. Another person told us they “are brilliant” “I rely on them so much and look forward to them coming”. Staff we spoke with told us they had really developed positive relationships with the people they supported. One member of staff told us “I love my job and really enjoy supporting the people”.

People told us that the staff were respectful and caring. People also told us that staff “always respected their privacy”. We observed staff knocking on people’s doors and waiting for a reply before entering. Staff also spoke quietly so that other staff or visitors were not within earshot and could not overhear private conversations.

People told us they did not feel rushed or under pressure and that the care staff enabled them to go at their own pace. We saw that a member of staff came to support a person we were speaking with, and they immediately said “Oh don’t worry, I will come back later, demonstrating a flexible and person centred approach to the care and support.

Staff told us they treated people “like they would like to be treated themselves”. Staff told us they respected people’s wishes and always gave them a choice, whether this was about what clothing they wanted to wear or whether they wanted to have a wash first or to eat their breakfast.

People were able to contribute to their care planning and reviews, and where people lacked capacity family, or

friends were able to support people if they wished. The manager told us care plans were being reviewed so that information recorded in care plans demonstrated a more personalised approach.

Staff told us that they supported people to be as independent as they could and gave people the opportunity to do as much as they could for themselves. For example one member of staff said “I offer the flannel so they can wash themselves or I pass them an item of clothing and they do what they can to put it on, I just support them with what they cannot do”. The member of staff told us “this approach supports people to retain skills, rather than becoming more dependent on the support”.

We saw from care records that people were asked their preferences about how their care was delivered and by whom, for example they could request a preference to have a female support worker (there were no male care staff employed at the service at the time of our inspection). People’s preferences were respected and adhered to. We saw that people’s confidential records were stored in locked cabinets within the office.

Staff spoke kindly about people in their care and gave many examples about how important their clients were and how they “always tried to treat people as they would want to be treated themselves”.

We saw from reviewing care records that people had been asked about their ‘end of life care arrangements where’ and how they wished to be supported. Care staff were aware of people’s wishes and often discussed these to ensure people’s wishes were current or to give them an opportunity to update them or change their minds about their care and support for the future.

Is the service responsive?

Our findings

One person told us, “They are hear when you need them, and I look forward to seeing them.” People who used the service had a range of support needs and the service was able to meet all these needs. People required various levels of support from one visit per day to four visits a day and in some cases people required the assistance of two support workers

People had personalised care plans in place which gave staff clear instruction for all their daily needs and preferences. We saw that these were reviewed regularly to make sure the service was responsive to peoples changing needs. Information about people’s likes and dislikes was recorded as well as, people who were involved in their lives.

Care plans contained information in relation to social events. People were able to join any activities that were being provided in the adjoining home if they wished.

One person told us they really enjoyed going to the shops every week and this was important to them. Transport was arranged so that as many people as wanted could go on the shopping trip.

Staff were able to demonstrate that they knew how people wished to be supported. For example a staff member told us that a person liked to be assisted with household tasks

but liked to do as much as they could themselves and they were supported to do this It was evident from speaking with care staff that they knew about people’s life histories, what they enjoyed doing, about their careers, families and what their hobbies and interests were.

People told us that they felt they received support that was appropriate to their needs. One person said “I can’t think of anything I would want to change about the service”. “I like the independence but want the reassurance that when I need help it is on hand”.

People were supported by staff who knew them well. Staff had taken the time to get to know people well and where possible were supported by a small group of care staff so they always had staff that they knew and who knew them.

We saw that there was a complaints policy and procedure in place and people were made aware of this, when they started to receive support from the service. There had been no complaint s sine our last inspection. The manager told us that they welcomed comments and feedback as a means to improving the service. By addressing feedback and comments early on it prevented concerns from elevating to a ‘formal stage one complaint’.

People who used the service told us they were confident that if they had any issues and raised them with the manager that they would be addressed without delay.

Is the service well-led?

Our findings

We found that the service had an effective system in place to monitor the quality of the service provided. In addition systems were in place to assess and mitigate the risks relating to the health, safety and welfare of people who used the service. The manager was open and transparent and people knew who the manager was saying “they often seen them around the place”. The manager spoke positively about the objectives of the service and told us how they strived to provide a quality service.

The manager and staff told us about the support arrangements to the service. For example staff they had regular supervision and team meetings.

Care records were audited including daily and progress notes to check that correct information was recorded in a timely way and also with the use of appropriate language.

We saw that quality audits were completed for the service to ensure quality was maintained and, manage risks and to continually improve the quality of care people received at the service. For example environment checks and checks to make sure people were happy with the service they received.

We saw that statutory notifications had been completed in a timely way and sent to the Care Quality Commission as required. Notifications are sent to inform CQC about events or accidents that happen to people who use the service and help us to monitor and or identify trends and take appropriate action.

People were asked for feedback and surveys were sent to all stakeholders to ask them about their experience of

using the service. People’s relatives were also able to give feedback to assist with getting a balanced and proportionate sample of views. We saw that people’s feedback was analysed and remedial action plans put in place. Feedback was discussed with staff so that everyone could be involved and contribute to making the required improvements.

The management at the service operated in a way that was open and transparent and inclusive. It was clear that everyone who worked at the service was committed to improving standards across the board. Staff told us they enjoyed working at the service. We saw that although there was an accident/incident book, there had been no incidents. The manager told us that they would record incident as a way of identifying possible trends, and would put remedial actions in place.

There were external quality monitoring systems in place also undertaken by the regional director to ensure that the manager addressed any areas identified as requiring improvement and listened to people’s views about the development and continual improvement of the quality of care provided.

The ethos of the service was a team approach and everyone was responsible for contributing ‘their bit’ to ensure the service was maintained at a standard that met with people’s expectations and looked for ways to creatively support people for example like living independently but offering additional ‘support elements’ if people wanted to avail of the different support packages.