

Bushmead Court Management Limited

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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 

Overall summary

We carried out an announced inspection on 17 December 2015. The service provides care and support to people living in their own homes, within an extra care housing scheme and the care staff are based in the building. At the time of the inspection, 22 people were being supported by the service, some of whom were living with chronic health conditions, physical disabilities and dementia.

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 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.

Summary of findings

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from risk of possible harm and suitable equipment was in place so that people were supported safely.

The provider had effective recruitment processes in place and there was sufficient numbers of staff to support people safely. Staff were regularly supported and had been trained to meet people's individual needs. However, the manager needed to evidence more that staff received regular supervision.

Staff understood their roles and responsibilities to seek people's consent prior to care being provided. Where people did not have capacity to consent to their care, this was provided in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by caring, friendly and respectful staff. They were supported to access other health and social care services when required.

People's needs had been assessed, and care plans took account of their individual needs, preferences, and choices. They enjoyed happy and fulfilled lives because they had been given opportunities to pursue their hobbies and interests.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to improve the quality of the service.

The provider's quality monitoring processes had been used effectively to drive continuous improvements.

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.

There was sufficient staff to support people safely.

There were systems in place to safeguard people from the risk of harm.

People's medicines were managed safely.

Good



Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided and staff understood their roles and responsibilities to provide care in line with the requirements of the Mental Capacity Act 2005 (MCA).

People were supported by staff who had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity, and promoted their independence.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs.

People were encouraged and supported to pursue their hobbies and interests.

The provider had an effective system to handle complaints.

Good



Is the service well-led?

The service was well-led.

The registered manager provided effective support to the staff and promoted a caring culture within the service.

People who used the service and their relatives had been enabled to routinely share their experiences of the service and their comments had been acted on.

Quality monitoring audits had been completed regularly and these were used effectively to drive continuous improvements.

Good



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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 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 took place on 17 December 2015. We gave 24 hours' notice of the inspection because we needed to be sure that there would be someone in the office. The inspection was carried out by an inspector 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the

provider 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 the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with six people who used the service individually and a group of five people who were in the communal lounge. We also spoke with the relatives of two people, four care staff, a duty manager and the registered manager. We looked at the care records for six people, the recruitment and supervision records for four care staff and the training records for all the staff employed by the service. We reviewed information on how medicines and complaints were being managed, and how the provider assessed and monitored the quality of the service.

Is the service safe?

Our findings

Everyone we spoke with told us that they felt safe and that staff supported them really well. One person said, “Not only do the carers give me practical help, they give me confidence. There is never any flapping about, they just do the job.” Another person said, “I never felt safer. When I had a fall, I pressed the button and they were here in a flash.” A third person told us that staff had used equipment safely when supporting them to move. They said, “They have never hurt me even a tiny bit when they are moving me. They’ve never dropped me; they know what they are doing.” A relative of one person said, “I don’t need to be here all the time. I am happy because it is safe here.”

We noted that the provider had safeguarding and whistleblowing policies that gave guidance to staff on how to identify and report concerns they might have about people’s safety. Whistleblowing is a way in which staff can report concerns within their workplace. Information about safeguarding was displayed in the care office and this included guidance on how to report concerns. Also, it had contact details of the relevant agencies where concerns could be reported to. Staff had received training in safeguarding people and this was up to date. Staff we spoke with demonstrated good understanding of safeguarding processes and they knew what to do if they had concerns about people’s safety. A member of staff said, “I have never had any concerns, people are safe here. They are treated really well by all staff and the manager.” Another member of staff said, “We would always report to the manager if we were concerned about someone’s safety. The manager always reminds us of this. We would also write this in the care records and the communication book.” A third member of staff said, “People are safe because we have been trained to use the equipment.”

We saw that an environmental risk assessment had been completed for each person as part of the service’s initial assessment process. This helped staff to identify and minimise any potential risks in people’s homes. The service also kept a record of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence. For example, a person who had fallen three times in 2015 with no injuries had been referred to health professionals to assess if anything could be done to improve their mobility.

People’s care and support had been planned and delivered in a way that ensured their safety and welfare. The care records showed that assessments of potential risks to people’s health and wellbeing had been completed and there were personalised risk assessments in place for each person. These gave guidance to staff on how specific risks to people, including those associated with people being supported to move, pressure area damage to the skin, not eating and drinking enough, and falling could be minimised. The action taken by staff was meant to maintain a balance between minimising risks to people and promoting their independence. We saw that people’s risk assessments had been reviewed and updated regularly or when their needs had changed.

The provider had effective staff recruitment systems in place so that they could complete all the relevant pre-employment checks, including obtaining references from previous employers, checking each applicant’s employment history and identity, and requesting Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People said that there was enough staff to support them safely and at their preferred times. Everyone told us that they always received the support they needed and they had never been concerned that they might not be enough staff to support them. One person said, “They are very regular, they’ve never not arrived to support me. They are always spot on.” There was an effective system to manage the staff rotas and these showed that enough staff were always available to support people. The care team was made up of the manager, five duty managers and 15 care workers, who also undertook housekeeping duties. Staff told us that they were always able to provide the support people needed because there was enough of them and being based within the building meant that they were never late. A member of staff said, “People always get the support they need. Unlike in my previous job, here I always have time to chat with people while supporting them.”

People who were supported to take their medicines told us that this had been done safely and as prescribed by their doctors. Each person’s medicine records included a ‘medication guidance’ and a ‘medication policy and procedure’ to give information to people and staff about how medicines should be managed. We saw that people’s medicines had been managed safely and administered by

Is the service safe?

staff who had been trained to do so. The medicine administration records (MAR) had been completed correctly with no unexplained gaps. The medicines were stored securely within each person's home. There was also a system in place to return unused medicines to a pharmacy for safe disposal. Where there had been changes

to a person's medicines, this had been communicated to minimise the risk of errors. For example, following a review by community nurses, a person's warfarin medicine had been reduced and the dose not required was clearly marked on the MAR so that staff did not give it.

Is the service effective?

Our findings

People told us that staff had the right skills and experience to support them appropriately and in a way that met their individual needs. They were very complimentary about the staff who supported them and they said that staff were well trained. One person told us, “They look after me very well.” Another person said, “I am content and always happy with what they do for me.”

Staff told us that their training had ensured that they had the right skills and knowledge to support people appropriately. They did not feel that they had any unmet training needs because they had never been unable to provide the care and support people required. A member of staff said, “Training is really good and we do updates every year. The manager always checks if we need more training.” Another member of staff said, “I feel that I am well trained. It is important to update the training because things change all the time. Every time I have done training, there has been something different to learn.” We saw that the provider’s compulsory training programme included an induction for all new staff and training in a variety of relevant subjects for all staff. New staff had been registered to complete the ‘care certificate’ and one of the duty managers had been trained to assess staff’s progress when completing the workbook. Some care staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF) diplomas. A member of staff told us that they had gained a level 3 qualification and another member of staff had recently started a level 1 course. We noted that the manager monitored staff training regularly to enable them to update their skills and knowledge in a timely manner.

Staff told us that they were regularly supported by the duty managers and the registered manager. They said that they had individual supervision meetings and also received group support during team meetings. They also said that they worked well as a team and there was good communication amongst team members. A communication book was being used to ensure that important and urgent issues were communicated to all members of the staff team. Staff told us that they routinely read these messages at the start of each shift, as they found it to be an easier way of communicating changes to

people’s care needs or routines. A member of staff said, “We always have support here. If you are unsure about anything, there is always someone to help.” Another member of staff said, “I get regular supervision. I will talk to the manager or my supervisor if I need support with anything.” However, there was not always evidence of regular formal supervision in the staff records we looked at. The manager acknowledged that this was an area they needed to improve on. They said that they had not always evidenced the time they spent guiding and supporting staff because it happened so regularly and spontaneously that they did not always formally plan the meetings. They were also confident that staff would always approach them if they felt that they needed more formal support.

People chose whether to be supported by the provider or another care provider and it was evident that some people had the capacity to make decisions about their care and support. We saw that some people had signed forms to show that they consented to their care and support, including being supported with their medicines. Staff understood their roles and responsibilities in ensuring that people consented to their care and support and a member of staff said, “We always check if people are still happy for us to support them each time we visit them.” Some of the people using the service were living with dementia and there was evidence that where a person did not have capacity to make decisions about some aspects of their care, decisions had been made to provide this in the person’s best interest, in line with the requirements of the Mental Capacity Act 2015 (MCA). The 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.

A three course lunch was provided in the communal area for people who chose to have it. Everyone told us that the food provided was varied and very tasty. We were invited to have lunch with people who lived there and we found the atmosphere really sociable, the food was delicious and we observed that staff were respectful when supporting some people to eat. One person said this about their lunchtime experience, “When we were younger we used to help ourselves, but the staff bring all the dishes, even vegetables and serve us. It is lovely.” Another person said, “I eat here

Is the service effective?

sometimes and it is very good.” A third person said, “I’m a vegetarian and I get a good variety and a choice. It is very good.” Two people told us about the kind of food they were looking forward to having on Christmas day and Boxing day. One of them said, “On Christmas day we have a five course lunch and there is a lovely buffet on Boxing day.” Where required, staff supported people to prepare their breakfasts and evening meals in their own homes. People told us that this was done with care and staff respected their choices. Staff told us that they would report to the manager if they had concerns about a person not eating or drinking enough, so that they could be referred to appropriate health professionals.

People told us that they were appropriately supported to access other health and social care professionals, such as GPs, occupational therapists, dietitians, and community nurses. When required, staff also accompanied people to hospital appointments. One person said, “One of the staff came with me to hospital when I had surgery. She stayed with me and made me feel it was all alright.” Another person said, “One of the carers will always come with you to an appointment if you want them to.”

Is the service caring?

Our findings

People told us that staff were caring and provided care in a compassionate manner. One person said, “The carers are very good, very patient and fun.” Another person said, “The carers are excellent. It is deluxe care and I’m very glad to be here.” A third person said, “There is not one carer here without a caring heart.” Staff told us that they really cared about people they supported and we observed that they spoke passionately about people, including those they had supported in the past. A member of staff said, “We do a lot more for people than just what is on their care plans. We like to spoil them a bit. We call ourselves the ‘Bushmead Team’, both staff and people we support. For everything we do for people here, we always get a lot of love back.” Another member of staff said, “People see us just as friends. You get a connection with them and they are comfortable with us.”

A person told us of some of the things that staff did for them over and beyond their agreed care plans. They said, “One time I had to go to hospital and I had a little dog and you know what? the manager took the dog home with her. She looked after her while I was in hospital, so I didn’t have to worry.” Another person said, “If I haven’t been well, they just pop in to see if I’m alright and get things for me.” A member of staff told us how they supported a person who was recently deceased, including reading chapters from the Bible to them as they could no longer go to church. They also said this about the person, “Even when I couldn’t do anything else to make their day different, I knew that they liked to have me read to them.” All staff we spoke with were clearly distressed when they spoke about this person and it was evident that they had had a close relationship with them. Also, a member of staff told us that when required, they did people’s food shopping and a person confirmed this when they said, “In the bad weather in winter, there is normally an announcement that the carers will do shopping. They go and get what we need so that we do not hurt ourselves in snow. That way, we have the basics we need including food.”

We observed pleasant and respectful interactions between staff and people they supported. For example, three members of staff who came into the communal lounge had individually complimented a person about the new glasses they got from the optician the day before. It was evident that staff knew people they supported really well because

they always had something relevant to talk about with each person. They took time to spend a few minutes speaking with people sitting in the lounge and everyone we spoke with said that this was what they usually did. One person said, “They just pop in if they have a minute.”

People told us that they had been involved in making decisions about their care and support needs. Most people said that they had been involved in planning their care and that staff took account of their individual choices and preferences. Staff told us that it was important that they promoted people’s independence so that they maintained their self-care skills as much as possible. The manager said, “Our care team promotes independence as much as we can.” This was supported by a person who said, “I am independent, but I have support with washing and I need help to go to the lounge. It all helps me to stay living in my own home.” Another person told us, “They’ve helped me sort out my pension and care costs with the council too. I didn’t even know about it and I am so glad they knew. I wouldn’t want to be anywhere else.”

People told us that staff treated them with respect and maintained their dignity. One person said, “They are respectful when they help me to wash.” Another person said, “I never feel nervous or embarrassed when they help me to wash. We have a chat when they are helping me. I find out all about their lives and they get to know about mine better too.” Staff demonstrated that they understood the importance of respecting people’s dignity and privacy by ensuring that they promoted people’s human rights. A member of staff said, “We treat people like any of our family members and they are always happy to see us in their homes.” Another member of staff said, “We are always respectful of people and always ask how they would like us to support them.” Staff were also able to tell us how they maintained confidentiality by not discussing about people outside of work or with agencies not directly involved in their care. We also saw that the copies of people’s care records were held securely within the provider’s office.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. When they started using the service, everyone had been given a ‘service user guide’ which included details about services provided and where they could find other information, such as the complaints procedure.

Is the service caring?

Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received the care they needed.

Is the service responsive?

Our findings

People's needs had been assessed prior to them using the service and appropriate care plans were in place so that they received the care they required and that appropriately met their individual needs. Their preferences, wishes and choices had been taken into account in planning their care and people confirmed this when we spoke with them.

People told us that they received individualised care and that the provider was able to adjust this when their needs had changed. One person said, "The care plan is very flexible. They go over it with me sometimes and if anything changes, they change it if they need to." They also told us that when they had a hospital appointment, it was not a problem to change their morning visit to an earlier time. Another person said, "I have a care plan, but they do extra as well you know. They come in and help with all sorts of things." A relative of another person told us that their relative had their care discussed with them when they started being supported by the service. They added, "Part of the care plan is that carers visit them at certain times, but they also just pop in regularly to check on them." The manager told us that they worked flexibly to provide whatever support people needed. There was always staff to respond to people's calls any time of the day and night. People told us that they had means to summon help within their flats. One person said, "I can press the button if I need help and I know they will be here quickly to support me."

People told us about the adjustments to their homes and the equipment that staff had helped them to get to promote their independence and wellbeing. One person said, "I have a shower chair, a hoist, a pressure cushion and a pressure mattress, they were all suggested and organised by the manager." Another person told us, "Look, I've got this walker with a seat. The manager sorted it out for me and now I'm independent again." There was a communal laundry that people could use if they chose to. Some people also appreciated that the cleaning done by staff meant that they lived in a clean and pleasant environment.

People owned their own homes and they were part of the management committee that planned all the activities, including inviting entertainers. There were notice boards displaying planned events and staff supported people to attend these. Everyone we spoke with was aware of what had been planned. A relative of a person supported by the service told us that friends and families were also encouraged to be part of the 'Bushmead Court' community. They also said, "We can join coffee mornings, lunches, entertainment and clubs." We saw that there was a games or hobbies room where a small group of people could take part in activities of their choice. A 'Bridge' game took place on the afternoon of our inspection. Other activities included arts and crafts, exercise group, a prayer (fellowship) group, and music or film evenings. There were festive activities planned including carol singing by school children on the evening of the inspection and a Christmas service on 21 December 2015. There is a church in the local area that some people attended regularly and staff told us that they had supported people to attend services in the past. Also each month, staff arranged one big party for everyone who had a birthday that month.

The provider had a complaints procedure in place and people were aware of this. Everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service. People had made positive comments about how they were supported by staff and none of them had raised any concerns. One person said, "There is no reason to complain. This is a happy community and we are like a family." Another person said, "I have never ever had to complain about anything." A relative of another person said, "If there is ever a minor problem, we just talk to the office and it's sorted." We noted that there had been two complaints recorded in the last 12 months prior to the inspection and the manager had appropriately dealt with them.

Is the service well-led?

Our findings

The service had a registered manager who was supported by five duty managers. People knew who the manager was and they said that they spoke with her every day she was at work. People said that she was approachable, flexible and put their needs before anything else. One person said, “She is there whenever we need help.” Another person said, “She is very strict and very kind, she keeps the carers working hard and they are all so nice.” A relative of another person said, “I have a very good relationship with the manager and all the staff.” Staff said that the service was well managed and they received the support and guidance they needed. A member of staff said, “The support we get is brilliant.” Another member of staff said, “We get the right support because the manager wants us to do things properly.”

The provider promoted an ‘open culture’ within the service so that people or their relatives and staff could speak to the manager at any time. Staff told us that they were encouraged to contribute to the development of the service so that they provided a service that met people’s needs and expectations. Regular staff meetings had been held so that they could discuss issues relevant to their roles. This also enabled the manager to relay new information to all staff so that they provided appropriate care.

There was evidence that the provider regularly sought feedback from people who used the service or their

relatives so that they had the information they needed to continually improve the service. As part of their role in the management committee, some people attended monthly board meetings where they held discussions about relevant issues. Also, residents meetings were held twice a year and any issues about the service provided were communicated to the manager. The manager used this to develop an action plan or service development plan. Staff also spoke to each person monthly to get feedback about the quality of the service provided and we saw a lot of people made positive comments about the service. Additionally, the provider completed an annual survey and the results of the one completed in July/August 2015 showed that people were happy with the quality of the service provided. A number of compliments had also been received by the service and we noted that people were very complimentary about the quality of the service provided. Also, everyone we spoke with described the service provided as being ‘excellent’.

The manager and the duty managers regularly completed various audits to assess the quality of the service they provided. These included checking people’s care records to ensure that they contained the information necessary to provide safe and effective care. Also, medicine administration records (MAR) and staff files were checked regularly to ensure that they had been completed accurately and they contained up to date and relevant information.