Calsan Limited

Bushmead Court Residential Home

Inspection report

Bushmead Court
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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

Bushmead Court Residential Home is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home can accommodate up to 27 older people who have a range of care needs including dementia and physical disabilities. The accommodation is arranged over three floors and can be accessed using the passenger and stair lifts provided. There are 23 bedrooms and a choice of communal areas, including accessible outside space. At the time of this inspection there were 21 people living at the home.

At the last inspection in October 2015, the home was rated Good. During this inspection, which took place on 18 January 2018, we found the home remained Good.

Why the home is still rated Good:

People were protected from abuse and avoidable harm. Staff had been trained to recognise signs of potential abuse and knew how to keep people safe. Processes were also in place to ensure risks to people were managed safely.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The provider carried out checks on new staff to make sure they were suitable and safe to work at the home.

People received their medicines when they needed them. Systems were also in place to ensure people were protected by the prevention and control of infection.

There was evidence that the home responded in an open and transparent way when things went wrong, so that lessons could be learnt and improvements made.

People received care and support that promoted a good quality of life and was delivered in line with current legislation and standards. Staff received training to ensure they had the right skills, knowledge and experience to meet people's needs.

People were supported to have enough food and drink to maintain a balanced diet. Risks to people with complex eating and drinking needs were being managed appropriately.

Staff worked with other external teams and services to ensure people received effective care, support and treatment. People had access to healthcare services, and received appropriate support with their on-going healthcare needs.

The building provided people with sufficient accessible space and modified equipment to meet their needs.

The home acted in line with legislation and guidance regarding seeking people's consent. People were supported to make their own decisions as far as possible.

Staff provided care and support in a kind and compassionate way. People were encouraged to make decisions about their daily routines and arrangements were in place to ensure appropriate support was provided for more complex decisions.

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's privacy, dignity, and independence was respected and promoted.

People received personalised care and they were given regular opportunities to participate in meaningful activities, both in and out of the home.

Arrangements were in place for people to raise any concerns or complaints they might have about the home. These were responded to in a positive way, in order to improve the quality of service provided.

People were involved in making decisions about their end of life care needs, so if the need arose, staff would be prepared and able to carry out those wishes.

There was strong leadership at the home which resulted in people receiving high quality and person centred care. The registered manager ensured that staff understood their legal responsibilities and accountability. This approach had created a positive culture that was open, inclusive and empowering for the people living there.

Systems were in place to monitor the quality of the service provided and to drive continuous improvement. The registered manager and provider worked in partnership with key organisations and agencies for the benefit of people living at the home.

Further information is in the detailed findings below.

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 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**

Bushmead Court Residential Home

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 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was unannounced and was carried out on 18 January 2018 by one 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 we checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law.

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 asked for feedback from the local authority who have a quality monitoring and commissioning role with the home. No concerns were raised.

During the inspection we used different methods to help us understand the experiences of people living at the home, because some people had complex needs which meant they were not able to communicate with us using words. We spoke with 10 people living at the home and observed the care and support being provided to a number of people during key points of the day, including meal times, an activity session and when medicines were being administered. We also spoke with the registered manager, three care members of staff including two seniors, the head chef, one relative and an external activity provider.

We then looked at various records, including some care records for three people, as well as other records

relating to the running of the home. These included staff records, medicine records, audits and meeting minutes; so that we could corroborate our findings and ensure the care and support being provided to people was appropriate for them.

Good

Is the service safe?

Our findings

Systems were in place to safeguard people from abuse. Everyone we spoke with confirmed they were safe and protected from harm. One person said, "The staff treat me well, they would never hurt me, they are just not like that." Staff confirmed they had been trained to recognise signs of potential abuse, and records confirmed this. Staff understood their responsibilities in regards to keeping people safe. One staff member told us, "Residents are 100% safe, we have training and we work well together." Information was displayed around the home; providing accessible information for people, staff and visitors to understand who to contact and how to do this in the event of potential abuse taking place.

People spoke to us about how risks were managed so they were safe but without restricting their freedom, choice and control. One person said, "I feel absolutely safe, the staff make sure I'm safe but it doesn't stop me doing anything." Equipment was in place to support those at risk from pressure damage, such as pressure cushions and mattresses. We observed staff supporting people as they moved about the home. They demonstrated safe techniques and offered people reassurance.

Staff described the processes used to manage risks to individuals such as not eating or drinking enough, falls, pressure damage to the skin and behaviours that might challenge. They told us that identified risks were recorded in people's care plans with guidance on how to manage these. Records we looked at supported this. People's behaviour was monitored and where needed help was sought from relevant external professionals to promote the person's safety and wellbeing.

Systems were in place to ensure the premises and equipment was managed to promote the safety of people, staff and visitors. We saw that routine checks of the building were carried out along with servicing of equipment and utilities.

People told us they were safe and had their needs met because there were sufficient numbers of staff. The registered manager told us staffing levels were planned to meet the assessed needs of people. Our own observations showed this to be the case, with people's requests for help and support being met and call bells answered in a timely manner. One person told us, "Staff are busy but they come if I use my bell." A staff member added, "We don't need to rush about, we have time to do things and chat to people."

There continued to be a system in place to ensure that all the appropriate checks on staff had been carried out before they commenced employment. Records confirmed that Disclosure checks were undertaken and a recent change had strengthened the existing process.

Systems in place continued to ensure the proper and safe use of medicines. Medicines were administered by staff and people said they preferred this. One person told us, "Yes I have quite a few tablets; it just works better if staff do it." Another person told us that staff supported them with managing pain. They said, "I have regular pain killers due to my condition, they (the staff) ask me if I need more on the rounds and I know I can ask as well." Staff confirmed they had received training to be able to administer medicines and training records supported this.

People told us they were protected by the prevention and control of infection. One person said, "My room gets cleaned more than I thought it would, it's very good." A relative echoed this by adding, "[Name of person]'s room is always clean, the toilet is spotless." We observed the home to be clean, tidy and free from offensive odours throughout the day too.

Staff we spoke with demonstrated a good understanding of their roles and responsibilities in terms of infection control and hygiene. One staff member told us, "We have mandatory infection control training, we wear gloves and aprons. Those using hoists have individual slings." We saw staff using protective equipment such as gloves and aprons before providing personal care, and noted that hand soap and towels had been provided throughout the home. Records showed that staff responsible for preparing and handling food had also completed food hygiene training.

Lessons were learned and improvements made when things went wrong. For example, we spoke with the registered manager about a medicine error that had brought about changes at the home. Records showed that information had been shared with staff and appropriate steps taken to minimise the risk of this error happening again in the future. Accidents and incidents were also monitored to identify possible themes in order to take action to minimise these.

Good

Is the service effective?

Our findings

People experienced a good quality of life because the care and support they received was based on current legislation, standards and evidence based guidance in order to meet their individual assessed needs. The registered manager explained that they belonged to a number of national and local organisations and groups, which supported them to keep up to date with changes in legislation and good practice. She showed us that systems were in place to ensure care and support was regularly checked by her and the provider, to ensure consistency of practice.

People told us that staff had the right skills and knowledge to deliver effective care and support. One person said, "They go for training quite often, they often tell me what they've been learning." Another person added, "The new staff have to stay with a more senior one who shows them what to do. They aren't let loose." Staff confirmed they had the right training too. One staff member said, "We have a good training programme, the manager keeps on eye on when our updates are due." Records showed that non care staff had also completed relevant training in areas such as safeguarding and dementia. A kitchen member of staff told us, "I do all the same training as the care staff; I found the dementia training helped me to discuss menu choices with the residents in a more confident way."

Training records were being maintained to enable the registered manager to review completed staff training and to see when updates or refresher training was due. These confirmed that staff had received recent training that was relevant to their roles covering areas such as the Care Certificate - a nationally recognised induction programme, safeguarding, fire safety, dementia awareness, food hygiene, equality and diversity, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and infection control. The registered manager told us she had recently identified members of staff to take a lead 'champion' role in areas such as infection control, medicines, Puffin (Pressure Ulcer Food First INitiative) and end of life care.

Staff confirmed that meetings were held to enable the team to meet as a group, and to discuss good practice and potential areas for development. Records confirmed this and also showed that staff had received individual supervision; providing them with additional support in carrying out their roles and responsibilities.

People told us they were supported to eat and drink enough to maintain a balanced diet. One person told us, "I'm a vegetarian, the cooks very good at making sure I have a choice." Another person added, "Foods lovely, good portions and good choice. Lots of drinks available and a hot drink round at bedtime." A staff member confirmed that people were involved in decisions about what they ate and drank. They told us, "I discuss menu changes in conjunction with staff and residents at the regular meetings. I like residents to be involved and make suggestions."

Staff understood how to support people with complex needs in terms of eating and drinking, such as being at risk of choking or from not eating and drinking enough. Some staff had attended specific training regarding nutrition which involved using fortified recipes for food and drinks; to encourage higher energy and protein intake. Records showed that people's weight was monitored on a regular basis and that stable

weights were being maintained. In recognition of the service's approach to meeting people's nutritional needs, a certificate had been awarded by the local Food First Team, who work with care homes to promote the detection of, and provide support in managing, those at risk of malnutrition using everyday foods.

Lunch time was observed to be a positive and social experience. Dining tables were laid, providing a visual clue for people living with dementia that it was time to eat. We saw that staff supported people when required to eat their food, and this assistance was provided in a discreet and helpful manner. Meals we saw looked and smelt appetising, and people appeared to enjoy their meals as they were seen to eat well. There were also opportunities in between main meals for people to have drinks and snacks.

The registered manager confirmed that the home had developed positive working relationships with external services and organisations in order to deliver effective care, support and treatment to people. We read some recent written feedback from an external healthcare professional that supported this view. They had written: 'Staff have knowledge about the residents to assist in my work. A senior member of staff is always there to help'. Another professional echoed this with their feedback: 'Always treated in a professional manner when visiting the home. Always very helpful. Any queries dealt with.'

People confirmed they were supported to have access to healthcare services and receive on going healthcare support, including access to an optician and chiropodist. One person said, "They call the doctor in if I'm unwell. The doctor comes pretty quickly or a team of nurses comes first. Another person told us, "We have open discussions about my illness, if I'm tired I come and lay on the bed and they don't nag me." Staff told us they felt well supported by external healthcare professionals, who they called upon when they required more specialist support, such as the local complex care team, GP and district nursing team. Records showed the outcome of these visits were documented.

People's needs were being met by the adaptation, design and decoration of the premises. A number of people living at the home used various forms of equipment to support them with their mobility. We saw that they had sufficient space to access a choice of outside and communal space - including a conservatory, TV lounge and library in addition to their own rooms. Modifications had also been made to provide equipment such as adapted baths and a wet room; to meet people's needs and promote their independence as far as possible. We saw too that people were encouraged to personalise their own rooms; to promote a homely environment and to reflect their individual preferences.

Consent to care and treatment was sought in line with legislation and guidance. 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 checked whether the home was working within the principles of the MCA. We found that systems were in place to assess peoples' capacity to make decisions about their care, and DoLS applications had been completed where appropriate. These referred to people's care records and potential areas that could be viewed as restrictive in order to keep someone safe such as the use of bed rails.

Where DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) arrangements were in place, there was evidence that these had been discussed with people, or their relatives - where appropriate, and their involvement recorded. One person said, "I know the decision can be reviewed. It was explained to me in detail. We went through it again when I came out of hospital in case things had changed."

Staff were consistently seen encouraging people to make their own decisions and seeking their consent before providing care and support. One person told us, "I feel I have some power to make decisions. I am

quite independent and staff do treat me as an individual."

Good

Is the service caring?

Our findings

Without exception, people told us they were treated with kindness, respect and compassion. One person told us, "Although I'd prefer to live in my own home, I'm very happy here." Another person said, "Staff are good, I like to be quiet and they respect that." A visitor added, "Staff are courteous to residents…I really think the staff are here for the residents." We saw lots of written feedback too from people living at the home, their relatives and external healthcare professionals, who all echoed these comments. One relative had written: 'You and your staff could not be kinder and more considerate', while someone living at the home had simply put: 'Thank you so much for your love and care'.

It was clear from our observations that staff made sure people and those close to them felt like they mattered. They took time to listen to people and demonstrated a patient and supportive approach. Staff chatted with people in a friendly way and it was evident that good relationships had been fostered. Visitors were also recognised and known by name. A number of people living at the home were actual relatives or close friends of the staff working at the home, which added to the homely atmosphere. A member of staff told us, "Residents are the most important aspect of the job; I like to get to know them and the family so I can look after them better."

Staff supported people to find alternative and accessible ways to communicate where needed for example, though illness or impairment. A staff member told us, "I use picture cards and picture menus if I feel that would be helpful to certain individuals." We saw pictorial menus on display along with a calendar to remind people of the date and weather. One person did not use English as their first language, so staff had developed some key words and phrases in both English and the person's native language, to support communication and understanding.

People told us they were supported to express their views and to be actively involved in making decisions about their care and daily routines. On our arrival, we noted that people were at different stages of their daily routines with some people dressed and getting on with their day and other people still eating breakfast or even in bed. One person said, "We discuss the plan for the day and just get on with it." A staff member added, "I enjoy working with the residents, I like to give them a choice of clothes and the plan for the day, we have time to do that." We saw that people were not rushed and were given time to respond.

The registered manager told us that where appropriate, people received additional independent support and advice from their families or external advocacy services, to make more significant decisions about their care and support. Records supported this and showed that routine reviews also took place; to ensure the care and support being provided to people was still appropriate for them.

People told us they were supported to maintain important relationships with those close to them. One person talked about their son and said, "The staff know him and always make him welcome." Another person added, "My daughter comes regularly, she thinks the staff are good too. They always chat to her and tell her how I am." A computer with a large key keyboard had been provided, along with access to the Internet, to enable people to stay in touch with friends and relatives who might not be able to visit often. A

pay phone was also situated in a small alcove in a downstairs corridor, which meant people could make calls with a reasonable amount of privacy.

People confirmed their privacy, dignity and independence was always respected and promoted. One person said, "They (the staff) always knock on my door and treat my bedroom as mine." Another person told us, "The staff look after me well. They help me with everything but still allow me to try and stay independent." Another person showed us they had their own fridge and microwave, enabling them to make their own snacks whenever they wished. During the inspection, we observed staff knocking on people's doors before they entered their rooms and addressing them by their preferred name.

Throughout the day staff shared information about people with sensitivity and discretion, ensuring that their right to confidentiality was upheld. We saw that each person had some useful information about their key needs hanging in their bedrooms. The registered manager showed us that these 'care boards' were reversible, meaning that if people did not want their information on display they could simply ask for them to be turned round and it would just look like they had an ordinary picture hanging on the wall.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. A member of staff told us, "We work well together. The senior allocates the work in the morning and we try to make sure we give personal care and not tasks. For example, giving a choice of bath or shower, choice of clothes and letting people stay in bed if they're tired." We observed this to be the case on the day of the inspection. People living at the service also told us they had developed positive relationships with the staff team and felt comfortable discussing their day to day needs with them.

Records showed that people or those acting on their behalf, were encouraged to contribute to the assessment and planning of their care. This information was then used to support staff in developing care plans that reflected people's physical, mental, emotional and social needs. One person said, "We met about it (the care plan), a while back but I feel that we discuss things on a day to day anyway." Care plans we looked at were personalised and set out how each person should receive their care and support, in order to meet their individual assessed needs and personal preferences. Additional records and monitoring charts were being maintained to demonstrate the care provided to people on a daily basis.

People's needs were routinely reviewed with them. This was to ensure the care and support being provided was still appropriate and that their needs had not changed. One person told us, "I've been involved in reviews every so often. If any changes are made I'm involved."

The registered manager showed us that care boards had been introduced into each person's room providing a brief overview of their key needs likes and dislikes. This would be important for people who were not able to communicate their needs verbally, as well as providing staff with helpful prompts to hold meaningful conversations with people.

People confirmed they were supported to follow their interests and take part in social activities. One person told us, "I take part in lots of the activities. I also do knitting, word puzzles and have a paper delivered. I'm not bored." During the inspection we saw people engaged in different activities such as making bead necklaces, chatting and reading. During the afternoon an external activity provider met with a group of people to talk about the latest news and for a quiz. The activity provider told us, "I come in and do chair based exercises each week and a motivational/stimulation session. I pop into the bedrooms of people who don't come down and I assess their motivation." People told us they enjoyed these sessions. We also learnt that other regular visitors to the home included a hairdresser and a local vicar, who held Holy Communion for those wishing to participate.

We saw that activities were planned in advance and photographs on display showed people enjoying themselves whilst participating in a variety of activities, such as dressing up for Halloween or attending a garden party organised at the home.

Everyone we spoke with confirmed they knew how to raise concerns or make a complaint. One person said, "I would never hesitate to speak up if something was not right." Other people told us that when they had

reported concerns they had been dealt with effectively. For example, one person said, "Over the years I have lived here, there has been some bad apples, those staff were sorted quickly and left. The manager doesn't just leave things."

We saw that information had been developed to explain to people how to raise concerns or make a complaint, if they needed to do so. The registered manager showed us that she maintained a record of any complaints and concerns received. We noted from this that feedback was taken seriously and dealt with in a timely manner. The records we saw provided a clear audit trail of any actions taken in response and corresponded with other records such as accident and incident records. This showed that systems were in place to learn from people's experiences; in order to improve the service.

Arrangements were in place to support people at the end of their life to have a comfortable, dignified and pain free death. We read some recent feedback from relatives that confirmed this. One relative had written: 'The kindness and compassion you all showed her by ensuring her last days were as comfortable and stress free as possible brought us and her family a lot of comfort during this very difficult time'. Another relative added: 'I am so grateful for the wonderful care, love, support and patience [name of registered manager] and all her staff gave her. She passed away peacefully in her sleep. What more could I, and my family ask for'. Records showed that staff involved people and their families in making decisions about their end of life care in advance, in order to establish their wishes and preferences, should the need arise in the future.

Good

Is the service well-led?

Our findings

Findings from this inspection have shown that the home has managed to sustain a positive culture that was person centred, open, inclusive, and which achieves good outcomes for people. Since our last inspection, the same registered manager had remained in post, providing consistency for the home in terms of their knowledge and leadership. A registered manager is someone who is registered with the Care Quality Commission. 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 a service is run.

People and staff knew who the registered manager and provider were. They told us that they were approachable and managed the service well. One person told us, "She (the registered manager) comes and chats to us to find out how we are." Another person added, "I know the manager and the owner, they keep an eye on everything." We saw that the registered manager provided a visible presence and made herself available to assist with care and support as required. It was clear she understood the needs of the service and the people living there well. We saw some recent written feedback from an external healthcare professional who confirmed this by stating: 'A caring manager and owner who transfer their values to the rest of the staff to give excellent care to residents'.

There was a homely atmosphere in the home and we heard people, staff and visitors chatting to one another all through the day. A relative told us, "It's very open here; I feel that I can talk to any staff member. We found the registered manager to be open and knowledgeable. She was clear about her responsibilities in terms of quality performance, risks and regulatory requirements. For example, the registered manager was able to provide evidence for a small number of areas we identified for improvement and show that she had already taken action to address these.

The registered manager confirmed the provider was very supportive and shared her commitment to providing a high quality service for people. She told us that they ensured they kept up to date with legal requirements and relevant changes through various methods such as membership of relevant local and national groups. We saw that the kitchen had been awarded a 5 star (the highest level) food hygiene rating. We also found that clear systems were in place to ensure legally notifiable incidents were reported to us, the Care Quality Commission (CQC), in a timely way and records showed that this was happening as required. We noted that this process had been written into relevant policies and procedures, which would support staff to know what to report and to who, in the registered manager's absence.

We saw lots of other useful information on display around the home about safeguarding, the activities provided and how to complain. Photographs of the staff were also on display, to help people identify who was supporting them on a day to day basis, and information had been developed for prospective users of the service, outlining what they might expect. This demonstrated an open and transparent approach in terms of how information was provided to and communicated with people.

We also saw information about the home's values on display: dignity and respect, learning and reflection,

working together and commitment to quality care and support. We observed staff demonstrating all of these throughout the inspection. They were motivated and clear about their roles and responsibilities. They told us they felt positive about the way the home was managed and the support they received. One staff member said, "I've been very supported in my role, the boss listens and takes action if needed. They always observe what's happening and the owner makes it clear that he wants us to work together as a team." We observed how staff interacted with people and one another and found they worked collaboratively, in a caring, respectful and positive way. One person living at the service said, "The staff get on well, that says a lot about the manager."

People confirmed that they were actively encouraged to be involved in developing the service. One person told us, "My (relative) comes in, she likes it here, the manager is always open to suggestions and that helps my family to know that I'm happy." A relative added, "After my (relative) had been here for a month I had a form to fill in to get my opinion."

The registered manager explained that they sought people's feedback in various ways such as satisfaction surveys, meetings and less formal interactions. Records supported this and recent surveys and resident / relative meeting minutes showed that areas such as food, care plan involvement, care provision, activities, the environment and people's wellbeing had been discussed. Actions, where needed, had been recorded and were followed up to check progress. When asked if they would recommend the home to other people, one relative had written: 'Unreservedly, for the kind and safe environment you make'.

Arrangements were in place so the registered manager and staff team could continuously learn, improve, innovate and ensure sustainability. The registered manager showed us the quality monitoring systems she had in place to check the home was providing safe, good quality care. We saw evidence of regular audits taking place at both home and provider level covering areas such as nutrition, medicines, care records, falls, complaints, cleanliness, staffing levels, health and safety, dignity, independence and the environment. This showed that systems were in place to monitor the quality of service provision in order to drive continuous improvement.

The registered manager told us, and records confirmed, that the home worked in partnership with other key agencies and organisations such as funding authorities and external health care professionals to support care provision, service development and joined-up care in an open and positive way. Where required, staff also shared information with relevant people and agencies for the benefit of the people living there.