

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	

Overall summary

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. The upper floor can be accessed via a passenger lift and there are various aids and adaptations to support people to maximise their independence.

The service was last inspected on 19th December 2013 and was found to be compliant in all the areas we assessed. This inspection was unannounced and took place on 26th November 2014.

There was a registered manager in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

We consulted people who used the service and their relatives and friends throughout the inspection. The feedback we received was very positive. People spoke very highly of the service and nobody we spoke with expressed any concerns. People's comments included, "The home is very nice. There is none that come up to this standard." "The care couldn't be better." "It is the essence of what a good home should be."

We found people were provided with safe, effective care that was provided in accordance with their needs and wishes. People were able to make decisions about their care and were encouraged to express their views.

Staff had a good understanding of people's daily care needs and where necessary, ensured that people who used the service had access to community health care and support. Any risks in relation to people's health and wellbeing were understood and there were plans in place to maintain their safety.

People's rights were respected. Where concerns were identified about the capacity of a person who used the

service to consent to any aspect of their care, the key requirements of the Mental Capacity Act 2005 were put into practice to ensure people's best interests were protected.

People told us they received their care from a kind and caring staff team. People felt their privacy and dignity was respected and they and their relatives could express views about things that were important to them.

People who used the service received their care from well trained, well supported staff. The registered manager ensured that staff at the service had the skills and knowledge to carry out their roles and received regular supervision.

Managers of the service were supportive and approachable. People felt able to raise concerns and were confident any concerns they did raise would be dealt with properly.

There were processes in place to ensure that all aspects of the service were regularly checked and monitored, both by the registered manager and the provider of the service. This meant that any areas for development could be identified and addressed.

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.

Risks to the health, safety and wellbeing of people who used the service were assessed and there was guidance in place for staff about how to support people in a safe manner and respond to allegations of abuse.

People received their care from staff that were carefully recruited to help ensure they were of suitable character. Staffing levels were constantly reviewed to ensure they met the needs of people who used the service.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to safely manage them.

Good



Is the service effective?

The service was effective.

People received effective care that met their individual needs and wishes. People experienced positive outcomes and gave us good feedback about the care and support they received, including help with eating and drinking.

Staff were provided with a good standard of training and ongoing support, to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Managers and staff had a good understanding of the Mental Capacity Act 2005 and associated requirements. This helped ensure the rights of people who did not have capacity to consent to some aspects of their care were upheld.

Good



Is the service caring?

The service was caring.

People who used the service told us they received their care from kind and compassionate staff. We found their privacy and dignity was consistently promoted.

Care plans of people who used the service reflected their needs, choices and preferences.

Good



Is the service responsive?

The service was responsive. People's individual needs and wishes were taken into account in the way their care was planned and provided.

People who used the service, staff and other stakeholders were encouraged and enabled to express their views.

Good



Is the service well-led?

The service was well-led. The service benefited from strong, consistent leadership.

There were effective systems to monitor safety and quality and to identify any potential improvements.

Good



Bushell House

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 26th November 2014 and was unannounced.

The inspection team was made up of two adult social care inspectors.

Prior to our visit, we reviewed all the information we held about the service, including notifications the provider had sent us about important things that had happened, such as accidents. We also looked at information we had received from other sources, such as the local authority and people who used the service.

The provider sent us 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 spoke with seven people who used the service during our visit and three visiting relatives. We also had discussions with the registered manager, deputy manager, four care workers and the cook. We contacted four community professionals as part of the inspection, including a GP, district nurse and two social workers. We also contacted the local authority contracts team.

We closely examined the care records of three people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including some policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medication administration records.

Is the service safe?

Our findings

People we spoke with told us they had confidence in the staff and felt they or their loved ones received safe, effective care. People's comments included, "I feel safe here. It's a big thing." "We can say we are safe for life." "Every two hours they check me at night."

Throughout our visit we observed staff going about their duties and providing support to people. People who used the service seemed content and relaxed in their surroundings and comfortable with their care workers. There was a pleasant, relaxed atmosphere and people were receiving good levels of support.

When viewing people's care plans we saw that risks to their safety or wellbeing, for example in areas such as falling, nutrition or pressure ulcers were carefully assessed, using formal risk assessment tools. Where risks were identified, individual care plans were developed, which provided staff with guidance in how to care for people in a safe and effective manner.

We saw that risk assessments were regularly reviewed and reflected changes in people's circumstances. For example, one person's health had deteriorated, which had led to an increase in their risk of developing pressure ulcers and becoming malnourished. We saw these increased risks had been identified and extra actions put in place to help keep the person safe.

Care workers demonstrated a good understanding of individual people's care needs and were able to speak confidently about the care people required. They were able to tell us about the actions they took to ensure people's safety and wellbeing was promoted.

Clear procedures were in place which provided staff with guidance in how to protect people who used the service from abuse. This guidance included information about different types of abuse and how to identify warning signs that a vulnerable person may be the victim of abuse or neglect. Contact details for the relevant authorities were also included in the guidance, so staff had the information they needed to refer any concerns to the correct agencies without delay.

In discussion, staff demonstrated good understanding of safeguarding procedures and could describe the correct actions to be taken in the event that concerns were

identified about the safety or wellbeing of a person who used the service. All the staff members we spoke with confirmed they had received training in safeguarding and that this training was updated periodically.

Staff were also aware of the service's whistleblowing policy and the importance of reporting any concerns. They told us they were confident that the registered manager would deal with any concerns effectively and all felt they would be supported by the management team if they did raise any concerns.

We viewed a selection of staff personnel files in order to assess the recruitment practices adopted by the service. We found there was an effective selection and recruitment procedure in place, which included a number of background checks such as previous employment references and criminal record checks. This helped to ensure people received their care from staff of suitable character.

People expressed satisfaction with staffing levels at the service. Care workers felt there were ample numbers of staff on duty to help them meet people's needs safely. People who used the service confirmed they were provided with help when they needed it and had no concerns about having to wait for support from care workers. One person commented, "When I need them they are there straight away."

We viewed a selection of staff rotas which showed staffing levels were constantly reviewed and updated. We noted there was a good degree of flexibility within the staffing levels to ensure the service could respond to people's changing needs. This was supported by discussion we held with staff, who told us extra staff could always be requested if someone required additional support. We were also advised that agency staff were rarely used and that any additional shifts would be covered by a permanent member of the team. This meant people received their support from a consistent staff team who knew them well.

During our inspection we carried out a tour of the home and found all areas to be clean, comfortable and clutter free. People we spoke with expressed satisfaction with their home and felt it was well maintained. One person told us, "They keep it lovely. Lovely and clean and they are always doing something to improve it."

Records were in place to confirm regular safety checks and audits were conducted across all areas of the home. Such

Is the service safe?

checks included the general environment and facilities and equipment such as call bells and hoists. Certificates were available to demonstrate that equipment within the home was regularly inspected by external contactors to ensure it was safe for use.

We noted the fire risk assessment had been recently reviewed and updated by a fire safety expert. The fire risk assessment included personal evacuations plans for every resident, which took into account their individual needs, for example relating to their mobility. This helped to ensure people could be safely evacuated in the event of an emergency.

During the inspection we looked at how people's medicines were managed. We found there were effective systems in place, which helped to ensure people's medicines were managed in a safe way.

There was a medication policy and associated procedures in place, which provided staff with guidance in the safe receipt, storage, administration and disposal of medicines. Records demonstrated that all staff who administered medication had received appropriate training, which was regularly updated. In addition, checks of their competence were regularly carried out to help ensure they were able to manage people's medicines safely.

We found medicines to be stored in a safe and appropriate manner. This included controlled drugs and stock requiring refrigeration. Records confirmed that checks were regularly made to ensure medicines were being stored at the correct temperature.

We viewed a selection of medication administration records and found these to be in good order. We also checked some stock levels against the records and on each occasion, these were found to be correct. We saw documentary evidence that the registered manager carried out regular medication audits to ensure all records and stock were checked. Regular audits helped to ensure any errors could be quickly identified, so measures could be taken to correct them.

Some people who used the service were prescribed medicines on an 'as and when required' basis. In all the files we checked we saw there was a clear plan in place advising staff of the circumstances during which the 'as and when required' medicines should be administered. This helped to ensure people received their medicines when they needed them.

Is the service effective?

Our findings

People we spoke with expressed satisfaction with the support they received to maintain good health and wellbeing. People felt staff had a good understanding of their health care needs and provided a good level of support to assist them in accessing health care services.

The care plans we viewed contained a good amount of information about people's medical histories and any health care needs they had. People's health care needs had been assessed in detail and the support they needed to maintain good health was clear. We noted that each person had a health passport in place. This was a useful document containing important information about the person, which could be provided to hospital staff quickly, in the event of their admission.

Where appropriate, we found the registered manager had ensured relevant external professionals were involved in people's care. We saw some good examples of positive working between staff at the home and community health care professionals. There was evidence in people's care plans of input from various community health care professionals, such as dietitians, speech and language therapists and district nurses. We saw that where advice and guidance had been provided, in relation to a particular person, this was incorporated into their care plan.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected.

We found the home was meeting the requirements of the Deprivation of Liberty Safeguards with systems in place to protect people's rights under the Mental Capacity Act 2005. Nobody who lived at the home was subject to a DoLS, although the registered manager displayed a good understanding of when an application would need to be made in line with the Mental Capacity Act 2005 (MCA), to ensure the rights of people who lacked capacity to make decisions about their care were protected.

The rights of people who used the service were respected. We saw that staff gained consent before supporting people with their needs and in all the care plans we viewed, there was written consent from the person or their representative.

There were processes in place to ensure clear records were maintained of any practice relating to an individual, which could be deemed as restrictive. We were advised that in such circumstances, there would be clear assessments and care plans, demonstrating that the practice was in the best interests of the person and agreed by all the people involved in their care.

We spoke with people who used the service about the meals provided at the home. People expressed satisfaction with this aspect of the service. Their comments included; "The food suits me well. There is plenty of choice." "The food is acceptable. Some things are very good. It's varied." One person joked, "I only had a small breakfast today! Two eggs, bacon and toast and then porridge! I like to have it in my room before I start the day."

At the time of the inspection the kitchen and dining area of the home were undergoing a major refurbishment. We saw the registered manager and head cook had ensured the impact of this work on the people who used the service was kept at a minimum. One person told us, "We are having to choose what we want the night before instead of on the day, but that isn't really a problem." Another said, "The kitchen refurbishment has been straightforward. It hasn't affected us."

We joined people for a meal and observed the lunch time service. The dining area was pleasant and tables were nicely set. We saw that the food served was well presented and people were given ample time to eat their meals. People who required assistance were provided with this in a discrete and patient manner.

We observed people being served different meals, which they had chosen earlier from a menu. We also saw people being offered various choices about what they wanted to eat and drink and being offered second portions. People we spoke with also confirmed snacks and drinks were available throughout the day and evening.

People's care plans showed that any risks they faced in relation to malnutrition or dehydration were assessed and well managed. Nutritional risk assessments were well detailed and covered areas such as weight loss, swallowing

Is the service effective?

difficulties or low appetite. In discussion, staff were able to tell us a range of ways in which they provided effective support in this area, including catering for special diets and where appropriate, joint working with specialists, such as dieticians.

People we spoke with expressed confidence in the staff team and described them as competent and caring. We saw there was a detailed induction and training plan in place which helped ensure all staff had the skills and knowledge required to carry out their roles effectively.

Records showed that all new staff were provided with a detailed induction, which included learning about the service and what was expected of them when carrying out their caring role. Induction training included various important health and safety courses such as, moving and handling and fire safety, as well as those courses relating to principles of good care, which had been developed in line with national standards.

There were a number of further training courses which were classed as mandatory, so all staff were expected to complete them within specific timescales. These included courses designed to enhance people's caring skills such as, safeguarding adults and caring for people with dementia.

There were processes in place to monitor training, so that the registered manager was able to ensure each staff member's training was up to date and make plans for refresher training when it was required.

Staff we spoke with felt the training they received was of a good standard and assisted them in carrying out their roles effectively. Staff also felt well supported by the management team and confirmed they had regular access to formal one to one supervisions.

Is the service caring?

Our findings

Throughout the inspection we received extremely positive feedback from people who used the service. People expressed great satisfaction with their care and the approach of the staff and registered manager. Their comments included, “All the staff are lovely. It’s the way they speak to us. It’s our opinion that matters.” “It’s wonderful, nothing can go wrong here, they are wonderful.” “It’s reputation is very high. I’m really happy here. This is the best care home in England!” “They (the staff) are always there to help me.”

We also spoke with a number of relatives of people who used the service who were equally as positive. One person commented, “They treat her like a queen! It’s called a care home and that is what they do here in abundance!” Another relative described how their family member regularly stayed at the home for short term visits. They said, “We call it ‘the hotel’. It’s like going on holiday for her. She loves it. The staff always check between visits to see if anything has changed, which is reassuring. It seems like nothing is ever too much trouble and I know she will be well cared for when I go on holiday.”

People were very happy with the attitude and approach of carers and felt they were treated with kindness and respect. Throughout the inspection we observed good humoured interaction between staff and residents. Staff were patient, friendly and supportive and there was lots of joking and friendly chatting.

We observed care workers interacting with people and providing support and noted this was done in a warm, patient manner. Staff responded to people’s requests for assistance in a positive way and took time to support people at their own pace. We noted staff encouraged people to be independent, for example at meal times, but supported people if necessary.

We observed care workers providing support in a respectful and dignified manner, for example knocking on people’s doors and waiting for a response before entering and ensuring people’s privacy was safeguarded. People told us they felt their privacy and dignity was respected. One person commented, “Dignity and respect is second to none.”

The care plans we viewed were based on the personal needs and wishes of the people they belonged to. They included social histories and important information, such as people’s important relationships, previous employment and significant life events. This helped care workers get to know people and the things that were important to them.

Preferred daily routines and things that mattered to people on an everyday basis were included in their care plans, so that staff could provide care tailored to meet their needs and wishes. There was also good information about how people who were not able to verbalise their choices might communicate, which helped staff to understand people and support them to make choices. People we spoke with were confident that their care was provided in the way they wanted.

Family members we spoke with felt involved in their loved one’s care and able to express their views and opinions. One person commented, “You do feel like your opinion matters and I personally have never felt that I couldn’t say what I think.”

We saw people were enabled to access local advocacy services if they wished to. Advocacy services are in place to help people express their views and opinions. There were advocacy posters seen on the notice boards throughout the home, which included information and contact details so that people could get in touch with them independently.

Is the service responsive?

Our findings

We viewed the assessments, care plans and daily records of three people who used the service. We saw there were processes in place to assess people's care needs prior to their admission. This enabled the registered manager to decide if the needs of the individual could be properly met at the home, before offering them a place. It also meant that staff had some understanding of people's needs at the point of their admission.

In viewing people's care needs assessments, we saw the registered manager had consulted a variety of people throughout the process, to ensure she obtained a good level of information. It was evident that where appropriate, other professionals had been involved in the assessment process, as well as the close relatives of the person who used the service.

Staff we spoke with demonstrated a good understanding of people's individual care needs and were able to speak confidently about the support they provided. Care workers were able to describe people's changing needs and how they had responded to ensure they were met. We also saw good examples of this responsive care in people's care records. For example, we viewed the care plan of one person whose general health and mobility had deteriorated. We saw that care staff had responded appropriately by adapting the person's care plan to ensure they received safe and effective care.

Important details about how people wanted their care to be provided were included in their care plans to help ensure staff were aware of people's personal wishes. Examples we saw included, 'Prefers a female for personal care,' 'likes a lie in in the morning,' 'likes to have breakfast in her room before getting washed and dressed,' 'can struggle to sleep – provide reassurance, ensure comfort.' One person told us they enjoyed being able to have their meals at whatever time they wanted and said they just rang for their breakfast when they felt ready for it.

People we spoke with described care that was responsive and based on their or their loved one's personal needs and wishes. One person said, "If I'm unwell they look after me straight away." And another said, "It's all about what you need. Whatever you need they will make sure it's done."

Formal care plan reviews took place on a regular basis and people were encouraged to be involved in them. However, people also told us they didn't need to wait for reviews to request any changes. One person said, "Nothing is set in stone."

Throughout the day we observed friends and family visiting the home and could see they were made to feel welcome. People told us there were no restrictions on visiting and that they were always made to feel welcome when they arrived. One person said, "When my friends come they (the staff) bring us tea and cake." We saw another person hosted a weekly bridge contest with her visiting friends and was supported to prepare for this by staff.

Many people who used the service had private telephone lines. In addition, there was a private telephone room and internet facilities available for people to use. We were told a number of people had begun to use Skype to speak to friends and family living out of the area. Further improvements were planned to the phone system within the home to make it more efficient for people who had their own private lines.

When viewing people's care plans we saw their preferred activities, valued pastimes and hobbies were detailed, along with any support they required to participate in them. People who used the service told us there was a good amount of activities provided at the home and described those such as card games, visiting musicians, quizzes and a pat dog. One person said, "There is plenty going on, entertainment and quizzes." Another commented, "We have a nice social life here! You've got to have a bit of fun!"

There was a notice board on each floor of the home, which provided information about activities and trips out, available for people who used the service. These included trips to local garden centres, cafes and the village flower club, which some people liked to attend. Events were also held at the home to which friends, family and the wider community were invited to attend. At the time of our inspection residents and staff were busy planning a Christmas Fair.

People who used the service told us they attended residents' and relatives' meetings with the registered manager and staff. We were told that the meetings were

Is the service responsive?

helpful and included discussions around all aspects of daily life, such as menus and activities. Other areas discussed included developments within the service, such as environmental improvements and staffing.

People told us they felt listened to in the meetings and able to put their views across. One person said, “I have been to every one of the resident’s meetings. They talk about the food, and the gardens.” Another said, “They want to know what you think.” We saw that minutes of the meetings were produced in large print and posted on the notice boards within the home.

There was a complaints procedure in place, which gave people advice on how to raise concerns. The procedure

included contact details of other relevant organisations, including the local authority and the Care Quality Commission, so people had a contact if they wished to raise their concerns outside the service.

People we spoke with told us they would feel comfortable in raising concerns should the need arise. Comments we received included, “I would go to the manager if I did have concerns. She’s always available to talk to.” “The manager would be the first person I would approach if I had any worries.”

In discussion, the registered manager expressed a positive view of complaints describing them as opportunities for learning and improving. We noted there were processes in place for the registered manager and the board of trustees to monitor all complaints to ensure any themes or recurring issues could be identified and addressed.

Is the service well-led?

Our findings

The service had a long term 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 and associated regulations about how the service is run.

People who used the service and their relatives were aware of the management structure and spoke highly of the management team. People were aware of who managers were and described them as approachable and supportive. It was also apparent that future plans for the management team had been discussed with people who used the service, so they were fully aware of changes and how they would be affected.

Staff at the home expressed satisfaction with the management of the service and told us they were well supported. Their comments included, "We have a really good management team. They will listen to you." "I feel supported. Any concerns I have I could take to them."

Prior to our inspection we asked the registered manager to provide us with information about the service and how it was run. This information was provided to us within requested timescales and completed to a good standard. The information provided demonstrated the registered manager had a good understanding of the importance of effective quality monitoring and assurance.

There were several processes in place to enable both the registered manager and provider to monitor safety and quality across the service. Audits were in place, which covered a variety of areas including medication, care planning and the environment. We looked at records of audits and noted where issues had been identified, prompt action had been taken to address them.

The Board of Trustees for the organisation also had a clear role in assuring quality across the service. We saw that representatives from the Board of Trustees visited the home on a monthly basis and carried out inspections. Areas such as the environment, catering services and care values were inspected and a report was issued by the visiting board member. Any shortfalls identified were brought to the attention of the registered manager and followed up during subsequent visits to ensure they had been addressed. When viewing the reports we noted the visiting board members took time to speak with people who used the service and ask them about their views.

Regular management meetings took place between the management of the home and the board. During the meetings all standards were reviewed and any incidents, accidents, complaints or safeguarding concerns would be discussed. Monitoring these sorts of incidents helped the management team identify and address any opportunities for improvement.

The registered manager spoke highly of the board describing them as supportive and keen to ensure good standards. We were also advised that resources were constantly made available to carry out improvements within the home and we saw that such improvements were made on a continuous basis. At the time of our inspection the kitchen was being refurbished and we were told of future plans to refurbish the hair salon.

The service also benefitted from an external quality assurance system known as RDB (Residential and Domiciliary Benchmarking). This meant that all aspects of the service were subject to an annual assessment carried out by an external organisation. On the home's most recent assessment they were awarded a five star rating, which was the highest possible score.