

Midland Heart Limited

Bushfield Court

Inspection report

Bushfield Court
Oxford Street
Bilston
WV14 0PX

Date of inspection visit:
17 April 2019
23 April 2019

Date of publication:
20 May 2019

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

About the service:

Bushfield Court is an extra care housing scheme for people aged 55 and over. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

People at Bushfield Court lived in apartments that were situated in the grounds. People had access to a restaurant, communal areas and a garden. Not everyone using the service receives regulated activity. CQC only inspects the service being received by people provided with 'personal care', for example help with tasks related to personal hygiene and eating.

At the time of the inspection, Bushfield Court was providing personal care to 35 people.

People's experience of using this service:

Systems were in place to protect people from abuse and staff understood them. Risk was managed and reviewed to ensure people were kept safe. Medication was stored and administered safely. People were supported by a sufficient number of safely recruited staff who knew how to keep people safe.

People's needs and choices were assessed and promoted effectively. People were supported with eating and drinking in line with their dietary needs to ensure they maintained a balanced diet. Staff were skilled and had the knowledge to deliver effective care. 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 supported this practice.

People were supported by kind and caring staff. People and their relatives were encouraged to be involved in making decisions about their care. People were supported by staff who respected their privacy and dignity and promoted their independence.

Staff understood people's preferences and individual communication needs. People's end of life wishes were considered when needed and plans were in place to ensure people received personalised care at that time of their life.

Audits were in place that effectively checked the quality of the service and action plans were implemented and followed. People and staff told us they found the management team approachable. The management team continually sought ways to improve the quality of the service.

The service met the characteristics of Good in all areas; more information is available in the full report below.

Rating at last inspection: This was the first inspection of Bushfield Court since it registered with CQC on 30th April 2018.

Why we inspected: This was a planned inspection due to the service not yet having been inspected.

Follow up: We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Bushfield Court

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of 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.

Service and service type:

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The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is sometimes out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 17th April 2019 and ended on 23rd April 2019. We visited the office location on 23rd April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service.

During the inspection, we spoke with five people who used the service and four relatives. We did this to gain people's views about the care and to check standards of care were being met. We also spoke with the registered manager and five care staff.

We reviewed the care records of five people. We looked at three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: ☐ People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us, "I feel safe, it's lovely. I felt scared at home but I don't feel scared now."
- Staff knew how to recognise the signs and symptoms of potential abuse and how to report and record their concerns.
- There were systems and processes in place to protect people from abuse and we saw these worked effectively.

Assessing risk, safety monitoring and management

- Where risks were identified, thorough risk assessments were put in place and were followed to minimise risks to people. For example, one person had been assessed as requiring a specialist diet. A risk assessment was in place that guided staff how to manage the person's risk of choking and records showed staff followed this to support the person to maintain their safety.
- Systems were in place to monitor accidents and incidents. This information was analysed to identify any trends and suitable action was taken to reduce future risk.
- People were supported by staff who responded quickly to potential risk to maintain people's safety. A relative told us, "[Person's name] has an emergency pull in case they need it. They pulled it by accident and staff immediately phoned back to see if they were alright."

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs and people were supported by staff at the times they needed support. People and relatives told us there were sufficient staff to keep people safe. One person told us, "They're always on time, they've never missed a visit." A relative told us, "Staff don't leave [person's name] standing, I'm sure they come on time."
- People's care calls were planned appropriately to ensure staff had time to provide the care people needed and maintain their safety.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. We saw that Disclosure and Barring Service (DBS) checks were undertaken and gaps in employment history were checked prior to staff commencing employment.

Using medicines safely; Learning lessons when things go wrong

- People's medicines were administered safely.
- Staff were trained to ensure they were competent in medicine administration and people's medicines were administered at appropriate times. One person told us, "I've got Parkinson's and they give me my tablets (time specific medication) every three hours."

- Staff completed Medicine Administration Records (MARs) to show when medicines had been administered.
- Systems in place to address medication errors were robust and lessons were learned where things went wrong. We saw where medication errors had been made, appropriate action was taken to reduce the risk of reoccurrence. For example, when errors were made, staff were suspended from medication administration and retrained in their medication competencies.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination.
- People told us staff wore gloves and aprons when supporting them with personal care.
- Staff understood infection control procedures. A staff member told us, "I make sure I wear aprons and gloves and wash my hands and use hand gels all of the time. I also make sure I change gloves if I'm putting creams on certain parts of the body."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed. We saw pre-assessment of needs was undertaken prior to people receiving support with personal care and assessments and care plans were reviewed as people's needs changed.
- Care was delivered in line with the assessment of people's needs and choices. One person told us, "The care plan is all put in place as I wanted."

Staff support: induction, training, skills and experience

- People were supported by staff who were appropriately trained and had the skills to provide effective support. A staff member told us "We do a lot of training so I feel confident in my job. Without question, I would be supported to do other training if I needed to."
- Training records were in place which identified training that had been undertaken by staff and any gaps in learning. We saw action had been taken to address any gaps in learning and staff were booked on to any training that was not up to date.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with eating and drinking where they needed it, in line with their care plans.
- Staff understood how to support people with specialist diets to meet their dietary needs. A staff member told us, "[Person's name] was on a soft diet until recently. Their food was fork mashable so there were no big pieces in there and we had to thicken drinks with powder. We are given information from the hospital regarding what consistency we should thicken it to and we follow that."
- People were supported by staff to choose what meals and drinks they would like. One person told us, "The staff make my meals but I tell them how to."
- People were given choice regarding where they ate their meals. Staff supported people to eat in their homes and supported them to access the communal dining area in the housing scheme if they wished.
- People's weights were monitored where needed and appropriate referrals were made to health professionals if appropriate.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services and support. One person told us, "Staff would liaise with doctors and nurses. One carer asked the doctor to come and see my leg as it was a bit swollen."
- Timely referrals were made to involve other agencies in people's care where needed and staff worked closely with other agencies to provide effective care to people.

- People were supported by staff working closely and effectively as a team. Meetings took place daily so staff could share information about people and daily handovers were undertaken to ensure staff were able to provide effective care.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (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.
- Staff understood the principles of the MCA and knew how this applied to supporting people.
- Staff asked people for their consent before they supported them.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by kind and caring staff. One person told us, "It's good to talk to staff and I look forward to their visits." A relative told us, "The best thing about the service is that the staff are all very kind and [Person's name] is well looked after."
- People were supported by staff who considered and were respectful to their communication needs. A staff member told us, "It does take time when speaking to someone of a different first language but we try and give them time and try to pick it up. It is all about patience."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and staff encouraged people to make decisions about their care. One person told us, "I choose what I want done, no-one's doing anything I don't want."
- People felt they were listened to and their choices were respected. One person told us, "Staff are lovely. They do listen and are very good."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful.
- Staff promoted people's privacy and dignity. A staff member told us, "When I'm supporting people with personal care, I always go into the bathroom, use towels to cover people, always keep the doors locked and curtains closed."
- People's care plans guided staff on how people would like to be supported to remain independent. Staff promoted people's independence and encouraged them to do things for themselves where they could.

Is the service responsive?

Our findings

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's equality and diversity needs were considered in assessment and care plans and people were supported so these needs were met. One person told us they practiced their religion so staff were going to support them to attend a service for a religious festival.
- People and relatives were involved in their care and support and contributed to their own care plans. Staff were aware of people's personalised needs and preferences and respected people's views.
- People's communication needs were considered in the delivery of care. A staff member told us, "When we supported a person who did not speak English, we called a member of staff who spoke the same language to help communicate with them."
- People were encouraged to follow their interests. Staff told people about activities that were taking place in the communal areas of the housing scheme and supported people to access the activities if they needed.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to complain. One person told us, "If I had to complain, I'd go to the care manager."
- A complaints policy was in place and we saw where complaints had been made, they had been clearly recorded, investigated and a detailed letter had been sent to the complainant confirming the outcome.
- The management acted on any concerns to improve the quality of care for people. One person told us, "They have sorted out complaints and one or two were serious." Complaints records showed that action was taken when needed.

End of life care and support

- People's end of life wishes, including who to contact, funeral directors and aftercare, had been discussed with them where appropriate and was clearly documented. Do Not Attempt Resuscitation (DNAR) orders had been discussed and were in place for people to ensure their end of life wishes were known.
- People who were nearing the end of their life had care plans in place to guide staff how to support them at this time. Staff understood how to deliver end of life care and support in a personalised and compassionate way.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager promoted the values of the service, which the staff followed in practice. Staff told us the management tried to encourage them to enable people to do more and promote people's independence.
- Staff felt supported and listened to and had the opportunity to raise concerns. People and staff told us the management team were approachable and they were very confident that any concerns would be addressed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Robust audit systems were in place to check the quality of the service. Audits were completed by team leaders, the registered manager and the area manager which ensured they were thorough and effective.
- Medicines audits were carried out both internally and by a pharmacy and identified areas for improvement. Accidents and incidents were also reviewed to ensure any areas for prevention were identified and actioned. Care plan audits were thorough and checked against CQC Key Lines of Enquiry to ensure compliance.
- Clear action plans arising from all completed audits were implemented and tracked on one service improvement plan. This was accessible by the registered manager and the provider and clearly showed any outstanding actions and timescales by which they must be completed. We saw that any action plans that were identified as a result of the audits were addressed quickly and appropriately.
- The registered manager was aware of her legal responsibilities such as making notifications and submitting a PIR to CQC. Appropriate notifications and a PIR had been submitted when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the provider involved them in the service. One person told us, "I've got a questionnaire to fill in but I haven't done it yet."
- Feedback received from people's surveys was analysed and the registered manager took action where needed. Changes made to the service as a result of people's feedback was then displayed on a "You said, we did" board.
- People were invited to residents' meetings where information was shared regarding the service and they had the opportunity to provide feedback.
- Staff had regular staff meetings and supervisions. Staff told us they also had daily discussions with the

manager where they could raise any suggestions regarding the service.

- The registered manager proactively sought feedback from health professionals by issuing surveys to ask for their views on care provided.

Continuous learning and improving care

- The provider had systems in place to support continuous learning and improvement. Staff told us they had a lot of training opportunities and they were confident they would be supported with additional learning if they required it.

Working in partnership with others

- The registered manager told us they worked in partnership with other health professionals to ensure people had their care needs met effectively. A staff member told us, "We know local health professionals well, we have good relationships with them."