Barchester Healthcare Homes Limited

Bushey House Beaumont DCA

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?	Requires Improvement

Summary of findings

Overall summary

Bushey House Beaumont DCA is a domiciliary care service that is registered to provide personal care to adults when living in their own homes. At the time of our inspection five people were using the service.

At our last inspection we rated the service Good. At this announced inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. However, our rating for the question 'is the service has well-led' has deteriorated to Requires Improvement.

There was no registered manager in post at the time of this 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 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. A new manager had been appointed but they had yet to apply to the CQC for registration as the manager.

Audit and governance systems were in place but not effectively operated to identify and drive forward any improvements required. Staff had not been consistently supported by an effective management team. People were aware of how to make a complaint or raise a concern, however some of these had not been responded to promptly.

People were supported by staff who knew how to keep people safe from harm. Risk assessments were in place to enable staff to safely support and monitor people's health and welfare.

Sufficient numbers of staff were deployed to ensure people's needs were met. Staff had been recruited safely prior to working at the service. People's medicines were administered as prescribed and managed safely. Systems were in place to maintain infection prevention and control.

Staff were trained to meet people's care and support needs. People were supported with their eating and drinking to promote their well-being. Staff supported people to access external healthcare services. Staff worked with other organisations to help ensure that people's care was coordinated.

People received a caring service by staff who knew them well. People's privacy and dignity was maintained by staff. People were involved in their care decisions and staff promoted people's independence as far as practicable. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Peoples records were well maintained and updated when required. Notifications required to be made about significant events were submitted when required.

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 remained Good.

Is the service effective?

Good

The service remained Good..

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Requires Improvement

The service was not consistently well led

The service did not have a manager in post who was registered with the Care Quality Commission.

The service had not been well managed prior to the appointment of a new manager.

People views and opinions about the quality of care they received had not been sought.

Systems to monitor the quality of care had not been effectively used.

Peoples care records were accurately maintained.

Notification required to be submitted to CQC had been completed when required.

Bushey House Beaumont DCA

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 comprehensive inspection took place on 11 and 12 September 2018 and was announced. We gave the manager 48 hours notice of our inspection. This was so that we could be sure that staff would be available for us to speak with. The inspection was undertaken by one inspector. On 11 September 2018 we spoke with people and their relatives via the telephone, and followed this with a visit to the service on 12 September 2018.

Prior to the inspection we used information the provider sent us in the Provider Information Return. 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 the improvements they plan to make. We also reviewed other information we hold about the service such as statutory notifications. A notification is information about important events which the service is required to send us by law. We spoke with representatives from the local authority contract team and the local safeguarding authority. This was to ask about their views of the service provided.

We spoke with two people who used the service and two of their relatives. We spoke with two staff members and the recently employed manager. We looked at care records relating to two people, three staff files, and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe with the care and support provided to them. One person said, "They're so kind there is no reason to not feel safe with them." One person's relative confirmed this view and told us, "Do I think they are safe? Yes, absolutely or we wouldn't use them." Staff told us they regularly reviewed, as part of shared learning, where incidents had occurred to learn from these and how to minimise the risks of them recurring. Although there had been no safeguarding incidents where a person had suffered harm, we saw staff had discussed where people had displayed behaviour that challenged or where people had suffered a fall.

Staff were knowledgeable about safeguarding procedures and how to report their concerns internally and externally to local safeguarding authorities. Staff told us they had training in safeguarding and they understood the importance of reporting their concerns. Staff were aware they could report their concerns anonymously using the confidential whistleblowing reporting system if they were concerned about poor care placing people at risk of harm.

Risks to people`s health and well-being were identified and effectively managed by staff. Staff had developed comprehensive risk management plans for each identified risk to a person. Staff were able to access these risk assessments and corresponding care plans quickly each and every time they provided care and support to a person. Staff were all knowledgeable about the risks to people's health and wellbeing and described to us how they supported people's needs as they changed. For example, one person had recently had a fall. Although they did not suffer an injury staff had reassessed this person's risk of falls and reviewed the care plan.

People also had environmental and fire risk assessments in place. These helped to support people in different environments and explained how to evacuate people safely in an emergency such as a fire.

People told us staff assisted them when they were required to, and stayed for the agreed length of time. One person's relative said, "'I've no reason to think they don't come on time. They shower [Person] and help them to get dressed. Now [staff] spend extra time to help with breakfast because they can't do that now." One person said, "If they are late it's only 10 minutes, occasionally, if they have had to deal with someone who needed more support." The adjoining nursing home provided out of hours cover for emergencies. People told us they rarely used this but when they did staff responded.

Staff employed to support people were recruited following a robust procedure. Staff files contained the appropriate pre-employment checks completed before staff commenced working at the service. These included a completed application form, a criminal records check, identification checks and a minimum of two references. This helped ensure that staff were of good character and fit for the role for which they were employed.

People told us where staff managed their medicines they were happy with this and received their medicines as the prescriber intended. Medication administration records [MAR] contained no errors, gaps or omissions.

People's physical stocks of medicines tallied with the stock records. Staff had received training and their competency to administer medicines had been reviewed by senior staff. Records confirmed this. One person's relative confirmed this and said, "[Person] takes a pill for dementia, it's pretty much the same time every day they give it to them, we're satisfied with this."

Staff were trained in infection control and food hygiene and knew about their role in preventing the spread of infection. Staff told us they were provided with sufficient personal protective equipment (PPE), such as single-use gloves and aprons available to use. One relative confirmed to us that, "Yes, [staff] do wear gloves and aprons when necessary."

Good

Is the service effective?

Our findings

Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support people. Using this information and the person's level of dependency, care plans were developed. The service assessed people's needs and choices through regular reviews with them. Where changes had been identified, this was then reflected on the care plan. This meant that people's needs and choices were being assessed to achieve effective outcomes.

People told us staff were competent in their role and performed their role effectively. One person said, "I'm confident in them being with me." One person's relative told us, "I've no complaints about them at all, they're well trained and care for [Person] well." Staff told us they received an induction when they started work and received regular training in core areas such as moving and handling, safeguarding adults and medicines administration. However, where staff were expected to carry out additional tasks, such as completing mental capacity assessments they had not received the training to support their knowledge. The new manager showed us they had organised training to support these additional areas and would be providing this shortly.

Supervisions were consistently provided to staff, allowing them the opportunity to receive support and guidance Staff told us they felt supported by the deputy manager in the absence of a permanent manager. One staff member said, "My supervisions have been with [Deputy manager] and are really good. It's time for me to talk about the care people need, and also if I have any problems. Not having a manager has been hard, but the deputy manager has really looked after us all so well." A second staff member said, "I feel supported, I can go to any of the managers, even head office if I need help."

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. We checked whether the service was working within the principles of the MCA.

Staff had received training on the MCA and were aware of the principles of the Act. Consent forms had been completed by people and their relatives to consent to care and treatment. Staff told us that they always requested people's consent before doing any tasks.

People required limited support with their meals and for those who did require assistance this was with the preparation of their meal. Staff were aware of the need to ensure people ate healthily, and they ensured snacks and drinks were left in reach when they left the home. Care plans included the level of support each person would require with meals or drinks and people's weights were monitored. People told us they were given choices by staff when supporting them with dietary needs.

People told us they were able to access the GP or other health professionals when needed. The adjoining home had a weekly visit by the GP which people could request, but most people either arranged their

appointments themselves or asked relatives to do this.

Good

Is the service caring?

Our findings

People told us they were treated with compassion, kindness and respect by staff. One person said, "They are very kind, staff can't do enough when they are here, they are efficient, and I never have to worry that something won't get done."

People and relatives told us that people's privacy and dignity were promoted and maintained by the staff assisting them. One person said, "I have never had cause to feel uncomfortable with the care I am given they are very sensitive around that area." One relative told us, "They shut the bathroom door and have asked me to wait outside. When they hoist [Person] they have said I should wait outside as it's not nice for [Person]." We observed that staff knocked on people's doors and waited for a response before entering. When they did so they introduced themselves in a friendly manner, and closed the door on entering. Where care and support was given staff ensured they could not be overheard. People we saw were clean, nicely dressed and attention to detail had clearly been made when assisting people with getting ready in the morning. One person's relative confirmed our observations and said, "[Staff] are knowledgeable and they care, they'll do anything, even putting on jewellery on because they know [Person] likes it."

People were able to share their views and express their opinions about what was important to them and the care they received. One person told us staff assisted them with showering, but knew that they wanted to retain their independence. Staff assisted only when the person asked them. They told us, "When I have support to shower, they wash my back and feet because I can't bend to reach them. Then they leave me and I can do the front and rest. When I'm ready, I call and they come." A second person's relative told us their views had been sought and acted upon which enabled their relative to continue to feel independent. They said, "[Person's] currently in the sheltered flat which is where they want to stay. Because of their dementia and the way it's developing they've put together a care plan uniquely for [Person] rather than simply move them to the care home itself. That would be potentially very disruptive and they have gone out of their way to listen and do the right thing for [Person]."

Relatives of people using the service told us that they and their family member were encouraged to express their views and were involved in the decisions about their or their family member's care. Records we looked at confirmed this. During the inspection staff had invited one person's relative along to review the medicines arrangements and seek their views and opinions about how this was managed.

We were told that no one using the service required support from an advocate. Information was available relating to advocacy services should people or relatives need this service and advice. Advocates are independent and support people to make and communicate their views and wishes with a range of issues.

People's care records were stored securely, both in people's flats and locked securely in the office. Staff were aware of the need to protect people's confidential information, and discussions between staff about people's care needs were carried out sensitively away from where they may be overheard.

Good

Is the service responsive?

Our findings

People received a service that was personalised and responsive to their needs. One person told us, "Whatever I need or want they will accommodate me, I think it's very flexible and responsive."

People's care plans fully reflected their physical, mental, emotional and social needs. People and their relatives were involved in developing and reviewing the care they received. One person's relative said, "I am the one they come to, [Person's] dementia is getting worse and we have looked at how to continue to provide the care [Person] needs, while keeping them in their home." Care plans were personalised and contained details regarding all aspects of a person's individual circumstances and needs. We saw that they had been reviewed frequently and updated whenever there was a change in need.

People told us that although the service wasn't responsible for encouraging them to develop and maintain relationships with people that matter to them, staff did so. People were able to visit the adjoining care home freely and socialise with people living there. People were able to eat their meals with others and join in with activities provided in the home. One person's relative told us, "'They do take [Person] to get their hair cut. It's not far but makes all the difference. When [Person] was first there they used to go out and get a newspaper which was important. They aren't able to do it now on their own but sometimes they [Staff] go with [Person] to get it."

The provider had a complaints policy and procedure in place which they shared with people. Staff maintained records of any concerns that were reported to the office, such as a late call or a concern from a relative. People and their relatives told us they knew how to make a complaint. However, two people told us they had raised concerns with the previous manager, but were not aware of the outcome. We spoke with the manager about this, who told us they were aware of the concerns and were dealing with these historic concerns as a priority. People told us that usually their concerns or complaints were dealt with efficiently but due to the management changes this had caused delays.

People were asked about their views on the service through care reviews. We saw records of feedback given by people which indicated they were happy with the service they received and were given an opportunity to provide feedback on the service they received.

People were given an opportunity to provide feedback on the service they received. People were asked about their views when reviews of their care took place. Feedback given by people was recorded and indicated people were happy with the service they received.

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager. The previous registered manager deregistered in February 2018. 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. A new manager had started in August 2018, however they had not submitted an application to CQC to register as required.

People told us the service had not been consistently well managed and they had not been kept informed of the changes. One person said, "There's not been a good manager since [Previous registered manager], I honestly don't think it has been well managed." One person's relative said, "'I'm worried about the number of managers they've gone through. My [Relative] has no idea who is in charge any more."

People were positive about the appointment of the new manager. One person told us, "It's the little things [New manager] promised that have led to me feeling hopeful things will improve." Staff told us that for the previous six months it had been difficult with the instability of different managers. With the new manager's appointment there had been three managers supporting the service. However, staff told us the new manager was positive, supportive and open and they felt this would bring more stability. One staff member said, "It's been really difficult for me, it's been hard without a proper manager, but [New manager] has lots of ideas, spends time with us and I can see things changing. Although relatives had not met the manager, a meeting had been arranged for the day of the inspection for them to introduce themselves. After this meeting we spoke with one person's relative who told us, "This manager seems to know what they are doing, I'm sure it will be fine."

People told us they had not been asked regularly for their views about the quality of care provided. One person told us, "'We lodged suggestions sometimes, but things were never rectified." One person's relative said, "We receive a care review form to fill in the boxes and sign about every 6 months. This is how we give our feedback, I suppose." When asked if they received an update about the overall feedback for the whole service they told us they did not. Another relative said, "We've never been told what is happening or why these changes, I wasn't even aware when the last manager left, no-one thought to tell us. Yet it's only when the new one had actually started that they thought to tell us, when it had already happened!"

We found that systems in place to monitor the quality of care provided, although in place, had not been effectively used by the various managers or the provider. Staff carried out their own audits of areas such as medicines, care records and infection control, however areas for improvement that were out of their control had not been identified. For example, the new manager agreed that staff who completed mental capacity assessments for people did not have the necessary training to support them. During the inspection they organised further training in this and other areas. However this was in response to the issues we raised, and not through their own audit.

Staff had identified incidents and documented these, such as bruising for one person, however these had

not been reported to management for review. Although for the previous twelve months there had been very few incidents, this was an area requiring improvement. The manager took action to immediately ensure any incidents were reported.

Although people told us they felt confident in approaching the new manager to raise their concerns, we identified that complaints remained outstanding and required responding to. Although the manager was aware of these, this was an area that required improvement to ensure people's concerns and complaints were responded to. The manager told us they were working through the historic complaints and would respond in full to them shortly.

The provider carried out their own annual review of the quality of care provided, from which they developed an action plan that addressed areas requiring development. The last audit was done in February 2017, in spite of the absence of a registered manager for the six months in 2018 prior to the inspection. . Although the actions from this had been completed, the provider had not completed these reviews in line with their policy.

Records the Care Quality Commission (CQC) held about the service and looked at during the inspection, showed that the provider had sent any notifications to the CQC as legally required. A notification is information about important events that the provider is required by law to notify us about such as safeguarding concerns, deaths, and serious incidents. Furthermore, the provider was correctly displaying their previous inspection rating clearly.