

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	

Overall summary

This inspection took place on 29 October 2015 and was unannounced.

Bushmead Court Residential Home provides care and support for up to 30 older people, some of whom are physically frail and maybe living with dementia. There were 20 people living at the service when we visited.

The service has a registered manager. 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.

People felt safe living at the service and staff had been trained to recognise signs of potential abuse and to keep people safe.

Summary of findings

Processes were in place to manage identifiable risks within the service and to ensure people did not have their freedom restricted unnecessarily.

The provider carried out recruitment checks on new staff to make sure they were suitable to work at the service.

There were systems in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with essential training and support to meet people's assessed needs.

People's consent to care and support was sought in line with the Mental Capacity Act (MCA) 2005.

Staff supported people with eating and drinking and to maintain a balanced diet.

People were registered with a GP. If required, they were supported by staff to access other healthcare facilities.

Positive and caring relationships had been developed between people and staff.

People were encouraged to maintain their independence and staff promoted their privacy and dignity.

Pre-admission assessments were undertaken before people came to live at the service. This ensured their identified needs would be adequately met.

There was a complaints procedure in place to enable people to raise a complaint or concern if they needed to.

There was a positive, open and inclusive culture at the service.

There was good leadership and management demonstrated at the service, which inspired staff to provide a quality service.

There were quality assurance systems in place to monitor the quality of the service and to drive continuous improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

There were arrangements in place to keep people safe from avoidable harm and abuse.

There were risk managements plans in place to protect and promote people's safety.

Suitable and sufficient numbers of staff were employed to meet people's needs safely.

There were systems in place to ensure people received their medicines at the prescribed times.

Good



Is the service effective?

The service was effective

Staff were appropriately trained to carry out their roles and responsibilities.

People's consent to care and support was sought.

People were supported to have adequate amounts of food and drinks.

If required, people had access other healthcare facilities.

Good



Is the service caring?

The service was caring

Positive and caring relationships had been developed between people and staff.

There were processes in place to ensure people's views were acted on.

Staff ensured people's privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive

People received care that was appropriate to meet their assessed needs.

Information on how to raise a concern or complaint was available to people.

Good



Is the service well-led?

The service was well-led

There was an open and inclusive culture at the service.

The leadership at the service inspired staff to deliver a quality service.

The service had quality assurance systems in place which were used to drive continuous improvements.

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 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 29 October 2015 and was unannounced.

The inspection was undertaken 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 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 checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority that has a quality monitoring and commissioning role with the service.

We spoke with nine people who used the service and three relatives. We also spoke with two care staff, two team leaders, the cook, two health and social care professionals, the deputy manager and the registered manager.

We looked at three people's care records to see if they were up to date. We also looked at three staff recruitment files and other records relating to the management of the service including quality audit records, staff rotas and training records.

Is the service safe?

Our findings

People told us they felt safe living at the service and staff treated them well. They also said if they had any concerns or was worried they would discuss it with staff or a family member. One person said, “Yes I feel safe in the home.” Another person said, “I do feel safe here. I don’t want to go home.” Relatives spoken with confirmed that they had no concerns in relation to their family members’ safety. They all said that their family members were safe and very well looked after. A health care professional visiting the service said, “The residents living here are safe and well looked after.”

Staff told us they had been provided with safeguarding training and demonstrated a good understanding of the different types of abuse and how to ensure people’s safety was promoted. They told us training on safeguarding was regularly updated. One staff member said, “We all receive safeguarding training to make sure the residents are looked after properly. Safeguarding is regularly discussed in supervision.” We saw evidence that after each training session staff had to complete a written assessment. This was to ensure that the training provided had been fully embedded.

The registered manager provided evidence to confirm that staff received regular safeguarding training. She said, “We have an outside trainer who delivers safeguarding training on a rolling programme.” She commented further and said, “The trainer simplifies the training to ensure that staff have a full understanding of safeguarding matters.”

We found there were posters displayed in the service with information about safeguarding and telephone numbers of outside agencies that staff and relatives could contact in the event of suspected abuse. We saw evidence that safeguarding training for staff was up to date. We also saw evidence that the registered manager followed the safeguarding protocol. For example, when potential safeguarding incidents were raised they were reported to the local safeguarding team to be investigated. This ensured people’s safety was promoted.

There were risk management plans in place to protect and promote people’s safety. The registered manager told us that people and their relatives had contributed and been involved in the development of the plans. We saw people or their relatives had signed the plans to confirm their

involvement and agreement with them. We found plans had been developed to support individuals’ safety in relation to moving and handling, falls, bed rails, skin integrity and nutrition. They were reviewed on a monthly basis or when people’s needs changed. Where people were at risk of pressure damage they had been provided with pressure relieving cushions and mattresses to reduce the risk of harm. People who were at risk of frequent falls were referred to the falls clinic to promote their safety.

The registered manager discussed the arrangements that the service had in place for ensuring equipment used was fit for purpose and for responding to any emergencies. Staff were required to report routine maintenance issues. We saw there was a maintenance record in place. Checks were carried out to ensure the passenger lift, gas and electrical equipment was serviced regularly. We saw the fire panel was checked on a weekly basis. We also saw evidence which confirmed that staff and people who used the service were involved in regular fire drills. People had individual Personal Emergency Evacuation Plans (PEEPs) in place. The registered manager told us if people needed to be evacuated from the premises in an emergency they would be taken to another care home nearby. We saw evidence that in the event of an emergency such as, poor weather conditions, electrical, water or gas failure there was a contingency plan in place to deal with such emergencies. We found that the plan was regularly discussed with staff and they had access to the provider and registered manager’s telephone numbers throughout the day and night for advice and support.

Staff and the registered manager told us there were sufficient numbers of suitable staff available to meet people’s needs and to promote their safety. The rota reflected there were four staff on duty throughout the day to support people. The registered manager was supernumerary to the rota. In addition, there was the cook, kitchen assistant and a domestic. The number was reduced at night to two waking night staff. We found agency workers were never used at the service. The registered manager told us that staff worked additional hours to cover annual leave and sickness absence to ensure continuity of care.

We found there was always a senior carer on duty who knew people’s individual needs really well. The registered manager told us that the service used a specific tool to assess the dependency levels of the people living at the service and to determine the staffing numbers required.

Is the service safe?

She said that the layout of the building was taken into consideration to ensure people's safety and well-being was promoted. We saw evidence that dependency assessments for people were undertaken monthly.

The registered manager was able to describe the service's recruitment process. She told us that face to face interviews took place. New staff did not take up employment until the appropriate checks such as, proof of identity, references and satisfactory Disclosure and Barring Service (DBS) checks had been undertaken. We looked at a sample of staff records and found that the appropriate documentation required had been obtained.

There were systems in place to ensure people received their medicines safely. People told us they received their medicines at the prescribed times. The registered manager told us that staff were not allowed to administer medicines unless they had been trained in the safe handling of

medicines and their competencies had been assessed. Staff spoken with confirmed this. We found that staff had been provided with face to face training on the safe handling of medicines on a yearly basis, which had been facilitated by the supplying pharmacist.

We saw medicines were dispensed in monitored dose blister packs and were stored appropriately in a locked cupboard which was fixed to the wall. Daily temperature checks of the room where medicines were stored as well as the refrigerator were undertaken to maintain their conditions. There was an audit trail of all medicines entering and leaving the service. We checked a sample of Medication Administration Record (MAR) sheets and found the sheets had been fully completed. We found that daily and weekly audits of the MAR sheets were carried out. We saw evidence which indicated that the GP reviewed people's prescribed medicines on a six-monthly basis.

Is the service effective?

Our findings

Overall people felt that staff had been trained to carry out their roles and responsibilities. One person said, “I feel they are trained well enough to look after me.” Staff told us they had received training in-house to enable them to carry out their responsibilities appropriately. One staff member said, “Training is good here much better than where I was before, it is deep and meaningful training.” Another staff member commented and said, “I had a good induction and lots of documents to read.”

We found that new staff were required to complete induction training and familiarise themselves with the service’s policies and procedures and the layout of the service. They were also expected to work with an experienced staff member for one week and undertake essential training such as, moving and handling, health and safety, food hygiene awareness, safeguarding, fire awareness, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and infection control. We saw a completed induction booklet for a member of staff who had recently been employed. Evidence seen confirmed that ongoing essential training for staff was facilitated by an independent trainer employed by the provider. Training records seen confirmed that staff had been provided with updated training that was relevant to their roles. Some staff had also acquired a recognised national qualification at level 2 and 3. This ensured staff received training to meet the specific needs of people who used the service.

The service had a supervision and appraisal framework in place. We saw evidence that staff received supervision bi-monthly and appraisal on a yearly basis. The registered manager said, “If we have any concerns about a staff member’s performance we carry out a supervision to discuss the concerns. We don’t let it fester.” This ensured if needed corrective action was taken to address staff performance.

We saw staff sought people’s consent before they provided care and support. For example, during the medicine round we observed the staff member administering medicines asked a person, “Would you like to take your medicine?” Throughout the inspection we observed staff involving

people to make decisions about their care and respecting their decisions. For example, people were given choices on what they wished to eat and drink, or if they wished to participate in an activity.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS.) We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of this inspection a number of people were being restricted under the DoLS. We found the provider had followed the requirements in the DoLS and had submitted applications to the ‘Supervisory Body’ and these had been approved. Staff spoken with were knowledgeable about the Mental Capacity Act (MCA) 2005 and DoLS and how it worked to ensure any restrictions were lawful and in people’s best interests.

People’s health care needs were regularly reviewed. The registered manager told us that people were registered with a GP who visited them as and when required. We saw evidence which confirmed people were seen. We found seven people had ‘Do Not Attempt Cardiopulmonary Resuscitation’ (DNACPR) orders in place. These had been completed by the GP who had involved people and their family members in the decision made. We saw evidence that people or in some instances their family members had signed the form to confirm their agreement with the decision made.

People told us they were supported to eat and drink and to maintain a balanced diet. They also told us that they were provided with menu choices daily. If they did not like what was on the menu an alternative would be provided. We saw evidence there was a choice of various options available daily. We observed the lunch time activity and found it to be relaxed. People were provided with protected

Is the service effective?

clothing to maintain their dignity. The portions served were adequate. Drinks and water were readily available. Where assistance was required this was provided in a discreet and unrushed manner. People were served a choice of puddings after they had completed their first course.

We found where people were at risk of not eating and drinking enough, staff recorded what they ate and drank; and in some instances fortified food and drinks were provided. People's weights were also monitored on a regular basis to support staff in identifying any potential nutritional concerns. Staff had access to a dietician who provided them with advice and support when required. People who were experiencing difficulty with swallowing were referred to the Speech and Language Therapist (SALT) and were closely monitored

People told us staff supported them to maintain good health and to access health care facilities. They also told us that their dental, optical and chiropody by the chiropodist every six weeks. Dental and optical checks were carried out as and when needed.

The registered manager also told us that the service received daily telephone calls from the local complex care team. This service was led by a nurse for local care homes in the area and was aimed to prevent unnecessary hospital admissions and GP call outs. Records seen confirmed that regular checks on people's well-being from health care professionals were appropriately maintained. Health care professionals spoken with during the inspection confirmed that the staff regularly liaised with them to obtain advice and support. This ensured that changes in people's health and well-being were closely monitored.

Is the service caring?

Our findings

People told us they had developed positive and caring relationships with staff. One person said, “The staff are caring and kind. I feel cared for now; they monitor me in the night so I don’t feel so alone now.” Another person commented and said, “They are marvellous. I don’t want to go home. They look after me very well and check on me during the night.” We observed caring interactions between people and staff. For example, during the inspection we saw a staff member sat with people and spent some time talking with them. People responded positively and looked at ease in the staff member’s company. When assisting people with personal care staff treated people with kindness and compassion and provided a lot of encouragement and reassurance.

We found there was a consistent and multi-cultural staff team working at the service to ensure people’s diverse needs were met in a caring manner. The service operated a key worker system. This enabled people to be linked with key staff members who were called key workers. Staff members built up a good relationship with individuals and were able to find out about their preferences, interests and personal histories. This enabled staff to hold meaningful conversations with the people they were supporting and made them feel listened to and that they mattered.

During this inspection we observed that a person was showing signs of being unwell. Staff were quick to respond and contacted a healthcare professional who visited the service and was able to prescribe treatment for the individual. The healthcare professional said, “People here are looked after very well. If people show signs of being unwell we are called promptly.” This showed concerns into people’s well-being were acted on.

There were arrangements in place to enable people to express their views and be involved in making decision about their care and support needs. For example, quarterly residents’ meetings were held and people were enabled to discuss the food menu and upcoming events such as, outings and planned activities inside and outside the service. We found that the registered manager acted on people’s views. For example, people requested for the food menu to be reviewed and to have more activities available in-house. Evidence seen confirmed that their requests had been acted on. The food menu had been reviewed to include liver and bacon as people had requested this. The

daily activity programme had been reviewed and included more arts and crafts activities and cake baking. In the care plans we looked at we saw people’s wishes on when they wished to rise and retire were recorded. People had activity care plans which outlined the activities they wished to participate in.

The registered manager told us that there was no one currently using the services of an advocate. She told us if a person wished to have the support of an advocate arrangements would be made for one to be obtained. We saw information was displayed in the service on how to access the services of an advocate. We saw evidence that two people were supported by volunteers known as befrienders.

People’s privacy and dignity were respected. One person said, “They treat me with respect and dignity.” Staff told us they always knocked and waited for a reply before entering people’s bedrooms. They also told us when assisting people with personal care they ensured they were not exposed unnecessarily. We found that the service had policies in place for staff to access, regarding respecting people and treating them with dignity. There were also procedures in place to ensure that information about people was treated confidentially and respected by staff. For example, the service had a confidential policy, which staff had signed to confirm that they understood the policy and would adhere to it. Information about people was shared on a need to know basis. People’s care plans were stored in a locked cabinet when not in use.

We observed there were quiet lounges in the service that people could use if they wished to be alone. All the bedrooms were single occupancy. This enabled people to spend time in private if they wished to. The registered manager told us that people were encouraged to personalise their bedrooms. If people wished to they were able to bring in their personal furniture such as beds, armchairs and wardrobes. This was to make their room look like a ‘home from home.’

Staff and the registered manager told us that family and friends were able to visit with limited restrictions. The service promoted protected meal times. Therefore, visitors were discouraged from visiting at meal times. If they did visit they were not allowed in the dining room. We observed during the inspection that staff made visitors feel welcome. For example, during our inspection we saw staff offering drinks to visitors.

Is the service responsive?

Our findings

Some of the people we spoke with could not remember being involved in the development of their care plans. One person told us that their relative had been involved with their care plan. All the people we spoke with were able to confirm that their needs were being met. Staff told us that people or their relatives were involved in the development of their care plans. One staff member said, "If residents have capacity the care plan is developed with them. If they don't their family members are involved."

The registered manager told us that people received personalised care that met their needs. For example, before anyone was admitted to the service their needs were assessed to ensure the staff team would be able to meet their assessed needs. We saw evidence that information obtained from the pre-admission assessment was used to develop the care plan, which was written in a person centred manner.

We found people's individual histories, preferences on how they wished to be cared for and their varying levels of independence were recorded in the care plan. We saw one person's preference on how they wished to be supported with their personal care was clearly documented in their care plan. We saw evidence that the care plans were reviewed on a monthly basis and where there were changes to people's identified needs the plans had been reviewed to reflect the changes. Further evidence seen confirmed that yearly reviews of people's care needs were carried out, which involved their key workers, family members and social workers. This provided people and their family members with the opportunity to discuss their care and support needs in detail and any concerns they may have.

People told us they were supported to follow their interests and hobbies. They also told us that they took part in social activities of their choice. For example, one person was able to carry on with their knitting hobby. Another person enjoyed word searches and puzzles. We found People

enjoyed participating in board games and arts and crafts of their choice. On the day of the inspection an occupational therapist facilitated armchair exercises. We saw an activity list was on display in a communal area which showed the different activities that had been planned for the month.

People told us that they knew how to make a complaint. One person said, "Depending on what it is I would speak to the manager." Another person said, "I would press the buzzer and ask to speak to [name called] who is in charge." All the people we spoke with said that they would not feel uncomfortable raising a complaint.

The registered manager told us that complaints were used to improve on the quality of the care provided. We found the service's complaints procedure was displayed in an appropriate format to enable people and their relatives to raise concerns or complaints if they wished. The procedure outlined the system in place for recording and dealing with complaints. We saw evidence that complaints made had been investigated to people's satisfaction in line with the provider's policy and in the appropriate timescale.

We also saw evidence that the service had a compliments folder in place and had received lots of positive comments in relation to the care provided. Some of these included the following: 'We would recommend this care home.' 'Thank you so much for the care kindness you showed (name called.) She very much appreciated it as we all did too.' 'It was nice that (name called) could spend her final days at Bushmead.' 'Thank you for installing internet in my room. It has enriched my life.'

The registered manager told us about the arrangements in place to enable people, family members and stakeholders to provide feedback on the quality of the care provided. She told us that surveys were regularly sent out and they were analysed to ensure areas identified as requiring attention were addressed. We saw evidence that surveys were sent out on a regular basis. Response from recent feedback received identified that there were no areas requiring attention.

Is the service well-led?

Our findings

Staff told us there was a positive, open and inclusive culture at the service. One staff member said, “The manager’s door is always open.” Another staff member said, “The manager listens to you she is very fair.” Staff also told us that regular staff meetings took place and they were able to make suggestions on how the quality of the care should be delivered. We saw evidence that regular staff meetings were held and best practice guidelines were discussed. For example, all the care workers had signed up to be dignity champions and to work in line with the 10 points dignity challenge. Staff were reminded of their responsibility as a dignity champion and to have a zero tolerance on all form of abuse. The registered manager said, “Staff are reminded to treat people with the same respect they would want for themselves or a member of their family.”

Staff told us the service had a whistle blowing policy, which was regularly discussed at staff meetings. One staff member said, “I would feel comfortable reporting concerns straight away and I have done so in the past.” Staff also told us that they understood the policy and would feel supported by the registered manager if they had to use it. Another staff member said, “We are here to look after the residents and if we don’t report bad practice we would not be looking after them properly.”

Discussions with the registered manager confirmed that she was aware of the day to day culture of the service including staff’s attitudes and behaviours. We found that these were kept under review. We observed during the inspection that staff worked well as a team and showed respect for each other.

We were told by staff that there was honesty and transparency from all levels when mistakes occurred. Staff

were confident that the registered manager ensured that incidents were investigated appropriately. They confirmed that outcome from investigations was discussed amongst the staff team. This was to ensure lessons had been learnt and to minimise the risk of occurrence.

The registered manager told us that supervision was used to provide staff with feedback about their performance in a constructive and motivating way. Staff spoken with confirmed that they were able to discuss concerns or areas relating to their professional development during supervision. They all said that they felt the registered manager listened to them and acted on concerns raised.

Staff told us there was good leadership and management demonstrated at the service. One staff member said, “The deputy manager works shifts with us and is fully aware of the clients’ needs and has good relationships with residents and their relatives.” During our inspection we observed the deputy manager working on the floor and was very hands on. This inspired staff to provide a quality service.

We found the registered manager complied with her legal responsibility to ensure notifications were submitted to the Care Quality Commission (CQC). (A notification is information about important events which the service was required to send us by law in a timely manner.)

We found that the service had quality assurance systems in place. The registered manager told us that they were used to monitor the quality of the care provided and to improve on the service delivery. We saw audits relating to infection control, health and safety, safe handling of medicines and record keeping were undertaken on a regular basis. If required action plans were developed to address areas that required attention.