Bush & Company Rehabilitation Limited

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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

Summary of findings

Overall summary

Bush and Company Rehabilitation Limited provide a bespoke case management service for people who have experienced catastrophic life changing injuries, supporting both the individual and their families by providing access to the services and support they need. They provide personal care to people who have complex needs following a catastrophic accident or incident, in their own homes. On the day of our inspection there was one person receiving a regulated activity from the service. However, there were 64 people using the service nationwide, receiving care and support through an employment support service also managed by the provider.

The inspection was announced and took place on 6 and 7 April 2016.

The service had two registered managers. 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.

The person receiving care felt safe with the support they received from the service. Staff demonstrated an awareness of what constituted abuse and understood the relevant safeguarding procedures to be followed in reporting potential abuse. Potential risks had been identified, and plans implemented to enable the person to take positive risks and to live as safely and independently as possible. Robust recruitment checks took place in order to establish that staff were safe to work before they commenced employment. There were sufficient numbers of consistent staff available to meet the person's care and support needs. Medicines were managed safely, in line with best practice guidelines; and staff had been provided with training in the safe handling of medicines.

People were matched with staff that were aware of their care needs. Staff received the appropriate training and support to enable them to carry out their roles and responsibilities appropriately. Staff received an induction at the start of their employment and this was supplemented with regular training, which provided them with the knowledge and skills to meet individual needs in a person centred manner. They were very well supported in respect of supervision and appraisal.

Consent was sought in line with current legislation and guidance. The service worked in line with the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

The person in receipt of care was supported to access suitable amounts of nutritionally balanced food and staff ensured that an appropriate nutritional intake was received. Staff also worked closely with other professionals to ensure that health and well-being needs were fully met and to ensure that where possible, any rehabilitation goals were met.

Staff used kindness and compassion in their dealings with people. They had established positive and caring

relationships and forged bonds. People and their representatives were enabled to express their views and be involved in making decisions in relation to their care and support. Staff ensured they promoted privacy and dignity.

Care was provided that met assessed needs. Care plans were updated on a regular basis, or as and when needs changed. The person in receipt of care was supported to follow their interests and engage in activities which interested them. The provider's complaints procedure was made accessible which ensured that people or their representatives would be aware of how to raise a complaint if the need arose.

The culture at the service was open and inclusive. The registered manager led by example, which inspired staff to deliver a quality service. There were quality monitoring systems in place. These were used to good effect and to drive continuous improvements.

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.

Staff were aware of the different types of abuse and the reporting process if they witnessed or suspected incidents of abuse.

Risk managements plans were in place to protect and promote safety.

Sufficient numbers of suitable staff were employed to meet the person's needs. Staff had been recruited using a robust recruitment process.

There were systems in place to ensure medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received a robust induction and regular supervision sessions to support them to develop their skills and knowledge.

Consent to care and support was sought in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Nutritional needs were met and people and their representatives were consulted about their preferences. Meals were designed to be nutritionally balanced.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good

The service was caring.

Staff were kind, and caring in their approach. They were committed to supporting people to be as independent as possible. The person receiving care and staff had developed caring and positive relationships.

Staff enabled people to express their views and to be involved in decisions about their care and support.

Privacy and dignity were promoted by staff.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and reflected the person's individual requirements. People and their representatives were involved in decisions regarding their care and support needs.

People had a choice about their daily routine and any activities they chose to do were flexible, so they had some control over their lives.

People and their representatives were encouraged and supported to provide feedback and express their views on the service. Feedback was used to drive improvements.

Is the service well-led?

Good

The service was well- led.

The culture at the service was open, inclusive and empowering.

Management and leadership were robust, which inspired staff to provide a quality service that sought to provide the best quality of care for people.

There were effective quality assurance systems at the service which worked to drive future improvement.

Bush & Company Rehabilitation Limited

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 6 and 7 April 2016 and was announced. We gave 48 hours' notice of the inspection to ensure the registered managers would be available to support the inspection process. The inspection was undertaken by one inspector.

The provider completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the content to help focus our planning and determine what areas we needed to look at during our inspection. Prior to this inspection we also reviewed all the additional 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. No concerns had been raised and the service met the regulations we inspected against at the last inspection which took place in November 2013.

As the person receiving support was unable to express themselves fully due to their complex needs, we gathered feedback from their representatives to determine their views of service delivery. We also reviewed the results of questionnaires sent out prior to the inspection.

Over the two days of our inspection we spoke with the two registered managers and two care staff. We also spoke with the local authority and clinical commissioning group to gain their feedback as to the care that people received.

We looked at one person's care record to see if they were accurate and reflected their needs. We reviewed three staff recruitment files, four weeks of staff duty rotas, staff training records and further records relating to the management of the service, including quality audits and health and safety checks.

Good

Is the service safe?

Our findings

Representatives of the person who received support considered the care they were provided with enabled them to remain safe. They were satisfied that they were supported to understand what being safe meant as part of their package of care, and were encouraged to raise any concerns they had about this with any of the staff team.

Staff told us they had access to relevant policies and procedures to support them in how to protect people in the event of any suspicion of abuse. One staff member told us, "We work together; I haven't had to report anything before but I know what to do if I needed to." Another staff member told us, "We report straight to the team leader or case manager and they would make sure things got moved forward." Staff told us that the training they received reinforced the actions they should take in respect of any safeguarding issue. When a safeguarding matter had been investigated records showed that this was discussed with staff so that lessons could be learnt and action taken to avoid reoccurrence. Records showed the registered managers were aware of their responsibility to report allegations, and made relevant safeguarding referrals to the local authority and the Care Quality Commission (CQC) when appropriate.

Risks to personal safety had been minimised through robust assessments, which identified potential risks. Staff felt confident that the risk assessments in place helped them to support people safely. One staff member said, "Protocols are updated on a regular basis to make sure we keep [Name of Person] safe." Information provided prior to the inspection detailed that, "Prior to a package of care being set up, the client, environment and other external factors are fully risk assessed. This includes their mental health, vulnerability, physical ability and environmental issues. These risks are scored and shared with all staff that work with the client and are kept in the support plan file for staff to refer to if required." We found this to be the case in the records we reviewed.

Examples of risk assessments included manual handling, skin integrity and accessing the local community. They highlighted any potential risk factors, with plans then being implemented to ensure a safe provision of care for the person. We found that risk assessments were designed to help promote independence, maximising what people could do for themselves. For example, spending time in the sensory garden with no support from staff. This enabled the person to enjoy some independent time in a safe environment.

Staff told us they were able to contact the registered manager or case manager out of hours or in an emergency. This enabled them to seek additional support in the event this was required. We also found that the service had contingency plans in place to deal with emergencies such as, adverse weather conditions and staff absenteeism. This meant that normal services could be provided to ensure people were kept safe.

Staff described the service's recruitment practice and confirmed they had completed an application form and attended a face to face interview. They also had to provide two references one of which was from a recent employer, eligibility to work, proof of identity and a Disclosure and Barring Service (DBS) certificate. We saw evidence in the staff files we examined that the appropriate documentation had been obtained. Records showed relevant checks had been completed to help reduce the potential for unsuitable staff being

employed within the service.

Representatives of the person who received care, considered there were enough staff on duty. We were told, "[Name of Person] has continuity within his support team which has proved to be invaluable to him and his rehabilitation." If people's needs changed, additional staffing was provided to ensure people were kept safe. The registered managers explained that staff were consistent and worked as a team, which meant they got to know routines and became more knowledgeable about their specific needs and requirements. We looked at rotas and saw that staffing levels were set and planned in advance and based upon levels of dependency. They showed that numbers of staff were consistent within the service. Staffing was sufficient to meet the complex needs of people and to maintain their personal safety.

People received the support they needed to take their medication safely. Staff told us they had received training in the safe handling and administration of medicines; and their competencies assessed on a regular basis. The registered managers told us that to ensure medicines were administered safely, staff were only allowed to administer them from a pharmacy filled dossett box or an original pharmacy labelled container. We saw evidence to confirm that staff had been provided with training on the safe handling, recording and administration of medicines. We looked at a sample of Medication Administration Record (MAR) sheets and found that they had been fully completed and in line with best practice guidelines. A monitoring system was in place to make sure medication stock levels were accurate and a running balance was maintained which enabled staff to identify any discrepancies in a timely manner. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed. Medication was administered and managed safely and appropriately.

Good

Is the service effective?

Our findings

Representatives of the person who received care, told us that staff fully understood the support needs, and said they were content with the care the person received because it met their needs. They were confident in staff's ability to support people appropriately because they had been appropriately matched with staff that were aware of their needs. The registered managers recognised that each package of care needed to be tailored to suit the individual client and meet their individual needs. From discussions with staff members we found that they had a good understanding of the needs of the person they were supporting and communicated with them effectively.

The registered managers told us that all new staff had to undertake induction training, which covered the core elements of the care certificate. This ensured staff acquired the appropriate skills to meet people's individual needs. At the end of the induction staff competencies on the subjects covered were assessed. They were then allocated to work alongside an experienced staff member, until they felt confident to work alone. We saw evidence that checks on staff's performance were undertaken to ensure they were working in line with best practice guidelines.

Staff told us they had received training on a variety of subjects, which included safeguarding, brain injury awareness, health and safety, food hygiene, safe handling of medicines, moving and handling, first aid and privacy and dignity. One staff member said, "The training is constantly updated, we do some online and some is face to face to make sure we keep up to date with current practice." Staff told us that the training they received benefitted the way in which they delivered care to people. Information we received from the service prior to the inspection, confirmed that staff received regular training and updates, to ensure that the care and practices they undertook were safe and compliant with evidence based best practice.

Staff received regular supervision from their team leader and their competencies to fulfil their roles were reviewed. Staff told us these sessions were a useful way to discuss their performance, as well as raise any concerns or issues they may have. One staff member said, "We can bring anything to supervisions; they are really helpful." Another staff member told us, "We have regular supervisions and an annual appraisal. They are helpful but we can get support when we want to from someone senior." Supervision records confirmed staff had regular supervision and appraisal to identify and address any training and development needs.

Consent was sought before any care or treatment was delivered. People's representatives told us they were able to make their own choices and were supported by staff to make decisions about how they lived their life, including where they spent their time, what they did and what they ate. Staff told us they made sure they only provided care in line with people's wishes and records confirmed this.

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 procedure for this in domiciliary care service is called Court of Protection.

We found that the service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). This was to ensure that people who could not make decisions for themselves were protected. Members of staff had received training regarding the MCA, and had implemented the procedures set out in it in respect in order to ensure that mental capacity was assessed fully, and that any decisions made, were in people's best interests. The registered managers said that at the time of our inspection no one using the service was being deprived of their liberty unlawfully.

The person in receipt of care was encouraged to make their own choices about meal options. Staff told us that they encouraged people to make healthy choices and supported them to have a balanced and nutritious diet that was in accordance with their individual needs. People's weights were regularly monitored to ensure that people remained within a healthy range. Where indicated referrals to dieticians had been made for further assessment. Records confirmed that people were supported to have a sufficient amount to eat and drink, based upon their specific dietary requirements.

People's representatives told us they were supported to access a wide range of healthcare professionals from across the multi-disciplinary team to support and maintain their general health. The registered managers told us that if people were at risk of poor food and fluid intake or had difficulty with swallowing they would be closely monitored. If needed people had access to the Speech and Language Therapist (SALT) and the dietician via their GP. This demonstrated people had access to specialist advice if required.

Good

Is the service caring?

Our findings

The person's representatives told us they had developed caring and positive relationships with staff. They confirmed that staff were caring, kind and compassionate and got along with the person and their family well. Written feedback received as part of the inspection process also stated that, "The care I have observed being provided always been of a very high standard. Bush and Company have been able to provide a gentleman with complex needs following a brain injury with a consistent and dedicated team of staff with a high level of training and support. All care plans and behavioural approaches are regularly reviewed and followed by all team members who provide care which is respectful and takes account of the individual's preferences and needs."

Staff were able to tell us about people's individual needs, including their preferences, personal histories and how they wished to be supported. One staff member said, "Having a consistent team of staff really helps, we all know [Name of Person] and each other so can adapt to any changes that might happen." Another staff member said, "We become close, like family as we spend so much time together." We saw evidence that there was a consistent staff team which helped to ensure that staff got to know people really well.

Staff were able to describe how they responded to people's well-being in a caring and meaningful way. One staff member said, "We worry if things are not right and would always get help if it was needed." Staff told us the support provided was based on their individual needs. One staff member said, "We find out how people like things to be done and encourage them to maintain their independence." The registered managers also confirmed that people's views were acted on; they very much wanted people to feel as though they mattered and were important. Staff were supported to spend quality time with the person receiving care and if they wished to share their knowledge and life experience with staff they were listened to.

Representatives told us they were supported to express their views and be involved in making decisions about their care and support. A recent example of this involved concerns for the person's health and well-being at a family gathering. Staff, representatives and family members worked together to find the best possible conclusion for the person. This led to an agreed protocol being implemented for future family visits which ensures that arrangements are now made in advance to allow the support team to best assist the person with similar events.

People's representatives told us that staff promoted the person's privacy and dignity. They told us, "They are conscious to ensure his privacy and dignity is maintained." Staff called people by their preferred name and afforded them the time to engage in important activities and to be as independent as possible. They told us that it was important to ensure that people's dignity was preserved. One staff member said, "We make sure curtains and doors are closed." Information received from the registered managers as part of the inspection process confirmed that ground rules were established with people on commencement of the package of care. For example, for staff to remove their shoes when entering the property. Staff were also aware of people's need for privacy and would pre-empt a visit into the bedroom or bathroom with a knock or permission request. People's house rules were detailed within the care records so that the care team were able to reflect on them as and when required.

Good

Is the service responsive?

Our findings

Prior to a package of care being formalised people, their family or representative was consulted about their wants and needs. The registered managers explained prior to a service being provided to people an assessment was undertaken to identify their support needs and care plans were developed outlining how these needs were to be met. These included frequency of care and timings of visits. This information was then documented in their care plan, taking into account the person's daily routine and any hobbies and interests. We found that the care records also allowed for discussion about issues significant to the person, an example of this being to have the radio on when carrying out all personal care tasks. This information was collated and documented in the support plan so that all staff could be aware of the specifics of required care. Each person had an individual programme in place which underpinned any rehabilitation programmes and met their individual needs.

Staff told us that once a pre-assessment of needs had been completed, care plans and risk assessments would be compiled. Only once this pre-assessment of needs had been completed, would the service decide if they could meet that person's needs. The registered manager told us, and records confirmed that care plans and risk assessments were completed in a timely manner for people admitted to the service. This gave all staff the opportunity to be aware of that person's needs before they started to support them.

The person receiving support had an individual and comprehensive care plan identifying their background, preferences, communication and support needs. Staff told us each plan was tailored to address any identified areas of weakness and to play to each person's strengths, ensuring optimum progress along the rehabilitation pathway and therefore the support to grow and achieve positive outcomes. Care plans included an "About Me" section which was undertaken in a person centred manner, enabling staff to gain information into what people liked, disliked and what areas of their life were important to them. Where possible, people or their relatives had signed their care plans to show they agreed with the content and that their contribution to the care planning had been valued.

Staff told us care plans were valuable guides to what care and support people needed and therefore needed to be kept up to date so they remained reflective of people's current needs. Care plans had been written in a person centred way which reflected people's individual preferences. Records indicated that monitoring charts for areas such as nutrition and pressure care were completed to ensure that all areas of someone's needs were being met and to ensure the support being provided was appropriate and remained reflective of their full care needs.

The registered managers told us that the carers had worked with the person for a number of years and were therefore familiar with communication strategies and what any changes in behaviour could signify. For example, becoming withdrawn could indicate that the person was constipated. We found that daily records documented the person's behaviour and how their needs had been met for the day. These were reviewed regularly to ensure that the approach from all carers was consistent and that if patterns occurred they were recognised. Handover between carers occurred daily and if there were any outstanding issues from the previous shift these were addressed and documented.

Within the care plans we saw evidence that assessments had been undertaken. The plans were reviewed regularly and if needed changes were made. We found that on a regular basis the entire care package was reviewed with people and their representative. This was to ensure that the care provided was still relevant to their identified needs.

People were supported to follow interests or activities. Representatives told us, "They support [Name of Person] to engage in outdoor activities." Staff told us they supported people to follow their interests and participate in social activities. One staff member said, "We do whatever [Name of Person] wants to do; they have a really good social life. It is important that they get to do what they want to. They should enjoy things." Staff said they worked hard to ensure that people enjoyed a varied activity schedule; for example going to the local cinema, for walks and attending meals out with family members.

People knew how to make a complaint. Representatives knew who to raise issues with should they need to. The registered manager told us there was a complaints policy in place and that people were issued with a copy when they started to use the service. It was evident that lessons would be learnt from complaints and they would be used to improve on the quality of the care provided.

The registered managers told us that questionnaires were sent out on a regular basis to people. Records showed that the service had carried out analysis of the results of feedback surveys, and general feedback from people, so they were able to demonstrate how this information was used to drive future improvements. Records confirmed that advice and input from people and their relatives was valued and listened to. The provider and registered managers were fully committed to ensuring the service continually improved.

Good

Is the service well-led?

Our findings

Staff told us the registered managers were supportive of the people in the service and the staff who worked there. They said the registered managers were good at their job and were experienced, caring and approachable. Staff told us that good management and leadership was visible at the service. They told us if they were experiencing difficulty in their day to day duties the registered manager or supervisor would work with them to provide support. This inspired them to deliver a quality service to the people who used the service. All the staff we spoke with were enthusiastic about their roles and understood the service's vision and values, which was to ensure that people were treated equally and were at the heart of the service and received quality care.

The registered managers said their ethos was to provide high quality, person centred care for people living with a life changing injury. They considered they had a really good staff team and that everyone pulled together to ensure the best of everything was given to people. Staff were willing to help out and learn new skills, because this helped them to provide the best care and support they could to people. The service was well organised which enabled staff to respond to people's needs in a proactive way.

Staff told us the staff team worked well together which helped them to provide good care for people and enabled them to feel supported within the work environment. Staff told us they had regular staff meetings which gave them the opportunity to discuss any issues they had, about practice in general or about individual people and enabled staff to share ideas or ways to improve working lives. Staff were able to question senior managers and raise concerns if required. Records showed regular staff meetings had been held for all staff. The minutes showed issues and concerns were discussed openly. Action plans were developed when appropriate.

The culture within the service was open and transparent and focused on maintaining individuality and person centred care for people. Staff were passionate about maximising each person's potential and independence.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. Any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered manager had submitted appropriate notifications to the Care Quality Commission (CQC) in accordance with regulations.

Quality assurance systems were in place and used, along with feedback, to drive future improvement. The registered manager told us there were systems in place to check the quality of the care provided. We saw evidence that audits relating to medication recording sheets and daily record sheets were regularly undertaken. These had been analysed and areas requiring attention were supported with action plans to demonstrate how continuous improvements would be made.

The registered managers told us that they were aware of the attitude values and behaviours of staff. These

were monitored formally and informally through observing practice, staff supervision and appraisal meetings. Recruiting staff with the right values helped to ensure people received a quality service. We found that the service worked with other organisations to make sure they were following current practice and providing a quality service. For example, all care managers were registered with their professional bodies and had to demonstrate continual professional development to maintain registration. All case managers were members of case management organisations and had access to research tools associated with these organisations. This ensured they could be kept up to date with current guidance which could then be used to develop the service for people.

The service was forward thinking and responded well to any anticipated future needs for people. There was an ethos of continual development and senior managers were open to suggestions from people, relatives, staff and health professionals who were involved in the service. Resources were used effectively to ensure care could be delivered in a high quality manner. Staff focus remained on how they could continue to improve so as to enable people to have the best quality of life possible and so they could be the best they could be.