

Bushmead Court Management 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Bushmead Court Management Limited provides personal care to people in their own home. The service is situated in Bushmead Court Housing scheme and provides 24-hour care and support to people who live in their own flats.

People's experience of using this service: People were positive about the care they received at the service. One person told us, "This is a good place, run by good people. I would definitely recommend this place."

People were treated with kindness, respect and compassion. People were involved in their care planning and received personalised care which was tailored to their choices, preferences, likes and dislikes.

People were supported to remain independent in their own homes and their privacy and dignity was respected.

People were protected from harm and abuse in all areas of their care including the administration of medicines. We have made a recommendation to the service about best practice managing topical medicines.

Staff recruitment procedures were thorough and people received care from a consistent staff team.

Staff were trained and knowledgeable to carry out their job roles effectively.

People received support from healthcare professionals. Staff worked well with these professionals to ensure that people received the support they needed.

Complaints were addressed promptly and to people's satisfaction.

People were supported with dignity and respect at the end of their lives.

People were positive about the manager and management team at the service.

Audits were completed and used to continually improve the service

The manager and staff team were passionate about providing high quality person centred care.

The previous registered manager had left their job role and had not de-registered with the Care Quality Commission. The current manager had started working at the service however had not registered with the Care Quality Commission. We therefore applied a limiter, which meant that Well-led was rated 'Requires Improvement'.

Rating at last inspection: Good (report published 01/03/2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. During this inspection we found evidence continued to support the rating of good. More information is in the full report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Bushmead Court Management Limited

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: One inspector and one expert by experience carried out this inspection. 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: Bushmead Court Management Limited provides personal care to people in their own home. The service is situated in Bushmead Court Housing scheme and provides 24-hour care and support to people who live in their own flats.

On the day of our inspection 17 people were being provided with 'personal care', help with tasks related to personal hygiene and eating. We also considered any wider social care provided.

Notice of inspection: We gave the service 72 hours' notice of the inspection as we needed to make sure that people were happy to be visited by us in their own homes.

What we did: The inspector and expert by experience visited Bushmead Court on 17 April 2019 to see the people being supported and their relatives. We also visited to see staff and to review care records and policies and procedures. The inspector visited Bushmead Court again on 30 April 2019 to speak to the registered manager and review further documents.

Before the inspection we gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were

meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection we spoke with five people using the service, six relatives, three care staff, two duty managers, two visiting professionals, the registered manager, the service manager and the nominated individual. We gathered information from four care files which included all aspects of care and risk. We looked at two staff files including all aspects of recruitment, supervisions, and training records. We also looked at records of accidents, incidents and complaints, audits, surveys and minutes of staff and professional meetings and policies and procedures relating to the management of the service.

After the inspection we received further evidence from the registered manager that they were taking action about what we discussed with them during the inspection process.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. People told us, "I feel much safer here than I used to in my own home. The alarm bell I wear has helped me." and, "I do not think I ever felt this happy and safe in my own home."
- A relative said, "Being safe is one of the main reasons we decided on this place. [Family member] has an alarm bell and the staff come quickly."
- Staff received training in safeguarding people and what to do if they suspected harm or abuse. A staff member told us, "I would report anything I saw to the duty manager or to the manager. I can also report directly to social services."
- A detailed safeguarding policy and notice boards around the service directed staff what to do if they suspected harm or abuse.

Assessing risk, safety monitoring and management

- People had risk assessments for areas such as medicines and mobility. These were detailed and reviewed regularly or when needed by the management team. One person told us, "Staff know that I can walk with my frame and I can go anywhere I want."
- However, people with specific needs such as dementia or diabetes did not have thorough risk assessments covering how staff should support them in these areas. We discussed this with the registered manager who told us that they would put these in place immediately.
- People had plans in place to keep them safe in an emergency such as a fire. Tests of fire equipment were completed regularly.
- We saw staff responding promptly to people's call bells during our inspection.

Staffing and recruitment

- One person said. "I am very happy with the staff who help me. They come three times a day and I do not think I could ask for more help."
- Staff told us that there were enough staff to meet people's needs. We saw from staff rotas and from the monitoring of care visit times that staff attended visits on time and stayed with people for the full duration of the care visit.
- Duty managers were always available to cover vacant shifts or offer extra support.
- The provider had robust recruitment procedures and checks to ensure that staff were suitable to work at the service.

Using medicines safely

- One person told us, "I am taking a lot of medicines. I do not know much about what they are doing and I am not interested to know. It is important that it is taken care of by [staff] and now I do not have to worry."

[Staff] do it much better."

- We saw medicines being administered. This was done safely and in line with good practice. We checked the stock level of medications and found that these were correct.
- Medicines were only being administered by duty managers. Duty managers received training and competency observations around medicines and had a good understanding of how to administer medicines safely.
- Topical medicines such as creams were being administered by staff members and were being signed on medication administration record (MAR) charts as 'administered by staff'. This was not best practice. We recommend that the service consider current guidance around topical medicines and update their practice accordingly.
- On the second day of our inspection the registered manager told us that they were looking to train all staff in the administration of medicines so that they would be able to sign the MAR charts.

Preventing and controlling infection

- One person told us, "I have never been good at housework so now I feel safe as staff help me with the cleaning." People's flats and communal areas were visibly clean.
- Staff received training in infection control and told us that equipment such as gloves and aprons were available to them to support people with tasks such as personal care or cooking.

Learning lessons when things go wrong

- The registered manager recorded and investigated safeguarding incidents and medication errors and shared any actions with the staff team to ensure that they did not happen again.
- Following our inspection, the nominated individual and registered manager shared learning from the inspection with other services managed by the provider.

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

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 were assessed before they started using the service. The service manager told us that pre-assessments were useful to find out if people were independent enough to live safely at the service.
- The registered manager kept up to date with recent legislation and shared this with the staff team. For example, the registered manager had recently made people aware that some medicines had recently been reclassified as controlled drugs.

Staff support: induction, training, skills and experience

- A relative told us, "The staff here are excellent. Very well trained and knowledgeable about people's needs." People told us they felt safe with staff as they knew their needs well.
- Staff received training in areas such as safeguarding, the Mental Capacity Act, Fire Safety and the administration of medicines. Staff had a good understanding of these areas and could describe what they had learned in their training to us.
- A person said, "When there is a new staff who is just starting, they always come with an old member of staff and after their induction they work with me." Staff were also positive about the thorough induction they took part in at the service and records confirmed that these happened.

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

- People were supported to make their own meals or use the dining service provided by the service.
- One person told us, "I have plenty of food in the freezer that gets delivered. I have no problems with the choices of food." Surveys were completed with people to identify what foods they liked and disliked at the meal service.
- A relative said, "If [family member] has a bad day and cannot do much for themselves then [staff] make a hot meal and help them to eat it. They also know that [family member] is diabetic and certain food they will not be able to eat."
- People who had specific dietary needs received professional support and had their needs identified in their care plans. We saw that staff knew these needs well whilst they were supporting people at the meal service.
- Staff worked well with the cook at the service to ensure people's dietary needs were met.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access health care services and support.

- People told us that staff were quick to contact health professionals when they were needed. People told us, "I felt dizzy once so staff supported me to attend a medical centre where I was given medicines." and, "The GP comes regularly and I am due to have my eyes checked soon."

- A visiting health professional said, "[Staff] alert us very early if people have any health problems. [Staff] are very good, very supportive and call us often."
- Any changes to people's needs because of health appointments were recorded and fed back to staff. We saw that people were supported by professionals such as district nurses, speech and language therapists and mental health nurses.
- Staff supported people to attend health appointments as 'extra' care visits to ensure that people's health needs were met.

Adapting service, design, decoration to meet people's needs

- People's flats were spacious and personalised. People who used mobility aids such as hoists were supported to keep these in their flats in a way which minimised the impact that these had on the space in the flat.
- Staff supported people to use the communal areas of the service and these were clean and spacious. Staff had decorated the dining room to look like a restaurant and people were very positive about this.

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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA and found that it was.
 - People told us that they were asked for consent before staff supported them. People had signed their care plans to consent to the way they were being supported.
 - Where necessary, capacity assessments had been completed in line with guidance. Though these were recorded correctly it was unclear how decisions had been reached in some cases.
- We recommend the service consider current guidance around supporting people with complex communication needs to understand decisions made on their behalf.
- Staff received training in the Mental Capacity Act and had a good understanding of this. One staff member told us, "Everyone can make their own decisions. If people do not have capacity we must act in their best interests. It will be a meeting with family or advocate to decide the best care and support."

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

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

Ensuring people are well treated and supported; equality and diversity

- We saw that staff knew people well and communicated with them in a kind and compassionate manner. People were visibly comfortable in the presence of staff and were seen to be talking happily with them.
- People were positive about their care and told us, "I have absolutely no problems with [staff]. They do their job professionally and with a passion for care." and, "I have no problem with [staff]. They are all very kind and helpful and do exactly what I need."
- A relative said, "Staff are very polite and attentive. They always ask [family member] if they need anything extra."
- Staff told us there was time during people's care visits to sit and talk to them. People confirmed that staff spent time to talk with them as well as support them with care needs.
- Staff were passionate about providing quality care to people and told us about people's individual likes and preferences and how they got to know about these.
- People's religious and cultural beliefs were recorded in their care plans and respected by staff supporting them.
- People's care plans and records were written using respectful language.

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

- One person told us, "I choose to do the things I would do a long time ago in my own home. I get to make lots of choices."
- Care plans showed that people were involved in regular reviews of their care both as part of a review schedule and when changes were needed. People signed to say that they agreed with any changes.
- We saw people being offered choices such as what they would like to eat and when to take medication. People told us that if they chose to do something staff were flexible with visit times to ensure that they could support them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed staff asking people for permission to enter their flats and to support them. A relative said, "We visit at least twice a week and we never have a reason to believe that [family member] is not treated with great dignity and respect."
- People were positive that their independence was promoted. People told us, "[Staff] help with bits and pieces I cannot do, but I do a lot myself." and, "[Staff] understand when I am having a bad day and have plenty of patience for me to do things for myself."
- Staff had a good understanding of how to promote people's independence and this was identified in people's care plans.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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 received care that was tailored to their individual likes, dislikes and preferences.
- Relatives told us, "Staff are well informed about [family member's] routines, likes and dislikes and what it looks like when they have a bad day." and, "I think my [family member's] needs are well met here. Just last week the duty manager said we needed to do some updates to the care plan as [family member] needs more support."
- A duty manager told us, "We change people's care times depending on when they need their support." We saw that people's care visits were changed or increased depending on people's changing needs.
- People were positive about being supported by staff with activities that they chose to do. One person told us, "I like the church service here and music and singing is good. We have a good choice of activities like the choir concert tonight." A relative said, "My [family member] loved activities here. They had their hair done every week and sat with staff to make a shopping list with them."
- People were supported to take part in activities such as shopping, nail painting and church services. Activities such as making Easter decorations and a 30's and 40's themed disco were also organised. We saw people enjoying these during the inspection.
- People with complex communication needs were supported. Information was available in various formats such as large print, braille and audio cassette.
- Changes to people's care needs were recorded in a detailed communication book that was shared with the duty manager team and fed back down to staff members. This information was used to update care plans.
- Staff were passionate about person-centred care. A staff member told us, "We treat people as individuals with their own choices and their own personalities and we cater the care around that."
- People's care plans had some information around their life history, likes, dislikes and preferences. This could have been improved upon by asking people and their families for more information in these areas.

Improving care quality in response to complaints or concerns

- The service had a complaints and compliments policy in place and this was available in different formats for people to use. A relative said, "I always talk to the manager if I need something sorted out. I had concerns about a specific issue and this was fixed at once."
- We saw that complaints were recorded and responded to promptly and to the complainant's satisfaction. The service had received many compliments from people and their relatives.

End of life care and support

- A relative, whose family member had passed away told us, "What was best for my [family member] was that they had freedom until the end. [Staff] were doing what my [family member] wanted. [Family member]

loved this place and the [Staff] loved them."

- Staff supported people at the end of their life according to their wishes and preferences. People had been supported to identify their preferences and put plans in place for this time of their life.
- Staff received training and had a good understanding about how to support people at the end of their lives.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- The previous registered manager had left their job role in July 2018 and had not de-registered with the Care Quality Commission. The current manager had started working at the service in July 2018, however had not registered with the Care Quality Commission. We therefore applied a limiter which meant that Well-Led was rated as 'Requires Improvement'.
- Following our inspection, the previous registered manager started the process to de-register with us and the current manager started the process to register with us.
- The management and staff team knew their job roles well and the impact that their roles had for people using the service.
- Audits in areas such as care plans, medicines, staff files and incidents and accidents were completed to monitor the quality of the service. These audits found issues and actions that were needed to rectify them.
- The registered manager reported all notifiable incidents to the proper authorities. The service also documented these to be used for future learning.
- Plans were in place and staff knew what to do in the case of an emergency such as fire or severe weather.

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

- People using the service ran a committee to discuss improvements to the service. One person who was a member of the committee said, "We do as much as we can to please all people. If people cannot attend meetings, then we phone them and say what was discussed. We have bridge and card clubs sorted and we are working on a 'prayer group' next."
- People had been asked for feedback in surveys carried out in August 2018. The manager told us that they had not had time to collate the information from this survey yet. This meant that potential improvements may have been missed based on people's feedback.
- Staff told us that they had regular discussions and meetings with the manager. However formal staff supervision was not being carried out regularly. The manager told us that they were looking to improve the frequency of these and we saw that this had improved recently.
- Staff were positive about the manager and duty manager team. One staff member said, "[Manager] is very approachable. Even if she is in the office, if you are having a bad day they are always open to have a chat."
- A relative said, "I know the manager. They are running the place and I always talk to them if I need to sort something out."
- We saw minutes of staff and relative meetings and saw that actions discussed were completed.

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

- People were positive about the management of the service. People told us, "They are a very nice person and has strong leadership skills." and, "[Manager] is very nice and approachable. The door is always open and they like making sure we are OK."
- The manager had an open-door policy and was very visible at the service. People told us how the manager got involved in day to day activities such as themed night and quizzes.
- Staff and the management team were passionate about providing quality care to people. During our visit there was a visibly positive culture at the service and staff knew people well.
- Policies and procedures were detailed and up to date with current legislation. Staff had a good understanding of these policies and these were discussed in staff meetings.

Continuous learning and improving care

- The manager and management team were passionate about improving the care given to people. The manager told us their plans to improve the service going forward.
- Issues identified in audits or from incidents and accidents were investigated and monitored to improve practice.
- The manager kept up to date with current legislation and shared this with the staff team. A duty manager told us, "The manager is very pro-care. The care here is one hundred times better than anywhere else and the manager constantly updates us with legislation."

Working in partnership with others

- The manager and staff team worked well with other services and health professionals to ensure good outcomes for people.
- A visiting professional told us, "[Staff] are very good to work with. They liaise with me and follow any advice I give. The support to people is very good and they keep me up to date with any changes."
- The manager told us that she was well supported by the service manager and the nominated individual.