

Baschurch Care Limited

Baschurch Care

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



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 13 and 14 April 2015 and was unannounced.

Baschurch Care provides accommodation and personal care for people who have a learning disability for a maximum of 26, when we inspected there were 23 people living in the home.

The home had a registered manager in post that was present for our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our inspection in April 2014, the provider was in breach of the regulation because staff were unaware of how to protect people from abuse. The provider sent us an action plan to tell us what they would do to ensure that staff had a better understanding of how to protect people from abuse.

At this inspection people told us that they felt safe. Staff told us that they had received safeguarding training and were aware of how to protect people from potential

Summary of findings

abuse. People told us that staff were always nearby to support them when needed but staff told us that there were not always enough staff on duty to meet people's needs. Staff had access to risk assessments that told them how to support people in a safe way. Accidents were recorded, monitored and action taken to reduce further risks. People were supported to take their medicines but these were not always securely maintained or recorded appropriately.

People told us that they were involved in their assessment and care planning and received care and support the way they liked. Staff told us that they were supported by the manager and had access to regular supervision and training. People told us that their consent for care and treatment was obtained. Where people lacked capacity a best interest decision had been recorded to ensure they received the necessary care and support. People told us that they had a choice of meals

and could have a drink when they wanted. People confirmed that they had access to other healthcare professionals when needed. We saw that staff treated people with kindness and ensured their privacy and dignity was maintained.

Staff were aware of people's past history and their interests and this information was included in care records. People said they had access to social activities in and outside the home. Complaints were recorded and showed what action had been taken to resolve them. People told us that they would share any concerns they had with staff and these would be dealt with.

People told us that they were involved in the running of the home and that regular meetings were carried out with them to find out about their experience of using the service. We saw audits were in place to ensure people received a safe and effective service.

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 not consistently safe.

Staff knew how to protect people from abuse but there were not always enough staff on duty to ensure people had the support they needed. People were supported to take their medicines but these were not always maintained securely or recorded properly.

Requires improvement



Is the service effective?

The service was effective.

People were supported by staff who had access to regular training and supervision by the manager. Best interest decisions were in place for people who lacked capacity to consent to their care and treatment. People had access to other healthcare services when needed.

Good



Is the service caring?

The service was caring.

People were involved in their care planning and received care and treatment in a kind and sympathetic way that ensured their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People were involved in the assessment of their care needs and staff knew how to support them. People told us that their complaints were addressed by staff.

Good



Is the service well-led?

The service was well-led.

People who used the service and staff were aware of the management structure and were involved in the running of the home. Quality monitoring audits were in place to ensure that people received a safe and effective service.

Good



Baschurch Care

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 13 and 14 April 2015 and was unannounced and the inspection team consisted of two inspectors.

Before our inspection we spoke with the local authority to share information they held about the home. We also

looked at our own systems to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan our inspection of the home.

On the day of our inspection we spoke with 12 people who used the service, four senior support workers, three support workers, the area manager and the registered manager. We looked at three care plans, risk assessments, medication administration records, accident reports, rotas and quality audits. We observed care practices and how staff interacted with people.

Is the service safe?

Our findings

The manager told us that some people required constant support and supervision and we saw that this was provided. Staff told us that there were not always enough staff on duty and this had an impact on people's care. One person required two care staff to support them to receive their prescribed treatment. The person had not received this support for six weeks and the manager acknowledged this. A staff member said if the person did not receive the support required they would become upset and then required support to manage their behaviour. The manager told us that they were in the process of recruiting additional staff and that where necessary agency staff would be used. The manager told us that the provider's recruitment process included safety checks of people before they started to work at the home. This was confirmed by the staff we spoke with. These safety checks ensured that people were suitable to work in the home.

One person told us, "The staff are nice and they are always there when I need them." Another person said, "I feel there is always enough staff on duty." During our inspection we saw that staff were nearby to assist people when needed.

People told us that they felt safe. One person said, "I feel safe and comfortable here." Another person told us, "The staff chat to me and that makes me feel safe." Staff told us that they had received safeguarding training and were aware of how to protect people from abuse. Staff told us

that they had access to the provider's safeguarding policy that told them how to protect people. Staff were aware of their responsibility of sharing concerns of abuse with the manager and other relevant agencies.

Records were maintained of accidents and these were routinely audited to find out if there were any trends. The manager confirmed that where necessary risk assessments would be reviewed to reduce the risk of an accident happening again. Staff told us that they had access to risk assessments and were aware of the potential risk to the individual and the level of support required to reduce this.

One person told us, "The staff manage my medicines and I am aware of what they are for." A medication administration record (MAR) showed that they had not received their prescribed medicines. A member of staff who was responsible for the management of medicines said that the person often refused their medicines. This information had not been recorded on the (MAR). The person was aware of their health condition and the impact of not taking their medicines. Medicines that were stored in fridges were not securely maintained. The manager said that people who used the service would not have access to these medicines but all the staff would. During the inspection the manager ordered two fridges with a locking device. Some staff were unaware of how to dispose of unwanted medicines and the manager said this would be addressed with staff. A record was maintained of medicines that had been disposed of.

Is the service effective?

Our findings

A person told us that there were involved in the assessment of their needs and they were happy with the support provided to them. Staff told us that they were supported by the manager and had access to supervision and training and the records we looked at confirmed this. The provider's recruitment procedure included an induction and staff told us that they had received the relevant support when they started to work at the home. One staff said, "My induction included training." They told us, "I feel well supported in my new role."

One person said, "Staff always ask for my consent before providing support." We heard staff ask for consent before they assisted people. Some people had given written consent for staff to manage their prescribed medicines. The manager and staff had a good understanding of the Mental Capacity Act (MCA). We saw that MCA assessments had been carried out and showed whether the person had capacity to consent to their care and treatment. Where people did not have capacity to make these decisions we saw that a best interest decision had been recorded to ensure the person received the necessary care and support. The manager told us that some people had a Deprivation of Liberty Safeguard (DoLS) in place. DoLS are required when this includes depriving a person of their liberty to ensure they receive the appropriate care and treatment. Some staff were unaware of people who had a DoLS in place. They were also unaware of the principles of DoLS and the impact this would have on the individual.

This meant that people could not be confident that they would receive the appropriate support. The manager said that DoLS would be discussed with staff at the next staff meeting and during supervision to ensure they had a better understanding.

One person said, "The food is excellent and we have a choice." Another person told us that the food was good and sometimes they helped with the cooking. Care plans told staff what support people required to eat and drink enough. Staff had a good understanding of the support the individual required. Where concerns had been identified about the amount people had to eat and drink a chart was in place to monitor this. People had access to special equipment to promote their independence to eat and drink. We heard a person ask for a drink and this was promptly provided to them. People told us that they had access to drinks at all times. Where people had capacity they were able to access the kitchen and make their own drinks and snacks. Discussions with staff and the care records we looked at showed that people had access to a speech and language therapist and a dietician to support them when needed.

People told us that they had access to other healthcare services when needed. One person said, "When I am poorly the staff call the doctor." Another person said, "The staff will take me to the doctor or dentist." They told us that they had a medical appointment that day and were waiting for staff to take them. Some people had complex healthcare needs and records showed that they had access to healthcare specialists.

Is the service caring?

Our findings

One person said, “The staff are nice and they get me what I need.” During our inspection we saw that staff included people in conversations and were responsive when people required support. Where people had difficulty communicating staff were patient in allowing the person to express their needs. We saw that one person was unhappy and staff immediately approached them in a calm manner and reassured them. We heard a person telling a staff member that one of their relative’s was unwell; the staff member reassured them and offered to help them make a ‘get well’ card for their relative. We saw that staff treated people with kindness and were sympathetic to their needs.

One person said, “I’m involved in planning and reviewing my care.” We saw that care plans were provided in written and pictorial format to promote people’s understanding. One person said, “Staff sit and talk to me about my care.” People told us that their views were listened to and they were happy with the care provided. The manager and staff told us that people had access to a self advocate to speak on their behalf when needed.

People told us that staff did respect their dignity and privacy. One person said, “Staff knock on my door and I feel private.” Staff were aware of the importance of ensuring people’s dignity and privacy was maintained and said that personal care was carried out in a private area. We saw staff rearrange people’s clothing to maintain their dignity and heard them knock on doors before entering.

Is the service responsive?

Our findings

One person told us that they and their relative had been involved in their assessment before they moved into the home. They told us that they were happy with the care and support provided to them. Care plans provided staff with information about people's past history, their likes and things important to them. Staff had a good understanding of people's specific needs and how to support them. One person told about their interests and said that staff helped them to access leisure facilities within their local community. A staff member told us that one person enjoyed going to a place of worship and the person told us that they were supported to do so. People told us that they had access to a variety of activities in and outside the

home. One person told us, "It's nice living here and I go out quite often." Another person told us that they enjoyed making things and showed us a pattern they had embroidered. People were able to maintain contact with people important to them and staff were aware of the support the individual required to do this. One person told us, "I am able to have visitors anytime."

One person told us that they had never made a complaint and said, "If I was unhappy I would speak to [Staff]". Another person said, "I made a complaint once and the manager sorted it out." Complaints were recorded and showed what action had been taken to resolve them. We saw that complaints were routinely audited to find out if complaints were of a similar nature.

Is the service well-led?

Our findings

One person said, “We have meetings and talk about the things we like to do.” They said, “Staff ask me if I am happy living here.” They told us that they would recommend living at the home because it was a nice place. Where people did not have verbal communication various methods were used to enable people to be involved in the running of the home. Care plans told staff how to communicate with people using pictures and the use of Makaton which is method of sign language that enabled people to express their views about the service they receive. During our inspection we saw that people were frequently involved in conversations and that staff listened to them. Quality assurance questionnaires were given to people and their relatives and we saw that their comments were listened. One person said they would like to have a coffee morning at the local village hall to raise funds for the home and the person was supported to do this. Staff told us that the manager cared for people and there was a positive drive to improve the service.

A staff member said, “The management support is pretty good.” They told us that they were involved in regular meetings and the manager listened to them. People who used the service and staff were aware of the management structure. One person who used the service told us that the manager and area manager were nice and that the home was run well. The manager had a good understanding of their responsibility and shortfalls identified during this inspection were addressed immediately to improve the service. The manager was supported by the area manager who had a good rapport with both people who used the service and staff.

The service provided to people was regularly monitored and quality audits were routinely carried out. Audits were in place to monitor accidents in the home. We saw audits that ensured that the home was clean and that people were not placed at risk. Monitoring systems were in place to ensure staff were well supported and had access to relevant support to enable them to care for people in accordance to their wishes.