

Apex Care Homes Limited

Bunyan Lodge

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

The inspection took place on 11 September 2018 and was unannounced. At the time of our inspection 14 people were using the service.

Bunyan Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one CQC contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection in November 2015, we rated the service good. At this inspection we found the evidence continued to support an overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received training and felt supported to deliver care and support to people in a safe and effective way. People`s medicines were managed safely by trained staff.

There were systems and processes in place to protect people from the risk of harm. People and staff were knowledgeable about how to report their concerns and how to keep safe from harm. Employment processes were robust and ensured that staff working at the service were suitable to carry out their roles.

People told us staff were kind and caring and their dignity was protected. People had been involved in planning and reviewing their care and support.

Support plans were personalised and descriptive of how people liked to be supported by staff. People`s independence was promoted and staff encouraged people to express their choices and live the life they wanted.

People had been enabled to pursue their hobbies and interests. They were involved in planning their activities and the registered manager was working to further develop possibilities and look for further opportunities for people in regard to going on holidays and other activities.

People were supported to access health services including their GP, dental appointments and other healthcare professionals as required. People`s feedback on the service was encouraged through regular meetings and surveys.

Quality monitoring procedures were in place and action was taken where improvements were identified. There were clear management arrangements in place.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Bunyan Lodge

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 11 September 2018 and was carried out by two inspectors and an assistant inspector. The inspection was unannounced.

Before our inspection we reviewed information, we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us. Due to the provider having recently submitted their Provider Information Return (PIR) we were not able to review the information sent to us before the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We saw evidence that the provider submitted this and we reviewed this after the inspection.

During the inspection we spoke with six people who used the service, four members of staff and the registered manager.

We reviewed three people's support plans and risk assessments. We also looked at range of other relevant documents relating to how the service operated including meeting minutes, medicine administration records and various audits carried out by the registered manager.

We observed staff interaction with people who used the service to see if people were treated in a kind, caring and compassionate way.

Is the service safe?

Our findings

People told us they felt safe at the home. One person told us, "Yes I feel safe it's my home and its secure." Another person said, "Yes." when we asked if they felt safe when staff supported them.

The service continued to be safe as people were safeguarded from the risk of harm. There was a current safeguarding policy and information about safeguarding including the details of the local safeguarding team was displayed on the notice board. Staff had received training on safeguarding and they were clearly able to demonstrate they knew the procedure they needed to follow if they had any concerns about people's safety.

Risks continued to be well managed. Assessments were in place for any identified risks to people`s well-being and safety. Risk assessments detailed what measures were taken to mitigate the risk; in a way that ensured people`s independence was not infringed. For example, Personal Emergency Evacuation Plans (PEEPS) were in place for staff to follow in an emergency.

There were enough staff to meet people's needs. Recruitment processes were robust and ensured that staff employed were suitable to work in this type of services.

People received their medicines safely. Staff who were authorised to administer medicines had received training in this area and had their competency assessed. There were effective processes in place for the management, storage and administration of medicines. Medicine administration records (MAR) were completed accurately and audits were in place to ensure that all medicines were administered correctly.

There were regular fire drills at the service and staff, as well as people, were knowledgeable about what they had to do in case the fire alarm was activated.

Staff were clear about measures to take to prevent the spread of infections and told us about the cleaning schedules they followed each day. Personal protective equipment (PPE) such as aprons and gloves were available to staff to prevent and control infection.

Staff told us that accidents and incidents would be discussed at team meetings. Although there have been no recent incidents or accidents.

Is the service effective?

Our findings

People told us they liked how staff supported them. One person said, "Staff are good, I get enough support from the staff." Staff told us they received training appropriate to their role. One staff member said, "We have plenty of training including training about specific mental health issues." Another staff member said, "I like the training we get and I am all up to date."

Staff were knowledgeable and had the skills required to care for people who lived at the service. Staff completed an induction when they started working at the service and there was an ongoing training programme in place, so that staff continued to receive regular updates. The staff we spoke with were confident that the training provided gave them the skills they required to provide effective support to people at the service.

Staff told us they had regular supervisions with the registered manager and they felt supported to understand and carry out their roles effectively.

The MCA provides a legal framework for making particular decisions on behalf of people who use the service and 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.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. 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. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered. For example, we heard staff asking people for their consent when they suggested and proposed an activity to people. People's support plans had evidence of signed consent forms for the care and support people received.

People were supported with food preparation where required. People we spoke with told us they enjoyed their meals and would help with the preparation on occasions. People were able to eat and drink whatever they chose. One person said, "Food is lovely, very healthy. Plenty of nice food and it is the best."

People were supported to access a range of healthcare professionals when required. This included attendance at medical appointments, and we saw that these were documented in their care plans.

Is the service caring?

Our findings

The service continued to be caring. People told us they were happy with the staff that provided their care. One person we spoke with told us, "The staff are all really nice, kind and caring. I am very happy living here." Staff spoke kindly and respectfully when talking to people they supported. They also gave them time to respond when they needed time to think of the answer.

We observed a person smiling when talking to a staff member. They were comfortable and chatty. Staff addressed people by their preferred name and talked to them in a kind and respectful manner. People's privacy and dignity was promoted. People told us they had their own bedrooms and they could spend time there when they wanted.

People were fully involved in the planning and reviews of their care and support provided. One person told us, "Staff always talk with me about what I would like to do. They also make suggestions of things I may like to have a go at." Support plans continued to be detailed and person centred and contained a full life history along with important information about people's health conditions.

People were encouraged to maintain relationships with their family and friends. One person told us they were going out with their family member weekly.

Information about advocacy services was available. Staff told us they would support people to access a lay advocate if they needed support in making decisions about their care and support. Advocates are able to provide independent advice and support.

People's care records were stored in a lockable office at the service in order to maintain and promote their dignity and confidentiality.

Is the service responsive?

Our findings

People received care and support in a personalised way. They were involved in developing their care plans; detailing their likes, dislikes and preferences about the care and support they received. One person told us, "I play football once a week and staff come with me." Another person told us, "I go out into the community when I want to."

People had activity schedules in place. During the week some people attended a day centre where they met with their friends and spent the day pursuing their hobbies and interests. Staff also supported people to attend events and go on day trips and to have a holiday. Staff told us that some people living at the service liked to be out and about in the community and attend different events. There were photos around the home of different activities that people had taken part in, including parties which we saw that people were enjoying with lots of smiles.

Support plans continued to be person centred and reviewed every month or more often if people`s needs changed. For example, when a person had been in hospital and they needed more help around their mobility, this was reflected in their care plan but also the fact that they were gradually improving.

The provider had a clear complaints policy. The policy was displayed within the service and people received a copy when they moved in. All complaints and concerns had been fully investigated and responded to. Everyone we spoke with told us they had no complaints and would speak with staff if they were unhappy.

People had their end of life care wishes recorded as part of their support plan, where this had been identified as a need. Information was recorded about preferences for such things as who was important to the person, where people wanted to be and what they wanted to happen after they died. Staff received training in end of life care, which provided them with guidance about how to continue meeting people's care needs at this time. There was no one living at the service at the time of the inspection receiving end of life care. The deputy manager told us they would seek advice when needed from other healthcare professionals to ensure that the person would have a dignified and pain free death. There was an emphasis to try and enable people to remain in their home if that was their wish.

Is the service well-led?

Our findings

There was a manager in post who had registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

People and staff told us they were happy with how the service was run. People knew who the registered manager was and they told us they liked them. Staff told us they felt the registered manager was approachable and listened to their suggestions. One staff member said, "[Name of registered manager] is very approachable and they listen to us and any issues are responded to quickly."

The registered manager had a good understanding of the needs of people who used the service. They worked alongside staff; often helping and supporting people with the different activities and daily tasks. They had a clear vision for the development of the service. They told us about their plans to further improve the service by installing a further wet room. This would provide additional facilities and choice for people. They also continue to look for opportunities for people in pursuing new hobbies, holidays and other activities.

There were regular staff meetings and staff told us they found these helpful to share new ideas about how to better support people. House meetings were regular and staff discussed with people how to stay safe, the weekly menus and also any other issues people raised.

The provider continued to have a system in place to monitor the quality of the service. Senior staff and the registered manager undertook a number of audits of various aspects of the service to ensure that, where needed, improvements were made. Audits covered a number of areas including medication, health and safety, environment, and care plans. The provider's representative continued to visit the service and undertake a quality audit on a monthly basis.

People's views and feedback continued to be sought through meetings and individual reviews.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

The registered manager and staff continued to work in partnership with other organisations to make sure they were following current practice, provided a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals.

The service offered to people was underpinned by a set of values which included choice, promotion of independence and inclusion; enabling people with mental ill health or mental health problems to live as ordinary a life as any citizen. This demonstrated that the service worked in line with the values that underpin the 'Registering the Right Support' and other best practice guidance.

