Barchester Healthcare Homes Limited

Bushey House Beaumont

Inspection report

Bushey House Beaumont
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place on the 15 December 2015 and was unannounced. The service is registered for 60 people. On the day of our inspection there were 52 people living at the home.

Bushey House Beaumont is registered to provide accommodation for people who require nursing or personal care. It can also provide diagnostic and screening procedures and carry out treatment for disease, disorder or injury.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care that met their needs and staff knew them well. People were involved in planning their care and the manager and staff valued their views.

Summary of findings

Staff had been trained and were able to recognise any signs of abuse and knew how to report concerns. People were looked after by sufficient numbers of staff to meet their needs safely at all times.

People were encouraged and supported to live as independently as they could. Risk to people`s health, safety and wellbeing were identified and actions were put in place to manage and mitigate the risks to keep people safe.

There was a robust recruitment procedure in place to ensure that staff employed were suitable to work in a care setting. Staff employed at the service had completed an induction when they commenced working at the home and had received on-going and refresher training relevant to their roles.

People`s medicines were administered safely by staff who was appropriately trained. There were appropriate systems in place for the safe storage of medicines and we saw that medicine recording records were completed correctly.

People who used the service felt they were treated in a caring way and with kindness. People's privacy and dignity was respected by staff and each other. People were supported to maintain their health and wellbeing.

The provider carried out weekly and monthly audits and any issues found were actioned and followed up to ensure the service improved and the shortfalls were corrected.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that most people living at the service were able to make their own decisions and those who were unable to had their capacity assessed. The manager and staff understood their roles in relation to DoLS.

The provider had a policy and process for dealing with complaints and concerns. There were some quality monitoring processes in place and these were being developed by the manager. People's views had been sought regarding the quality of the 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 safe.

People were supported by staff who knew how to recognise and report abuse.

There were sufficient numbers of staff to meet people`s needs safely at all times

People`s medicines were administered by staff who were trained and knew people well.

Good

Is the service effective?
The service was effective.

Staff received induction training and ongoing and refresher training to ensure they had the skills and knowledge to meet peoples` needs effectively.

Peoples` consent and agreement was obtained and staff were aware of the requirements in relation to MCA/DoLs.

People were supported to eat a healthy balanced diet and there was a range of food and drinks available for people to choose.

Peoples health was monitored to ensure people`s physical health and wellbeing were maintained.

Good

Is the service caring?
The service was caring.

People had developed positive relationships with staff, which were based on mutual respect and trust.

Staff involved people and or relatives in planning and reviewing their care.

Peoples` dignity and privacy was maintained and respected by staff.

Personal information, medical records were kept secure and confidential.

Good

Is the service responsive?
The service was responsive.

The care people received was personalised for their needs and reflected their preferences.

People had access to the community and were able to participate in a rage of individual or group activities.

People were able to raise concerns and complain.

Good

Is the service well-led?
The service was well led.

People were positive about the manager and leadership.

The manager promoted an open and transparent culture at the home.

Good

Summary of findings

There were systems in place to monitor the quality of the service.

The manager demonstrated a very good knowledge and understanding of people's needs.

Bushey House Beaumont

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and 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 15 December 2015 and was carried out by one Inspector and a specialist advisor. 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.

During the inspection we spoke with six people who lived at the home, two relatives, three support staff, Kitchen staff, the deputy manager, the manager and area regional director. We also sought feedback from people who commissioned the service.

We looked at five care plans, three employment files and a range of other relevant documents relating to how the service operated, including monitoring data, training records and complaints and compliments. We reviewed the administration of medicines.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.We observed staff interaction with people who used the service to see if people were treated in a kind, caring and compassionate way.

Good

Is the service safe?

Our findings

People told us they felt safe and well supported by staff in Bushey Beaumont. Visiting relatives that we spoke with also told us they did not have any concerns in relation to their relative's safety and well-being. We saw that staff were observant and were present in main communal areas at all times. Staff were also popping in to check that people who had chosen to stay in their bedrooms were safe.

The provider had systems in place for assessing and managing risks. We saw that people's care records contained risk assessments which identified risks and the measures that had been put in place to reduce and manage the risk. For example, we saw that there were clinical alerts, to inform staff when blood tests or professional visits were due. Care and support plans included waterloo assessments which is a skin integrity tool used to monitor skin and tissue viability. There were also mobility assessments to ensure staff had relevant information to enable them to keep people safe. Staff confirmed they had been trained in the safe moving and handing of people as well as how to use equipment to safely transfer people and their practice was observed to ensure they were competent in these practices. People had individual personal emergency evacuation plans and fire drills and procedure were monitored so that staff were familiar with the procedure in the event of a real emergency.

Staff were able to describe what constituted abuse and how to report concerns under the providers safeguarding procedure. Staff were also aware of the whistleblowing procedure and how they could elevate concerns externally if required. Staff had received training in how to safeguard people from potential abuse.

We saw that staffing levels were adequate to keep people safe. The manager told us they used a 'dependency tool' to assess staffing levels to ensure there were adequate staff on duty at all times. People had access to call bells in their rooms and staff responded promptly when people were ringing for assistance. One person told us "I never have to wait long; they are really quick to respond". Another person said "sometimes they are busy but they always let you know they'll be with you in a few minutes".

The provider had safe and robust recruitment processes in place; they carried out relevant pre-employment checks, which included obtaining a minimum of two references, in some cases we saw that three references had been sought. In addition a full employment history, proof of identity and address, and also checks to make sure potential staff were eligible to work in the UK. Staff had Disclosure and Barring Service (DBS) checks which were completed before staff commenced work at the home. These checks helped to make sure that potential staff were suitable to support people living in the home.

People had their medicines administered by trained staff. We saw that there were safe and appropriate arrangements for the ordering, storage and disposal of medicines which were no longer required. Medicines administration records were signed by staff after giving people their medicines. Staff were aware of the process of obtaining consent in relation to the safe administration of medicines. Staff told us they would record on the MAR cart if people refused their medicines for any reason. Where Medicines were prescribed 'as and when required' there was a specific protocol for staff to follow. Similarly for topical medicines. Some medicines required refrigeration and staff told us how these were stored, temperatures were checked and the 'use by date' to make sure they were used within the manufacturers best before date guidelines.

Good

Is the service effective?

Our findings

People were looked after by staff who were trained and knowledgeable about how to meet people`s needs effectively. Staff told us they received training in various topics relevant to their specific job roles. These included safeguarding, health and safety, infection control, moving and handling.

Staff completed comprehensive induction training linked to the care certificate when they commenced work at the home and staff shadowed experienced staff until they were sufficiently competent to work alone. This process ensured staff were able to meet people's needs effectively. Staff were well supported by the management team and they told us they had regular supervisions with their line manager, annual appraisals, and were invited to attend regular team meetings. Staff told us they had handovers at the beginning of each shift, which was an opportunity to share communication so that all staff had current information to assist them in providing care that was effective.

We observed that staff communicated effectively with people and knew them very well. For example we observed a person shouting in a distressed way in the dining room, staff were quick to attend to the person and offer reassurance. Staff told us later that the person sometimes displayed this behaviour and once they provide the reassurance the person needed they were more settled.

We saw that people were given time to engage and respond to communication, for example we observed a kitchen assistant assisting people with choosing their food for the evening meal and they gave them time to think about what they would like to eat.

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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.

We checked whether the service was working in line with the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people required constant supervision and they were being deprived of their liberty to keep them safe. The manager ensured they had completed the relevant assessments and these were submitted to the local authority one had recently been declined and others were pending outcomes.

People were asked for their consent regarding all aspects of their care. Also to have their photo taken and for sharing information. We saw that support plans had been signed to confirm people's agreements. Staff told us consent was reviewed regularly as they recognised that people may change their minds. We saw that staff asked people if they needed help and then explained how and what they were going to assist with.

People were encouraged and supported to eat a healthy and nutritious diet. People told us the food was lovely. One person said "you always get a choice, it is always freshly cooked and plenty of it". A visiting relative told us "the food is exceptional, and they will always try their best to accommodate special requests". Kitchen staff told us they catered for specialist and culturally specific dietary requirements. People were assisted to eat and drink appropriately and in a dignified non-intrusive way. Menus were discussed with people and they were able to make suggestions and we saw that menus were displayed and were changed regularly.

People were supported to maintain their health. Staff told us they could be seen by the GP who visited the home a on a Tuesday morning or upon request if they needed to be seen more urgently. Professionals visited the service when requested for example Chiropodists, Opticians or Occupational health therapist's appointments could be arranged. The Nurses within the home also supported people to remain healthy and could advise on matters such skin integrity to make sure people were not at risk of developing pressure areas.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the staff and management at the home. One person told us "they are all lovely, really a great bunch". Another person said "I don't think there is one I don't get on with, they are obliging and nothing is too much trouble". People told us staff were caring and respectful. Staff spoke in a kind an caring way about the people they supported and several staff members told us they love their job and really felt they made a difference to people's lives.

We observed positive, kind and caring Interactions between people, staff and management. Staff had developed good relationships with people and one person told us "they respect me and I trust them, that's why it works so well". Staff told us they felt it was important to get to know people well. People had detailed and personalised care and support plans and staff told us these documents provided them with all the information they required to support people. However a member of staff told us "what is more important is the way you approach people, I think people respond to kindness or sometimes just a smile or a few kind words".

We saw staff never passed a person without a nod or a smile or some sort of interaction. We also saw that staff and managers were kind and caring to each other. A staff member was assisting a person with a task and another member of staff said let me help you with that, and started chatting to the person they were assisting. The person reached out to hold the persons hand. In another display of kindness a person was being assisted to adjust their footplates on the wheelchair and the person reached out to kiss their hand. These small actions demonstrated a kind caring and respectful relationship between people at the home.

We observed staff being mindful of people's abilities when supporting them. They sat down so they were at the same level or in the case of one person they stooped so they were able to make eye contact with a person. When speaking to a person who used a wheelchair we saw staff walk to the front of the wheelchair so the person could make eye contact with them.

Staff were respectful of people's private space and did not enter people's bedroom before being invited to come in. When staff supported people with personal care they were discreet. They spoke in an appropriate tone and quietly so that other people who were within ear shot could not hear what they were saying. One member of staff was describing how they ensured people's dignity was preserved when hoisting the person They said "I explain what I am doing and always make sure the person is covered with a towel". Another person told us they engaged people in conversations, to take their mind of the task so that people were more relaxed and did not feel embarrassed.

Staff also ensured that peoples private information was held securely and demonstrated the importance of maintaining confidentiality, for example when we were reviewing documents as part of our inspection, documents were presented and when we were finished reviewing them they were taken back to where they were stored to ensure the records remained private.

People were encouraged and supported to maintain relationships with family and friends and people and their visitors told us they could visit at any time and were always welcomed. We saw visitors joining a person for supper and staff told us this often happened.

People were able to contribute to their care planning and reviews, and where people lacked capacity family, or friends were able to support people if they wished. The manager told us care plans were being reviewed so that information recorded in care plans demonstrated a more personalised approach.

Good

Is the service responsive?

Our findings

People received care that was responsive and personalised and that met peoples assessed needs. People, relatives and staff told us they involved people in planning how their care should be provided, and support was provided flexibly so when people's needs changed the service could be responsive. For example people who lived at the service who were terminally sick had changing needs and required a higher level of support as well as assistance with tasks that they could previously do for themselves. Staff told us people's needs were kept under constant review to make sure they were responding to changing needs. People had been asked about their wishes in relation to end of life care and support decisions and arrangements.

Feedback from People, relatives, and health care professionals told us they felt the service was responsive, and flexible. One person told us, "I really like it here, they are great, I have never had any concerns, and if I did I would just speak to staff or the manager". Another person told us "They do listen and that's important, I think they want to get it right and to support people in the way they choose, they are always offering choices and alternatives".

The manager also told us that people sometimes came to the home for a period of 'respite' for example to give family carers a break or just to provide them with care and support. We saw in these circumstances that people's needs were reviewed regularly as their needs often changed from one period of respite to the next.

People were supported to participate in a variety of activities and hobbies, people were having manicures and hand massages on the day of our inspection. One person told us "I like playing cards, I usually play a couple of times a week, and we do lots of different things". Another person told us they had been shopping in the morning. Staff told us they also arranged days out for example to the Garden centre and a local shopping centre. There was an activities coordinator employed at the home and in addition staff supported the activities programme. People told us they enjoyed playing board games, watching TV having quizzes; one person told us "I do the exercise class when they have it on". Staff told us they tried to offer a varied activity programme and took into account people's interests and also peoples varying abilities. One staff member said we try to offer some individual activities so that we can include those people who do not choose to participate in group activities.

There was a complaints policy in place and we saw that complaints were dealt with appropriately. The provider had made information available about how to make a complaint. People who used the service were aware there was a process for making a complaint but they had not had to complain about anything. Managers and staff were positive about complaints and one staff member told us "I see it as a way of improving what we are doing" another said "I welcome feedback; if you don't listen to people things will not change".

People were encouraged and supported to give feedback and people's opinions were listened to and valued. Staff told us that concerns and compliments were discussed at team meetings so that all staff could benefit from the learning. We saw that people had written numerous 'Thank-you' cards and letters and had provided positive feedback about the service they had received. This demonstrated a balanced approach to feedback and staff told us they felt 'motivated' when they received positive feedback.

Good

Is the service well-led?

Our findings

People, staff, and relatives were all positive about the management at the home. One person told us the manager had a presence and staff told us the manager was fair, supportive and made themselves available to support staff and people who lived at the home.

The manager was supported by the regional director who completed regular quality monitoring visits at the service. Part of the monitoring at the service was a self-assessment around the five key questions that CQC ask as part of their inspection. The monitoring at the service also checked the key lines of enquiry to make sure they were meeting the regulations. Where any shortfalls were identified these were put into an action plan with timeframes by when they would have achieved the required actions and improvements. This helped to demonstrate a proactive approach to making improvements and in sustaining them.

The manager told us they had had a recent monitoring visit from local commissioners and that they had achieved a good rating with minimal requirements. The manager told us they were already acting on the feedback from commissioners for example with regard to making care plans more person centred.

The manager and staff told us about the support arrangements in the home. For example they had regular supervision for care and support staff and the Nurses had regular clinical supervision. Senior staff had responsibility for keeping documents updated and reviewed for example care plans and risk assessments. Daily records and progress notes were also regular audits to check that correct information was recorded in a timely way and also with the use of appropriate language.

We saw that audits were completed regularly by various senior staff within the home. These were used to monitor performance, manage risks and to continually improve the quality of care people received at the service. These included checking of equipment such as bed rails and hoists, health and safety of the environment, a medicines audit, infection control. Staff within the home had key responsibilities for certain arears for example there was an infection control champion and a Nurse who overseen the audits of medicines. These arrangements meant that staff had particular responsibility and were accountable for maintaining what was within their remit.

We saw that statutory notifications had been completed in a timely way and sent to the Care Quality Commission as required. Notifications are sent to inform CQC about events or accidents that happen at the home and help us to monitor and or identify trends and take appropriate action.

People were asked for feedback and surveys were sent to all stakeholders to ask them about their experience at the home. People's relatives were also able to give feedback to assist with getting a balanced and proportionate sample of views. We saw that people's feedback was analysed and remedial action plans put in place. Feedback was discussed with staff so that everyone could be involved and contribute to making the required improvements.

The management at the home operated in a way that was open and transparent and inclusive. It was clear that everyone at the home was committed to improving standards across the board. Staff told us they enjoyed working at the home and it was important that everybody played their part.