

Barchester Healthcare Homes Limited

Bushey House Beaumont

Inspection report

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Date of inspection visit:
21 November 2019

Date of publication:
17 December 2019

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

About the service

Bushey House Beaumont is registered to provide accommodation for people who require nursing or personal care for up to 62 people. At the time of this inspection 35 people were living in the home.

The home is a Grade II listed building and offers accommodation to people over two floors. The environment is generous in providing people with communal space where they can spend their time. The home has generous lawns and gardens that show off a peaceful landscape to the rear of the building.

People's experience of using this service and what we found

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

People told us they felt safe and well supported by staff who knew them well. Staff were trained and skilled to meet people's health needs. They knew how to recognise possible signs of abuse and report concerns to their managers or external safeguarding authorities.

People's medicines were administered safely by staff who were trained and had their competency checked. Infection control procedures were followed by staff when cleaning and when offering personal care to people.

There were enough staff employed through robust procedures to meet people's needs in a timely way. When things went wrong staff completed a root cause analysis of the incident to ensure that any actions needed to improve the service could be identified and implemented.

People praised staff for their kind, caring and respectful attitude. Opportunities for people to pursue their hobbies and interests were provided.

People's likes, dislikes and cultural preferences were known and respected by staff and management in the home. Staff met and catered for people's diverse dietary needs. When there was a need for it, health professionals like dieticians were involved to help people achieve a good nutrition.

The registered manager involved people, relatives and staff in the running of the home. This was done through meetings and surveys. Complaints received were investigated and fully responded to.

The registered manager and the provider completed a range of regular audits to ensure they were assessing the quality and safety of the service provided. Where actions were needed to improve the service, these were completed in a timely way.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 27 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 well-led.

Details are in our well-Led findings below.

Good ●

Bushey House Beaumont

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

Two inspectors carried out this inspection and an Expert by Experience. 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and four relatives about their experience of the care

provided. We spoke with seven members of staff including activity coordinator, care staff and the deputy manager. We also spoke with the registered manager, support manager and the provider's regional manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure people's medicines were consistently managed and administered safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were administered safely by staff who were trained and had their competency checked regularly.
- Time critical medicines were administered as prescribed and for medicines prescribed 'as and when required' protocols were in place detailing when, why and how to administer these.
- Stock of medicines we counted corresponded with the records kept and mood control medicines administered to some people were regularly reviewed.

Staffing and recruitment

At our last inspection the provider had failed to ensure staff were effectively deployed to meet people's needs in a timely way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People had mixed views about staffing. Some people felt there was a need for more staff because they saw staff rushing around when others felt their call bells were responded to within acceptable time frames. One person said, "I only sometimes have to wait for help but most of the time is acceptable." Another person said, "Waiting for help is reasonable. Nobody wants to ring for nothing. I would say they are short of staff, not in terrible way but they [staff] can't stop running."
- On the day of the inspection there were enough staff and they were easily visible throughout the building. The registered manager confirmed they increased staffing numbers depending on the needs of people using the service.
- Although staff were busy, we observed they responded to call bells quickly and people's support was not rushed.
- Recruitment processes were robust and ensured that staff employed were suitable to work in this type of service.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe. One person said, "This place is safe because it feels like home." A visitor said, "I would say this is a very safe place, I never heard anything negative."
- Staff told us about what safeguarding meant and how they reported their concerns to their managers. They were also aware of external safeguarding authorities they could report their concerns to.
- Lessons were learned from safeguarding incidents or when people sustained an injury. A root cause analysis was carried out and learning was shared with staff to ensure the likelihood of reoccurrence was minimised.
- The registered manager was developing the lessons learnt process further to ensure staff had feedback about complaints and various analysis of the quality of the service they were doing.

Assessing risk, safety monitoring and management

- Risk assessments were in place and these gave staff details about what measures were needed to keep people safe. These were regularly reviewed to ensure people were safe from the risk of harm.
- Staff knew people well and they were able to tell us where people were at risk of falls, malnutrition or dehydration. We observed staff supporting people well encouraging frequent drinks and food for people who were at risk of not eating or drinking enough.
- Staff knew what to do in case of an emergency like fire. A fire risk assessment was completed in December 2018. Actions resulting from this were completed such as replacement of smoke protection for doors. Regular fire drills were in place to ensure staff could be prepared and knew how to use the evacuation equipment in case of an emergency.

Preventing and controlling infection

- Areas in the home were clean and pleasantly airy. There were enough housekeeping staff on duty and throughout the day of the inspection cleaning was in progress.
- Staff were seen using personal protective clothing when dealing with food and when offering people personal care.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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 to use the service. Assessments detailed people's overall support needs and individual preferences. These assessments formed the basis of people's care plans and risk assessments and were further developed as and when needed.
- Relatives told us they were asked to participate in reviews of people's care where appropriate. One relative said, "We came together to actually have a change and update for our relative's care plan after their stay in hospital."

Staff support: induction, training, skills and experience

- People and relatives told us they found staff knowledgeable and keen to learn about different health conditions people in the home had. One person said, "I have a very rare condition which not many people heard about. Whilst being really interested to listen and follow my instructions about care, nurses here wanted to learn more [about the condition]. [Health professional] will come and give training because carers felt they need all the knowledge they can get." A relative told us, "I think they specially trained somebody about these special prescribed patches so there is no waiting between doses. And they monitor [person] all the time."
- Newly employed staff completed an induction prior to starting work. This included learning of policies and procedures, on-line training and face to face training. Staff shadowed more experienced staff until they were competent and confident to work alone.
- In addition to the induction training, staff received annual refresher training in safeguarding, manual handling, infection control and others.
- Staff told us they were well supported through one to one meeting with their line manager and staff meetings.

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

- People told us they were happy with the quality of the food provided. One person said, "Food is lovely here."
- Some people were assessed as needing staff to monitor their food and fluid intake. Staff were seen monitoring this and encouraging people to eat and drink sufficient amounts.
- Meal times were a social event and people enjoyed spending time and eating in the dining room. The food served on the day of the inspection was homecooked. Home cooking smells filled the dining room where tables were laid ready for lunch with tablecloth, drinks and napkins. Condiments were available.
- Staff were attentive and offered people support in a sensible way.

- The chef catered for people's dietary needs and cultural preferences. Where people were identified losing weight, they were referred to their GP or dietician for support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew people's needs very well and ensured that any changes in a person's condition was noted and discussed with the person, their relative if needed and the management team.
- They worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff made referrals to professionals such as GPs, physiotherapists, opticians and chiropodists as necessary.

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

- People lived in a clean environment which was adapted for the use of wheelchairs, hoists and other special equipment people needed.
- There was ample space in people's bedrooms, as well as a large, open-plan communal spaces. People had access to en-suites in their room, communal toilets and bathrooms were located throughout the units. Outside space was generous offering beautiful views of the landscaped gardens and entertainment areas. People told us they often saw deer and other animals in the garden.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us staff listened and respected their choices. One person said, "I think the best way I would describe carers is that they are compassionate. They understand it`s not easy to be old, they respect what we say, and they listen." A relative told us, "When they tried my relative with the hoist they explained every step, being patient and gentle. Unfortunately, it's still no way [person] will use it and they accept that."
- Care plans evidenced if people had capacity to decide about their care or treatment and what was done in case people lacked capacity to make certain decisions. Where people were found to lack capacity a care plan was in place and the registered manager applied for DoLS.
- Decisions for people who lacked capacity were taken following a best interest process. This involved relatives, health and social care professionals to ensure the care people received was in their best interest.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives praised staff for being kind, caring and respectful towards them. One person said, "This is my first experience of residential homes and I am very surprised of the level of professionalism I am surrounded with. Carers treat me in a kind and respectful way. Nothing is too much trouble for them." A relative said, "All the staff here are lovely, so caring and go out of their way to help. I cannot fault anything. The rooms are delightful, the food good, everything is very clean. They look after my relative well. I sometimes become teary, so they comfort me as well. They are really kind to me as well."
- People received care from staff in a personalised way. We saw throughout the day how staff listened to people had a laugh and small banter.

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

- People and relatives confirmed they had been involved in making decisions about their care and support. A relative said, "I know my relative will be able to express their preferences, and [person] is actively involved in adding details in their care plan."
- Throughout the inspection we saw staff asking people for their views and supporting them to make choices about such things as what to eat, where to sit, whether to participate in an activity.

Respecting and promoting people's privacy, dignity and independence

- People were well-groomed and dressed appropriately for the weather. We saw staff supporting people with their needs discreetly to protect their privacy. Doors were closed when staff were giving personal care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us the care and support they received met their needs and took account of their preferences. One person said, "This place felt immediately good. I am happy and I would not want to change anything about the way support is provided."
- People received care from staff in a personalised way. We saw throughout the day how staff listened to people and they supported people to do what they liked. People walked around freely and staff on occasion walked with them to have a little chat. They supported people to go back to their rooms or come out when they wanted.
- Care plans contained personalised information about people's likes, dislikes and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans detailed what communication needs they had.
- We saw staff adapting their verbal communication to people's ability and gave them time to respond if it was needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us there were activities they could chose to attend to or they could spend time in their rooms. One person said, "I like doing my crosswords and word puzzles. My hands get tired quickly. Luckily there is always somebody popping in the room for a small chat, nurses mainly as they keep an eye on me." A relative said, "Whatever activities (are offered) [person] will refuse and only likes now sitting next to this window and watching birds. They (staff) put a small feeder and carers are putting some seeds on window sill to attract them. It's [person's] choice and there is nothing I can do."
- The service employed activities staff and volunteers who planned a varied programme of both group and individual activities taking into consideration people's individual interests.
- People told us there were trips out in the community and various opportunities to get involved in the activities offered in the home.

Improving care quality in response to complaints or concerns

- People and relatives told us they were confident to raise concerns with staff or the management of the home. One relative said, "We would complain, if we need to, but most of the things are sorted if we talk to the carers."
- Where concerns or complaints were raised people were supported to understand the nature of their complaint and supported through the process. Copies of the complaint procedure was made available to people and visitors and the provider monitored any concerns raised. This also directed people to organisations who were able to support them with their concern or to escalate their complaint appropriately.
- Where a complaint was raised people were invited to attend a meeting where they could further discuss their concerns or suggestions.
- We saw where complaints had been received these had been thoroughly investigated and responded to. An outcome letter was provided that detailed the findings, which were then discussed with the person or their relative. Staff and the registered manager were able to provide examples of where complaints were discussed, and lessons learned to develop practise. Where necessary complaints were escalated through the providers complaints process if people were not satisfied with the initial response.

End of life care and support

- Care plans included end of life care arrangements so that staff had guidance for when this was needed. Staff discussed people's wishes with them for when they were nearing the end of their life.
- People were asked to provide information on their preferred place of death as well as details about who they wanted near them in their final days.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to their governance systems were effective to monitor and improve the care people received. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff knew the management team well. One person said, "[Registered Manager] is very regular for a chat, almost every day he pops in and check if I need anything."
- Staff told us morale in the service was good and had improved since the last inspection. One staff member said, "The home is in a better place. We have new staff, it`s more positive environment, much more positive morale because of the [registered] manager. We pull together more as a team." This they said had been due to changes within the staff team through the registered manager performance managing staff who did not share their ethos of care.
- The management teams positive and person-centred ethos of the care provided to people underpinned the positive outcomes that people experienced as evidenced in this report.

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

- Regular meetings were held with people and their relatives to seek their views about different aspects of the service. Meetings were led by a resident ambassador who was able to raise concerns on behalf of people directly with management. People told us they were kept informed of developments and their views and opinions were sought. The registered manager told us as part of ongoing development and transparency they would be sharing with people in meetings areas such as improvement plans, developments affecting the service and other areas of feedback. This was part of their review of information sharing within regular meetings.
- The provider carried out regular reviews of the quality of care people received. This was through formal surveys and also through discussions. Actions arising from these visits were shared with people, relatives and staff for review and discussion. This meant that management at all levels were accountable directly to people if improvements were not made.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager told us they promoted transparency within the team. They said when incidents occurred they used these as opportunities to develop staff practise, being open with people and relatives always trying to make things better for people. We saw individual examples where this approach had been followed. The registered manager was developing the lessons learnt process further to ensure they could share information with the entire staff team and people.
- The management team kept up to date with current research and good practice. They regularly reviewed this and passed this information to staff to ensure that people were given the best possible care and support.

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

- The management team were open and knowledgeable about the service and the needs of the people living there. They were organised and clear about their responsibilities in terms of quality performance, risks and regulatory requirements. Staff were also clear about their role and the reporting lines within the home.
- Quality assurance systems were in place to ensure that staff gave good care. The nominated individual and the registered manager carried out regular audits which identified areas for improvement. Action plans were in place to address any shortfalls. The registered manager told us they would share these action plans with staff and relevant others to improve transparency and ensure all involved in the delivery of care were aware of the organisational and strategic objectives to be achieved. Themes and trends from falls, incidents, injuries and other aspects of the care were reviewed and the registered manager said they planned to share these findings with staff. This would enable staff to focus on emerging trends and mitigate further risks.
- The registered manager told us that they were looking at further developments of the whole service. From internal and external reviews of the quality of care, they were in the process of developing care records to be more person centred. They had identified the need to install a new call bell system as the current system was not operating correctly.
- When events occurred in the service that required notifying to CQC or the local authority these were completed promptly.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.
- The registered manager was developing local links with organisations who may be able to support and signpost people to appropriate care agencies and social groups.