

Apex Care Homes Limited

Bunyan Lodge

Inspection report

66-68 Kimbolton Road
Bedford
Bedfordshire
MK40 2NZ
Tel: 01234 346146
Website: www.apexcare.co.uk

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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

This inspection took place on 26 November 2015 & 14 January 2016 and was unannounced.

Bunyan Lodge provides care and support for up to 16 people with mental health needs. There were 15 people living in the service on the day of the inspection.

A registered manager was 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 felt safe living at the service. Staff had been provided with training to recognise signs of potential abuse and how to promote people's safety.

Processes were in place to manage identifiable risks within the service and to ensure people's freedom was not restricted unnecessarily.

Summary of findings

The provider carried out recruitment checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people were supported to take their medicines safely and at the appropriate times.

Staff had been provided with the appropriate training to meet people's assessed needs. There was a supervision framework and appraisal system in place to support staff with their personal and professional development.

Staff worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed. Where people were unable to make decisions about their care and support, mental capacity assessments had been undertaken.

People were provided with adequate amounts of food and drink and to maintain a balanced diet. If required, people were supported by staff to access healthcare facilities.

Positive and caring relationships had been developed between people and staff. There were processes in place to enable people to express their views about their care and support needs.

Staff had a good understanding of the needs of the people they were supporting and how to ensure their privacy and dignity were promoted.

People's needs were assessed prior to them moving into the service. This ensured that the care they received was appropriate to their needs.

A complaints procedure had been developed to inform people on how to raise concerns about the service if they needed to.

There were quality assurance systems in place to monitor the quality of the care provided and to drive continuous improvements.

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

There were arrangements in place to keep people safe from avoidable harm and abuse.

Risk management plans were in place to protect and promote people's safety.

People's needs were safely met by sufficient numbers of suitable staff.

There were systems in place to ensure people received their medicines at the prescribed times.

Good



Is the service effective?

The service was effective

Staff had been appropriately trained to carry out their roles and responsibilities.

People agreed to be supported with their care and support needs in line with current legislations.

Staff supported people to eat and drink and to maintain a balanced diet.

If required, people had access to healthcare facilities.

Good



Is the service caring?

The service was caring

People had developed positive and caring relationships with staff.

There were arrangements in place to enable people to express their views.

Staff ensured people's privacy and dignity were promoted.

Good



Is the service responsive?

The service was responsive

People received care that met their assessed needs.

People had access to information on how to raise a complaint.

Good



Is the service well-led?

The service was well-led

There was an open, empowering and inclusive culture at the service.

There was a registered manager in post at the service.

There was a quality assurance system in place which was used to good effect.

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.

The inspection took place on the 26 November 2015 and 14 January 2016 and was unannounced.

The inspection was undertaken by one inspector 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.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with five people who used the service, two support workers, two senior support workers and the registered manager.

We looked at three people's care records to see if they were up to date. We also looked at two staff recruitment files and other records relating to the management of the service including quality audit records.

Is the service safe?

Our findings

People said they felt safe living at the service. One person said, "I feel safe living here because the staff protect me." Another person said, "I feel safe because the staff do not discriminate against me."

Staff told us they had been provided with training to recognise the signs of potential abuse and how to ensure people's safety was promoted. They also told us that safeguarding was regularly discussed at staff and residents' meetings. A staff member said, "If I witnessed or suspected a person was being abused I would report it to the manager or the senior on duty." A second staff member commented and said, "We ask people how they are feeling and try to find out if they have any concerns."

The registered manager told us that staff had regular updated training on safeguarding. Their competencies had been assessed to ensure the training had been embedded. We saw training records to evidence staff had been provided with safeguarding training. We observed there was a poster displayed in the service with information about safeguarding and who to contact in the event of suspected abuse. There were also leaflets displayed in people's bedrooms with information on how to raise a safeguarding alert. We found that the service's safeguarding policy had been amended in line with current legislation. It included information on self-neglect and how to prevent radicalisation. The outcome from safeguarding investigations was discussed with staff and if required actions were put in place to minimise the risk of recurrence.

There were risk management plans in place to promote and protect people's safety. One person said, "I have a risk assessment in place to support me when out alone. The risk of me being harmed is low." The registered manager told us that people had individual risk management plans in place in relation to their identified needs. Some of the plans seen were to support people with accessing the community, managing challenging behaviour and alcohol abuse. We saw evidence that the plans had been developed with the involvement of individuals, which ensured their freedom and choice was not restricted unnecessarily. We found that people's risk management plans were reviewed quarterly or as and when their needs changed.

There was a plan in place for responding to any emergencies or untoward events such as, adverse weather conditions; fire, electrical and gas failure. The registered manager commented and said, "We had a fire once that was caused by the tumble drier. The building had to be evacuated, which was done smoothly." We saw there was an emergency pack in place, which was called a 'grab pack'. It contained up to date information on the people who used the service as well as staff members. The pack also contained a torch, batteries, identification bracelets, pens, markers and a plan of the building. We found the pack was checked on a monthly basis to ensure all the required items were in place if needed. Evidence seen confirmed that the fire panel was checked weekly. Electrical equipment and gas appliances were regularly serviced. Staff told us that the emergency plan was regularly discussed with them to ensure they were aware of the action to take. One staff member said, "The manager is always contactable day or night."

People told us there were sufficient numbers of staff to keep them safe and meet their needs. One person said, "There's always enough staff on duty and they are supportive and nice." Staff told us that the staffing numbers were adequate and there was always a senior member of staff on duty who knew people well, to provide advice if needed. One staff member said, "We get very busy sometimes, but there is enough of us." Another staff member said, "There are three staff on during the day, which is sufficient as our residents are self-caring."

The registered manager told us that the rota was flexible to meet people's needs. He said, "When making the off duty rota I always check the diary to see if the residents have hospital appointments and would always provide an additional staff member to accompany them." He confirmed there were three staff on duty throughout the day. At night the number was reduced to one waking night staff and a second staff member who slept on the premises. The staff rota seen reflected this.

There were safe recruitment practices followed at the service. Staff told us they did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. We looked at a sample of staff records and found that the appropriate documents were in place.

Is the service safe?

People told us that staff supported them to ensure their medicines were managed safely. One person said, “I take six tablets a day which the staff give me.” Another person said, “The staff always give me my medicines at the prescribed times.”

Staff told us they had been provided with training on the safe handling of medicines and their competencies were assessed regularly. One staff member said, “Every year we are expected to update our knowledge and skills on the safe handling of medicines.” Another staff member said, “There is a British National Formulary (BNF) on the drug trolley that I can refer to if I am not sure about a particular

medication side effects or contra-indications.” We observed the service had protocols in place for administering prescribed pain killers and sedatives if people were in pain or distressed.

We saw medicines were stored appropriately. The temperature of the room where they were stored was checked daily to maintain their effectiveness. There was an audit trail of all medicines entering and leaving the service. The Medication Administration Record (MAR) sheets had been fully completed. We checked a sample of controlled medicines and found that the balance in stock corresponded with the record. (Some prescription medicines are controlled under the misuse of drugs legislation and are called controlled medicines.)

Is the service effective?

Our findings

People told us that staff had the right knowledge and skills to carry out their roles and responsibilities. One person said, “I think the staff are trained.” Another person said, “The staff here know what they are doing.”

Staff told us they had been provided with induction and updated training to support them in their roles. A staff member said, “I had a good induction. We have lots of training including e-learning, which is really good.” The registered manager told us that new staff were required to complete induction training. They were also expected to work alongside an experienced staff member until their practice was assessed as competent. We found that all the staff had been working at the service for a long time; however, they confirmed that they had been provided with induction training.

Staff told us they received on-going support from the registered manager as well as, regular supervision and an annual appraisal. This enabled them to discuss their roles and request for any further support or training they required to enhance their development. We looked at the training record and found staff had been provided with training in a range of subjects such as, safeguarding, moving and handling, Mental Capacity Act (MCA) 2005, Deprivation of Liberty Safeguards (DoLS), medication awareness, fire awareness, equality and diversity, food safety, mental health awareness, first aid and infection control. The training record reflected the date when training had been provided. The registered manager told us that essential training for all staff was due to be updated. We saw evidence that some staff had achieved a recognised national qualification that was relevant to their role. We found that staff had a good understanding of the needs of the people they were supporting and communicated with them appropriately.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found there was no one living at the service whose liberty was being restricted. The service had policies and procedures in relation to the MCA and DoLS. Staff we spoke with demonstrated a good understanding of MCA.

Staff told us people’s consent was sought to provide care and support in line with current legislation. One staff member said, “The residents are in control of their care and give consent for us to assist them with support if required.” Within the care plans we looked at we saw there were consent agreement forms in place. They had been signed by people and were regularly reviewed.

People told us they had enough to eat and drink and they were consulted about menu choices. One person said, “We have a choice of meals but I prefer the salads.” Another person said, “There is plenty to eat. I can make myself drinks.” Staff told us they supported people to maintain a balanced diet. We found that people were regularly consulted about the food menus. We observed they had access to drinks and snacks throughout the day. The midday meal was a relaxed activity. Some people chose to eat in their bedrooms.

The registered manager told us if people were observed as not eating or drinking enough they would be monitored closely and if needed specialist advice would be sought. We found if needed that people’s weights were closely monitored.

People told us that staff supported them to maintain good health and to access healthcare services if required. One person said, “If I want to see the doctor, dentist or optician, the staff will help me.” Another person commented and said, “The staff accompany me to hospital appointments, which is usually every six months.” Staff told us that people were registered with a GP of their choice who they visited if they had a problem. Staff also told us that people had links with the community psychiatric nurse who visited them as and when required to ensure their health and well-being. The registered manager said, “We have good relationships with care-coordinators and health care professionals to ensure the residents receive good mental and physical

Is the service effective?

health care.” On the day of our inspection one person appeared low in mood. We found that staff were able to obtain the relevant support they needed with their mental health.

Is the service caring?

Our findings

People told us they had developed positive and caring relationship with the staff. One person said, “The staff speak to me in a nice manner.” Another person described staff as, “Friendly and Caring.” People also said that staff addressed them by their preferred name.

Staff told us that they had been provided with appropriate training such as equality and diversity and dignity in care. This had equipped them to respect people’s differences including their gender, sexuality, race, religion and age. One staff member said, “We treat the residents in the same way that we would like to be treated.” Another staff member said, “If someone makes a request to have care provided from a staff member of the same sex their request is granted.”

The registered manager told us that staff went more and above their duty to support people and to make them feel that they mattered. An example given was that a person requested to have a bouquet of flowers bought. A staff member bought them and brought them in on their day off. Another example given was that some staff donated DVDs (Digital Video Discs) to people which they were able to enjoy.

We found staff had a good understanding of the needs of the people they were supporting; and were aware of their preferences and personal histories. Throughout the inspection we observed staff treated people with empathy, kindness and compassion. There were positive interactions between people and staff. For example, staff spoke with people in a respectful manner and listened attentively to what they had to say and provided reassurance.

The registered manager was able to demonstrate how concerns for people’s well-being were responded to in a caring and meaningful way. He said, “We operate a key-worker system. The residents are able to approach their key-worker at any time to discuss concerns. If they are distressed, one to one time is offered.” Throughout the inspection we saw staff responded to people’s needs in a caring manner and spent time talking with them. This ensured that staff acted appropriately to relieve people of any distress or discomfort that they may have.

People told us they were supported to express their views and be involved in making decisions about their care and support. One person said, “There is a suggestion box and

we are able to make suggestions on what activities we would like to participate in inside and outside the home.” Another person said, “We have regular meetings and we are asked for our opinions.”

Staff were able to demonstrate how people’s views were listened to and acted on. An example given was senior managers regularly visited the service to have face to face discussions with people. They were regularly asked to comment about the care they were receiving. We saw evidence from minutes of residents’ meetings that people were given the opportunity to discuss where they wished to go on holiday and were consulted on the activities that they wished to participate in. We found that several outings to the theatre and restaurants had been planned.

People told us that they were aware of how to access the services of an advocate. One person said, “I know advocates exist if you can’t represent yourself but I have never had to use one.”

Staff told us that people were enabled to access the services of an advocate to speak on their behalf. We found one person was currently using the services of an advocate. (The role of an advocate is to speak on behalf of people living in the community with their permission.) We saw that information on how to access the services of an advocate was accessible to people and was displayed on a notice board at the service.

People told us that staff ensured their privacy and dignity were promoted. One person said, “Staff never enter my bedroom unless they are invited in.” Staff told us that information about people was treated confidentially. One staff member said, “Information is shared on a need to know basis.” Another staff member said, “Handovers are discussed in private. We are conscious about confidentiality and we do not discuss issues in the presence of residents.” We observed during our inspection that the staff handover was carried out in private. Staff spoke about people who used the service in a respectful manner.

The registered manager told us that the service had a confidentiality policy which staff were aware of and implemented it in their day-to-day practice. For example, we saw filing cabinets were kept locked and the computer was password protected.

Staff were able to describe how they ensured people’s human rights were upheld. One staff member said, “The

Is the service caring?

residents have their own rights and beliefs and we respect them. This is basic human rights". Another staff member said, "The residents choose to wear the clothes they feel comfortable in and how they wish to style their hair." Staff also told us that people's differing levels of need were respected. We observed that staff provided support to people in a kind, calm and relaxed way. People looked at ease in the presence of staff. We observed that people were free to move around the service. It was evident that they

had the opportunity to choose where they wanted to be. Staff provided support to people at a level that was acceptable to them and based on their individual needs and preferences.

People told us that their friends and family were able to visit them without restrictions. One person said, "My friends and family are able to visit me and are made to feel welcome by the staff." Another person said, "My friends have a choice of a hot or cold drink when they visit." The registered manager confirmed that people's visitors were able to visit without restrictions.

Is the service responsive?

Our findings

People told us they received care that was appropriate to their needs. They said they met regularly with their key worker to review their care and support needs. One person said, "I have a care plan that is quite flexible and I was involved in its development." Another person said, "Staff always discuss my care plan with me and ask me to sign it if to confirm that I agree with it."

The registered manager and staff told us that before a person was admitted to the service a pre-admission assessment was carried out. At the point of referral the service would ensure that up to date information about individuals was obtained from relevant health and social care professionals. Information gathered at the pre-assessment stage was used to inform the care plan. If people wished to they were able to visit the service several times before they actually moved in.

The care plans we looked at were personalised. They contained information on people's history, preferences and goals. Giving people choices and promoting their independence were essential factors in how people's care was delivered. We found that people had been involved with the development of their care plans and had signed them to confirm their agreement. We saw evidence that the plans were regularly reviewed and every six months people's needs were re-assessed. Evidence seen confirmed that people were involved in the review process.

People told us they were supported by staff to follow their interests and take part in social activities of their choice. One person said, "I have my own interests and a great deal of freedom. I like visiting art galleries, theatres and the cinema." The person commented further and said, "I recently went to see an art exhibition called empowering mental health, which was very interesting. I also saw the mind exhibition four times. I enjoy fellowship and going to church."

Staff told us that activities were planned and arranged with people's involvement; however, some people chose not to get involved. We found that people had activity care plans, which outlined the activities that they preferred to participate in. During our inspection we observed staff involved some people with board games such as chess. We

saw evidence that staff ensured people's birthdays were celebrated. Staff arranged social functions, such as summer barbecues, Easter and Christmas parties and friends and family members were invited.

The registered manager told us that regular meetings were held in the community to discuss the development of mental health. People were encouraged to attend those meetings so that they did not become isolated. It also gave them the opportunity to maintain relationships with people that mattered to them.

We found that people's care plans contained detailed information on how they wished to be supported. Staff told us that they followed the care plan to ensure that care was delivered as intended and in a personalised manner to meet people's diverse needs. We found people's bedrooms had been personalised to reflect their characteristics and staff provided support to maintain them to an appropriate standard.

People told us they would be comfortable making a complaint if they needed to. One person said, "I know how to make a complaint." Another person said, "I know about the complaints procedure and how it works." A third person said, "I have never had the need to make a complaint but I know you can make one in writing or verbally to staff or the manager." People also told us that if they had a concern they would discuss it with staff or the registered manager. One person said, "If I have a problem I report it to the staff. They always know how to solve it."

Staff told us they made people aware of their rights and how to make a complaint if they needed to make one. We found that people were provided with information on how to make a complaint and this was displayed in their bedroom. We looked at the service's complaints record and found there was one complaint recorded. It had been investigated in line with the provider's procedure and to the complainant's satisfaction.

The registered manager told us about the arrangements in place to enable people and their family members to provide feedback on the quality of the care provided. He told us that questionnaires were regularly sent out and they were analysed. We saw action plans had been put in place to address areas identified as requiring attention.

Is the service well-led?

Our findings

People and staff told us that there was a positive, open and inclusive culture at the service. One person said, “The manager is always available to talk to you. He listens to you.” Staff described the registered manager as a “Good Listener and Approachable.”

Staff told us that regular meetings were held and they were able to give feedback to the manager in developing the service delivery. One staff member said, “We discuss issues relating to the residents’ well-being and health and safety and he listens to our opinions.” Another staff member commented and said, “He makes us aware of any changes that are taking place and provides feedback from managers’ meetings.” The staff member commented further and said, “He is supportive and reliable. If there is something not working it is discussed openly and we are able to make suggestions.” We read minutes from recent meetings. Staff had the opportunity to give their opinions and ideas on how the service should be developed

The registered manager told us that the service had links with the local community. For example, some people attended church on a regular basis and were known to the parishioners. They were also known to staff in the local post office and at the resource centres in the area.

Staff told us they were aware of the provider’s whistleblowing policy. One staff member said, “Whistleblowing is regularly discussed at staff meetings. We are aware of our responsibilities to report discriminatory and poor practice.” Another staff member said, “If the concern is about the manager we know that we can raise it with head office or the Care Quality Commission (CQC).”

Staff told us they were aware of the service’s vision and values. One staff member said, “We support people to live in a relaxed, homely and secure environment and to maintain their independence.” Another staff member said, “We have been able to support a couple of residents to move on to more independent living.”

During our inspection we saw that the registered manager and staff communicated with people in an open and transparent manner. People felt able to approach them to discuss the level of support they required. We found that they were listened to and treated with respect.

Staff told us they were clear about their roles and responsibilities and felt valued by the registered manager and senior managers. They were aware of what was expected of them to ensure people received the appropriate level of support they required. Throughout the inspection we observed that staff worked well together; and communicated with each other in a respectful manner. We also observed that there were photographs of the staff team displayed in the service. This was to give people who used the service and their relatives an indication of who was who.

People and staff told us that the registered manager demonstrated good management and leadership. Staff told us that they had confidence in the management leadership and their visibility inspired them to deliver a quality service.

There was a registered manager at the service. He told us that he was aware of his registration requirements, including the submission of notifications. We found systems were in place to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. Our records showed that the registered manager reported incidents. We also saw evidence that accidents and incidents were recorded and analysed for identified trends. Where trends were identified measures had been put in place to minimise further occurrence.

The provider was committed to providing a quality service. For example, the service had been awarded a number five Food Standards Agency (FSA) hygiene rating. This demonstrated that good hygiene standards were promoted at the service.

There were systems in place to monitor the quality of the care provided. The registered manager told us that monthly health and safety audits were carried out as well as medication, care plans and infection control. We saw where areas had been identified as requiring attention action plans had been put in place to address areas that required attention.