

Bush & Company Rehabilitation Limited

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Inspection report

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Date of inspection visit:
19 December 2023

Date of publication:
19 January 2024

Ratings

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

Overall summary

About the service

Bush and Company Rehabilitation Limited provide a bespoke case management service for people who have experienced catastrophic life changing injuries, supporting individuals and their families by providing access to the services and support they need. At the time of our inspection there were 18 children and 20 adults receiving personal care from individual teams of staff managed by the service.

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

The provider had systems to assess, monitor and improve the safety and the quality of the service.

The provider used information from safeguarding incidents, complaints and accidents to learn and prevent reoccurrences.

People received food and drink that met their needs and preferences. People received their prescribed medicines.

People's risks were assessed, and staff had the information they required to mitigate these known risks. People's risk assessments and care plans were reviewed regularly or as their needs changed.

The provider supported people to employ their staff teams to match their family culture and lifestyles. They followed safe recruitment practices to ensure staff were of good character. Staff received induction, training and supervision to carry out their roles and meet people's specific needs. Staff training was adapted to meet staff training needs.

People were protected from harm and abuse as staff received training in safeguarding. The provider reported and investigated concerns.

Staff identified when people were unwell and referred them to healthcare professionals promptly. People were supported to co-ordinate and access healthcare appointments when they needed them.

People were cared for by staff that knew them well, who knew their needs and preferences. People's privacy and dignity was respected, and people were supported to be independent. People and their relatives were involved in their care planning and reviews.

People and relatives knew how to make a formal complaint. The provider's complaints policy had been followed and complaints had been resolved.

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.

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

Rating at last inspection

The last inspection was rated good, published 6 May 2016.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Bush & Company Rehabilitation Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 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.

Service and service type

Bush & Company Rehabilitation Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was announced. We gave 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before 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. The provider was asked to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 9 relatives to ask about their experience of the care provided.

We spoke with 9 members of staff including the registered manager, clinical lead, recruitment and training staff, 3 care managers and 2 care staff. We contacted 5 care staff and asked them to complete a survey, we received a response from 3 care staff.

We reviewed a range of records. This included 6 people's care records, multiple medicine records, audits, accident and incident records and 4 staff recruitment files.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People's risks had been assessed and staff had the information they needed to mitigate these known risks. These risks were reviewed regularly or as people's needs changed.
- People had risk assessments and plans for evacuating their homes in case of emergency. Staff had received training in using evacuation equipment and checked the equipment regularly for safety. One member of staff told us, "We are consistently asked and reminded about what to do in case of emergencies or other problems or situations."
- People were protected from the risk of infection as staff were following safe infection prevention and control practices. Staff had personal protective equipment which they used appropriately.
- The provider regularly monitored infection control procedures.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm and abuse as staff received training in safeguarding. Staff understood how to recognise and report any concerns to the registered manager and relevant professionals. One member of staff told us they would report their concerns and, "Raise an incident form and record it as soon as possible being as thorough as possible."
- Care managers were familiar with the safeguarding procedures for each person's local authority.
- Safeguarding incidents had been reported and investigated. The provider's safeguarding board reviewed the information and used this to make improvements to the service and to help prevent reoccurrence.

Using medicines safely

- People were supported to receive their medicines safely.
- Staff received training in managing medicines and their competencies were checked regularly. Where necessary staff received additional training and clinical support for administering medicines for complex conditions.
- People's medicine records were regularly reviewed and audited.

Staffing and recruitment

- The provider ensured there were sufficient numbers of suitable staff.
- Staff were employed specifically to meet the needs for each person who had their own team of staff. One relative told us, "They normally have enough carers to cover for sickness/holiday within the team." There were contingency plans if employed teams of staff were not available. One relative told us, "If the regular support worker is ill or on holiday, a back-up or agency worker is provided."
- Care managers oversaw the planning of the staff team, recruitment and ongoing supervision. One relative

told us, "[Care manager] has carried out a lot of checking to ensure that they got the right [staff] who would fit in with the extended family."

- The provider operated safe recruitment processes. The provider carried out the necessary Disclosure and Barring Service (DBS) checks before staff commenced employment. The DBS provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- The provider had systems to gather and review information from safeguarding incidents, people's feedback, complaints and staff experiences. These were used to understand and learn lessons when things had gone wrong. They had implemented changes which had improved the safety and quality of the service.

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 our last inspection we rated this key question good. At this inspection the rating remains 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

- The provider's pre-assessment of people's needs was comprehensive and gathered information from relatives and relevant professionals. People's protected characteristics under the Equality Act 2010 were considered. This included age, disability, gender reassignment and religion. People's choices, preferences and routines were reflected including individual goals and aspirations.
- People's needs were assessed with evidence-based assessment tools to safely assess their current needs. This included the Malnutrition Universal Screening Tool (MUST) to assess people's nutritional needs.
- The care management team included a clinical lead who supported the care managers with risk assessments, care planning and identifying training needs

Staff support: induction, training, skills and experience

- Staff had received induction, supervision and support to ensure they had the skills required to carry out their roles. One member of staff told us, "I had to complete training before I started working with [Name] and my induction with [care manager]. I had the emergency training face to face with the nurse."
- Staff received training and competency checks through supervision to enable them to provide care that met people's needs. One relative told us, "There is on-line training, the system sends out a reminder if a support worker's training certificate has to be renewed. Medication competence is checked every year. Somebody comes out to interview and check the carers."
- Staff received specific training to meet the needs of the person they cared for. For example, they received training and on-going clinical support in areas such as, autonomic dysreflexia, diabetes, epilepsy and hydrocephalus.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the Mental Capacity Act.
- Mental capacity assessments were carried out where applicable. Where people lacked capacity to make specific decisions, this was documented clearly, and best interest meetings were held to record decisions about people's care with the least restrictive options.
- People's care plans included how they communicated their consent to care, where they could not communicate verbally.

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

- People received food and drink that met their needs and preferences. Staff received training in preparing foods that met people's needs.
- Staff received support and guidance from people's respective speech and language teams and dietitians. People's care plans reflected their prescribed diets.
- Staff received training in the management and use of percutaneous endoscopic gastrostomy (PEG) tubes where these were used to provide people's nutrition.

Staff working with other agencies to provide consistent, effective, timely care

- The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment.
- Care managers provided support for people and their families to liaise with health professionals and translate their prescribed care into care plans and staff training.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives, access healthcare services and support.
- Staff identified when people were unwell and referred them to healthcare professionals promptly. People were supported to access healthcare appointments when they needed them. One relative told us, "Bush and Co. are on the ball, they flagged up a medical issue that [Name] had."

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 our last inspection we rated this key question good. At this inspection the rating remains good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported to express their views and make decisions about their care. Staff described in detail how they involved people in making decisions about their day to day care by describing how people communicated their needs.
- People and their relatives worked with health professionals and care managers to create their care plans and reviewed these regularly. One relative described the care manager as "Brilliant, they understand the needs of the family. They listen and explain everything."
- Staff were recruited specifically to meet each person's needs. People and their relatives were involved in the employment process. One relative told us "I met [staff] initially via [video call]. If I had any concerns they would not have been employed." Another relative told us it was important staff fitted into their family and culture, they also said, "A sense of humour was important and the support workers who would need to get on with the [extended family]."

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

- People received care and were supported by their bespoke staff group who knew them, their family and their care needs. One relative told us, "The support workers gel really well with [Name]."
- Staff received training and supervision to ensure they understood people's human rights and these were implemented in people's daily care.
- People and their families provided feedback about their care at the regular reviews and at staff supervisions. The information from these was used to improve the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted as seen in all documentation and staff supervision.
- People were encouraged to carry out their prescribed therapies to improve their independence.
- Staff were respectful of families' needs to have time to be together. One relative told us the rota was adjusted at times as, "I may decide that I want some private time with my [relative]."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant people's needs were met.

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

- People's specific care teams provided care and support in line with their needs and preferences.
- The registered manager sought to match people with care managers that had the skills and experience to understand and meet their needs. Some families had been matched with care managers who had an understanding of their culture and language which assisted with providing for their needs.
- The care managers involved people and their relatives in setting up their care packages, team of staff, and care plans to ensure people received the care that met their needs and lifestyle. One relative told us their care manager had been, "Very good, they have a full picture of [Name's] requirements." Another relative described their team leaders as, "Very, very organised. Absolutely amazing."
- Staff followed the care plans to ensure people's needs were met. People were involved in their regular care plan reviews. One relative told us, "A hoist is needed to move [Name], it is always operated by 2 people."
- People received their prescribed therapies by staff that had received training and support to complete these. One person had shown improvement in their ability to communicate through regular therapy given by care staff, prescribed by their occupational therapist.

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 were supported by staff to live their lives as they wanted to. Each staff team had the person receiving care at the heart of the care planning and daily care. One member of staff told us, "[Name's] care is directed completely through them. We do what they want to do, whether it be horse riding or choosing meals. I feel like we make a difference to [Name's] life and provide respite for the family."
- People were supported to take part in activities they enjoyed including travel and holidays. One member of staff described how the person they supported enjoyed playing games, bowling and go-karting. One member of staff said they made sure the person they cared for lived the life they wanted by "Allowing [Name] to make their choices and ensured the team supports them with their wishes."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was meeting the Accessible Information Standard.

- People's communication needs were understood and supported. For example, staff could explain how people who were non-verbal indicated yes and no to provide their consent to care. One member of staff told us, "[Name] is able to express their wishes through eye contact."
- Staff supported people to use their communication aids by setting them up, encouraging their use and working with their therapy teams to build on new skills to improve people's communication.
- The registered manager ensured people and their families received all the information they required in the format and language they needed.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to, responded to and used to improve the quality of care.
- People and relatives knew how to make a formal complaint.
- The provider's complaints policy had been followed and complaints had been resolved. The provider used the information from complaints to review and improve the service.
- The registered manager reviewed feedback from care planning reviews and supervisions to identify areas of concern. They used this information to make improvements to the service.

End of life care and support

- Where appropriate, end of life care plans were in place detailing what is important to the person and their families, taking into account their cultural and religious needs.

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 our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had systems to provide person-centred care that achieved good outcomes for people. Each person had a bespoke plan of care and staff team, led by a care manager and supported by managerial and clinical staff. One member of staff described how they were proud of, "Seeing [Name] happy, laughing, smiling and having an input into improving their mental and physical health."
- There was a positive and open culture at the service. Each member of each person's team had the person's well-being at the core of the care they provided. Staff appreciated each other's roles and support. One member of staff told us, "I am proud of our team, there is a sense of resilience and unity. We don't know everything, but we have an open culture where we can ask anything."
- People received care from staff that blended with their family lives including their cultures and language. This was facilitated by the registered manager ensuring staff training was provided in ways to suit their style of learning and in their own languages.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; 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

- The registered manager and clinical lead had implemented systems of audit and quality checks. These had identified themes and trends and areas for improvement within each person's staff team and actions taken to improve the quality and safety of people's care.
- The provider had created a learning culture at the service which improved the care people received. Management and staff used reflective practice to review incidents led by the clinical lead. This helped to improve staff understanding of the risks and provision of care; this had improved the quality of people's care.
- Staff received regular supervision and attended staff meetings where they were encouraged to provide their feedback. One member of staff told us, "We have team meetings where we discuss the previous meetings, training, shared learning."
- People and their families provided feedback about the care during reviews and meetings with their care manager. Information was used to improve the service.
- The provider had submitted the relevant statutory notifications.
- The provider understood their responsibilities under the duty of candour.

Working in partnership with others

- The provider worked in partnership with others.
- The care managers helped people and their families to co-ordinate the information and care provided by health professionals.
- The case managers worked with schools, local authorities, builders, architects, and occupational therapists when people required advice on adaptations.
- The case managers supported people to manage their care teams by working closely with people's solicitors, family, and external human resources companies.