

Bamburgh House Ltd

# Bamburgh Supported Living

## Inspection report

211 Lakes Innovation Centre, Lakes Road Industrial Park  
Lakes Road, Lower Chapel Hill  
Braintree  
Essex  
CM7 3RU

Tel: 01206252491

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Bamburgh Supported living is a service which supports people with a Learning disability to live independently in their own homes. This support includes assistance with personal care, shopping, domestic and social activities. On the day of our visit on 22 August 2017, there was one person being supported in a property in Colchester.

This was the first inspection of this service since it was registered with the Care Quality Commission (CQC). The inspection was announced and we gave the service notice as we needed to make sure that someone would be in when we visited the service.

There was a registered manager in post but they were on holiday at the time of our inspection and we were assisted by the assistant manager. 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. The registered manager manages Bamburgh Supported Living and another residential service owned by the same provider for people with a Learning Disability in North Essex.

Staff had a good understanding of how to protect people and the systems to use if they had any concerns. Risks in the environment and in the community had been assessed and there were management plans in place to safeguard individuals and reduce the likelihood of harm.

The staff team was stable and the individual using the service was supported by regular staff who knew them well. Checks were undertaken on staff, prior to their appointment to ensure that they were suitable. These recruitment checks could be further strengthened and we have made a recommendation regarding this.

Training was provided to new staff to prepare them for their role and ensure that they had the skills and knowledge they needed to provide individualised care. Observations to practice were undertaken to ensure that they were working to expectations.

Medication was safely managed and there were clear arrangements in place to oversee medication and ensure that it was administered as prescribed. We have recommended that a risk assessment is undertaken to underpin the storage arrangements and provide further safeguards.

Staff had a good understanding of healthy eating and much of the food was freshly prepared. Staff sought advice appropriately from health professionals and there were clear plans in place which provided guidance to staff on meeting health needs.

Staff had been provided with training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and understood the principles of consent and best interests. The MCA and DoLS ensure

that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process

Relationships were good and staff were kind and caring. Staff were clear about the aims of the service and their role in promoting independence. They used a variety of communication tools to communicate and ensure that the individual being supported was involved in their care and in decision making.

Support plans were detailed, informative and regularly reviewed. They underpinned the support, which was person centred and individualised, reflecting the individual's preferences and needs. There were systems in place to ensure effective handover of information between staff to ensure that support was provided in a seamless way.

The individual being supported led a full life and had access to a wide variety of interesting opportunities in the community which promoted their overall wellbeing. They were enabled to maintain friendships with people who were important to them.

There was a complaints procedure in place, although none had been received.

The manager was accessible and provided clear leadership. Staff morale was good and staff were clear about their responsibilities and enjoyed working at the service.

Audits were undertaken to identify shortfalls and drive improvement.

## 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.

Risks were identified and management plans put into place to reduce the likelihood of harm.

Sufficient numbers of staff were available to support people

Checks were undertaken as part of the recruitment of staff to ensure that the staff had the right skills and were suitable to work at the service

People received their medicines safely and as prescribed, from appropriately trained staff.

### Is the service effective?

Good ●

The service was effective

Staff were trained and supported to ensure that they had the skills and knowledge for their role.

The principles of consent were understood by staff.

Support was provided with meal preparation and the promotion of a healthy diet.

Staff worked with health professionals to ensure that services were accessed when needed.

### Is the service caring?

Good ●

The service was caring.

Care was individualised and support was provided to encourage choice and decision making.

Dignity and independence were promoted.

### Is the service responsive?

Good ●

The service was responsive

Support plans were informative, regularly reviewed and promoted person centred care.

Activities were creative and individualised.

There were systems in place to manage complaints.

**Is the service well-led?**

**Good** ●

The service was well led.

There was a registered manager in post who was accessible.  
There were clear management arrangements in place out of hours.

Staff were supported and well-motivated.

There were systems in place to audit the quality of care and drive improvement.

# Bamburgh Supported Living

## **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 was announced and took place on the 22 August 2017. The provider was given 24 hours' notice because the location provides a supported living service and we needed to be sure that someone would be in when we visited.

The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service, in particular notifications about incidents and accidents. A notification is information about important events which the service is required to send us by law.

We spoke with the individual who used the service and their relative. We interviewed two staff, and the assistant manager.

We reviewed the support plan, daily records, medicines, staff training, staff recruitment files, and records relating to the quality and safety monitoring of the service.

# Is the service safe?

## Our findings

Staff had a good understanding of how to protect people and the systems to use if they had any concerns. Staff told us that they had undertaken training in safeguarding and were able to tell us what they would do if they were concerned or witnessed abuse. They knew how to report issues both within the company and to the Local Authority. Financial procedures and audit systems were in place to safeguard people and protect them from financial abuse. Cash balances were regularly checked and the individual's relatives confirmed that they were provided with receipts and a log of items purchased.

There were systems in place to assess and manage risks, to reduce the likelihood of harm to the individual using the service. For example we saw that checks were undertaken on safety systems to make sure that they were working effectively. The checks included areas such as water temperatures, fire procedures and first aid equipment.

The individual using the service was supported to take informed risks and lead as full a life as possible. A relative told us how they were consulted about any activity, which was, "Out of the ordinary." They told us that the staff were alert to potential risks and the how to reduce the risk of harm. They said staff were "Always thinking ahead and planning" such as where they will sit on the bus. Risk assessments were in place for a range of scenarios such as using the kitchen, and travelling in the community. There were management plans in place which set out what steps staff should take to support the individual but protect their rights and independence. There were no risk assessments for one of the activities although staff were able to describe the actions that they took to protect the individual and we concluded that the risks had been considered. The assistant manager agreed to document guidance for staff in a risk assessment.

There were sufficient staff on duty to meet people's needs and keep them safe. The service was fully staffed and had a stable staff team who worked across the supported living and residential service. Two staff worked in the supported living service during the day and there was one waking member of staff at night. Staff told us that this worked well and the levels were sufficient to meet the individual's needs. Staff worked as team and covered for holidays and sickness, ensuring consistency and meant that they did not have to use agency staff who would be unfamiliar to the individual they were supporting. There were clear arrangements for on call and emergencies.

Checks were undertaken to ensure that staff had the right skills and experience to work at the service. Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service (DBS). These DBS checks were repeated on a rolling basis following appointment. Two references were in place, including one from the staff member's previous employers. However for one of the staff whose records we looked at; there was an anomaly in relation to the reference, in that a request had not been made to a previous healthcare employer. The assistant manager agreed to clarify this and follow up. We have recommended that the manager review their recruitment procedures.

People's medicines were managed safely. Staff who handled medicines had been provided with training

and their practice had been observed to check that they were competent to administer them. We looked at the records of medication and saw that staff maintained appropriate records. We checked a sample of stock against the records and this tallied. The records contained clear protocols for PRN (as required) medication that provided guidance for staff on how to administer these medications safely. Medicines were stored in an accessible location and we were told that this worked well and had been discussed with the pharmacist. However we have recommended that a risk assessment be undertaken to fully consider any risks and be subject to regular review. Regular checks were undertaken of medication to ensure that it was being administered as prescribed.

# Is the service effective?

## Our findings

Staff demonstrated that they had the skills and knowledge to meet the needs of the individual they were supporting. We saw that they knew the individual living in the service well and we observed that communication was good and interactions positive. A relative told us, "Staff are experienced and helpful."

Staff told us that they had received an induction when they first started work at the service which included working on a supernumary basis until they were familiar with the needs of the individual they were supporting. We saw a checklist which was completed during the new member of staffs first days at work which covered key areas. Some staff had undertaken the care certificate which is a set of national standards that social care workers complete and are competency assessed on. Other staff had been supported to undertake additional training such as the Qualification and Credit Framework. (QCF).

Staff told us that they received ongoing training to update their knowledge and skills The deputy manager told us that all staff have an individual training folder and showed us a training matrix, which set out what training had been completed and identified those staff who needed a refresher. We saw that staff had undertaken training in areas such as infection control, first aid, epilepsy and autism.

Staff reported that the levels of management support were good and the manager and deputy manager were accessible. We saw that staff received regular supervisions which included observations of practice to ensure that they were working in line with company expectations.

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.

Best interest decisions were in place and care plan documentation included details about how to support decision making. We observed staff asking for consent and offering choices including using communication cards to enable the individual make their views known. Staff had undertaken training on the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DOLS) and those spoken with had a good understanding of the principles and their responsibilities under the legislation.

Support was available with mealtimes which promoted choice and healthy eating. Mealtimes were flexible and reflected the individual's wishes and what activities they were undertaking. We saw that the individual went shopping as needed but also ate out regularly. Some meals were batch cooked and frozen for reheating later and we were told that the individual using the service was involved in this process. The freezer was well stocked with homemade items such as fish pies and lasagnes. Records were maintained to guide staff and to avoid repetition. There was a focus on healthy eating and eating healthy snacks and we told that the individual's weight was now much healthier. A Relative told us, "They have a healthy eating regime, staff cook from scratch...it's all very organised, and they know what [my relative] likes."

Daily records confirmed that support was available to individuals to enable them access health services and to attend appointments such as GP and dentists. There were clear plans in place to manage health conditions and guidance provided to staff on the actions they needed to take. Staff were described as alert to changes in wellbeing and knew when to seek assistance.

## Is the service caring?

### Our findings

The atmosphere in the service was friendly and relaxed. A relative told us, that staff, "were caring and fun loving." The individual who lived in the service indicated that they were happy with the care and staff, by smiling and nodding when asked. We saw there were good relationships in place and interactions with staff were warm and positive with much laughter and good humour.

Care was person centred and staff demonstrated they knew the individual using the service and their preferences well. They were able to tell how they supported the individual on a daily basis and how best to communicate. We observed staff using communication cards as well as different techniques to communicate and ascertain the individual's views and how they were feeling. Communication was respectful and the individual who lived in the service was given time to respond at their own pace.

Staff spoke warmly about the individual they supported and they were proud of their achievements since they had started to live independently. One member of staff told us that they were, "Remarkable" and "They did not have enough words to describe the progress they had made." Another said, "They make our job worthwhile." We saw that independence was prompted and the individual using the service was undertaking a wider range of activities than previously, such as going to the hairdressers and using public transport. Staff were able to give us examples where they encouraged independence on a day to day basis, such as enabling the individual to pay for items when they went shopping. A relative told us how they had seen their relative develop and they, "Had gained confidence and no longer needed to hold their hand when out."

Personal histories and life stories were documented within the support plans. The Individual was supported and encouraged to maintain links with their family, friends and the local community. We saw that the individual regularly met up with a friend and their family visited them at home. A relative told us how pleased they were that staff had enabled their relative "To keep up their friendships," in the community.

Staff were aware of issues around privacy and described how they ensured that personal care was provided in a way that promoted privacy and was gender specific.

## Is the service responsive?

### Our findings

Detailed assessments were undertaken before the individual began to use the service and the transition was carefully managed with a clear plan where the new support staff were gradually introduced. The information obtained during the assessment was used to develop a care plan. The care plan was clearly presented and provided staff with information on individual needs and preferences such as the gender of carer and what they liked to wear. The care plan corresponded with what staff told us about the individual's needs and what they enjoyed.

Support staff completed daily records and incident reports. Documentation was written in a positive way and recorded how the individual's preferences were being maintained and how their independence was promoted. Monthly summaries were undertaken by the individual's key worker. This information was used to identify short term goals. We saw that when individual's needs changed their care plan was updated. Reviews were held on a regular basis and we saw that the last review had concluded that, "All agreed that it had been a very positive move." As a result the individual's medication was being reduced.

Staff told us that communication was good and they had a range of ways to ensure that they worked well as a team including handovers and a working diary. The individual's relative told us that staff communicated regularly with them and kept them up to date with what was happening, using either email or phone.

The individual using the service was supported to access the community and lead a full life. They went to college and spent their leisure time doing interesting and varied activities. They showed us their scrapbook where they had put pictures of them being supported to undertake activities such as swimming, horse riding and going out in the evening. We saw that staff had recently supported them to go on holiday and were told that this had been a real success. Staff told us that they were keen to ensure new experiences and to that end had organised a trip to an air show. The individual's relative told us, "They are very good at finding things for [my relative] to do."

There was a complaints procedure and a formal system in place for responding to complaints. There was no easy read version and it was recommended that this would be beneficial. No complaints had been received and no concerns were raised with us as part of the inspection. The relative we spoke with told us that the manager was approachable and they were confident that any issues would be addressed promptly.

## Is the service well-led?

### Our findings

The service had a clear vision which focused on individuals and promoting their independence. Staff were clear about what they were trying to achieve and their role and responsibilities. There was a positive culture, among the staff team, who clearly enjoyed their role and told us that they worked well together. Morale was good and staff could see the benefits that they were making to the wellbeing of the individual that they supported. One member of staff said, "It is perfect for the [individual] here."

Staff were positive about the how the service was managed. They explained that the managers did not just work in the office but worked alongside side them on the floor. One member of staff told us, "We never struggle for staff our managers are very flexible and always there if we need them." The manager was supported by a deputy manager and a team leader, both of whom worked shifts in the service. There were clear systems in place for staff to receive guidance when they needed it such as out of hours and emergencies. Staff told us regular staff meetings were held and we saw that there was also a system of supervision to reflect on practice and identify and build on staff skills.

People's views on the service were sought. Observations of care and a review of records evidenced that choices were offered and the individual's wishes were at the centre of care delivery. The relative of the individual being supported told us that they were asked for their views on the quality of care. One member of staff told us, "We get questionnaires which ask us what we think, they are anonymous. "

We saw that there was documentation to evidence that areas such as incidents, accidents and the impact on individuals were reviewed on a regular basis. Some analysis was undertaken but we discussed with the deputy manager how this could be developed further. Audits were undertaken to identify what was working well and identify any shortfalls. We saw that they had been undertaken on a range of areas including care plans and finances. Support staff also took on checks on areas such as fire safety arrangements and water temperatures which were overseen by senior staff.