

# The Guinness Partnership Limited

## Buckwood View

### Inspection report

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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

The inspection took place on 20 February 2017 and was unannounced which meant we did not notify anyone at the service that we would be attending. Our last inspection at Buckwood View took place on 9 December 2015. Following the inspection the service was rated as Good.

Buckwood View is a purpose built home providing accommodation for persons who require nursing or personal care. The accommodation is for up to eighteen people with learning disabilities. There are six houses at the service, an office building and a day service base, which are all situated in a small cul-de-sac.

The service had a registered manager in post at the time of our inspection. 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 service also had a care and support administrator, who worked for The Guinness Partnership Limited (the registered provider) and worked in partnership with the registered manager who was employed by Sheffield Health and Social Care NHS Foundation Trust. Part of the role of the Care and Support Administrator was to ensure the building was well maintained, that repairs were reported and resolved and to deal with financial matters.

People who used the service verbally told us and communicated to us that they felt safe living in the home. Their relatives spoke positively about the standard of care and support their family member received.

We found systems were in place to make sure people received their medicines safely.

People, relatives and staff said there was sufficient staff to meet people's needs safely and effectively.

Staff recruitment procedures were thorough and ensured people's safety was promoted.

Staff were receiving regular training and supervision so they were skilled and competent to carry out their role.

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

People had access to a range of health care professionals to help maintain their health.

People enjoyed the food provided and were supported to receive adequate food and drink to remain healthy.

Staff knew the people they were supporting and provided a personalised service. Support plans were in place detailing how people wished to be supported and people were involved in making decisions about their care.

We found staff were responsive to meet people's health and social needs.

We saw people participated in a range of daily activities both in and outside of the home which were meaningful and helped promote independence.

People living at the home, and their relatives said they could speak with staff if they had any worries or concerns and they would be listened to.

Staff told us they felt they had a very good team. Staff said the registered manager was approachable and communication was good within the 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.

People said they had no complaints and told us they felt safe.

Appropriate arrangements were in place for the safe storage, administration and disposal of medicines.

Sufficient levels of staff were provided to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

People had access to a good variety of food and drink throughout the day.

### Is the service caring?

Good ●

The service was caring.

The relationships we saw between people who used the service and staff were warm and friendly. The atmosphere in the home was calm and relaxed.

People's privacy, dignity and independence were maintained by staff that were caring and respectful.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained a range of information and had been reviewed to keep them up to date. Staff understood people's preferences and support needs.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

**Is the service well-led?**

**Good** ●

The service was well led.

There were processes in place to monitor the quality and safety of the service.

The service had a full range of policies and procedures available for staff.

Staff said the registered manager and senior staff were approachable and communication was good within the home.

# Buckwood View

## 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 checked 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.

This inspection took place on 20 February 2017 and was unannounced which meant no one at the service knew beforehand that we would be attending. The inspection team consisted of two adult social care inspectors 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. The expert by experience had experience in this type of service.

We did not request a provider information return (PIR) on this occasion because we had changed the inspection date. A PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from stakeholders who commissioned services and Healthwatch prior to our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The comments and feedback received was reviewed and used to assist with our inspection.

During our inspection we spoke or communicated with nine people living at the home and four of their relatives to obtain their views of the support provided. Some contact with relatives was through a phone call. We spoke with 12 members of staff, which included the registered manager, deputy manager, care and support administrator, a qualified nurse, seven care staff and domestic staff.

Throughout our inspection we spent time observing daily life in the communal areas of the home and how staff interacted with people and supported them.

We spent time looking at records, which included three people's care records, four staff records and other records relating to the management of the home, such as training records and quality assurance audits and

reports.

# Is the service safe?

## Our findings

All of the people living at Buckwood View we spoke with said they felt safe. People said, "The staff are great," "I love the staff," "They (staff) are good to me," "The staff are nice" and "I am always safe."

When we asked people what it was like to live at the home they smiled and their body language expressed their contentment. One person was making certain gestures when we asked them if they felt safe. Their relative told us that they made these gestures when they were happy. Another person became excited and smiled as we spoke about staff and feeling safe in Buckwood View.

Relatives spoken with said they had no worries or concerns about the safety of their family member living at Buckwood View. Comments included, "This is a much safer place than where [family member] used to live," "I can definitely say that this is a safe place for people to live," "I have no concerns at all about [named family member] safety and well-being," "I feel completely at ease with my relatives care" and "We have absolute confidence that [named family member] is safe and secure here. We would know if they weren't."

People, relatives and staff spoken with said enough staff were provided to safely meet people's needs. One person said, "Staff help me when I need it." Relatives said, "There are plenty of staff from what I can see" and "My relative always gets their one to one time from staff."

At the time of this visit 16 people were living at Buckwood View. On the day of the inspection there was a registered manager, deputy manager, qualified nurse and nine support workers on duty. There was also a domestic assistant and administrator at the home. Staff told us there were always nine support workers on duty during the day. The number of staff on duty was planned taking into consideration the individual support needs of each person and their daily activity programme. This meant staff were always available to support people with social activities, therapy and healthcare appointments.

Staff confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff were clear of the actions they should take if they suspected abuse, or if an allegation was made, so correct procedures were followed to uphold people's safety. Staff said they would always report any concerns to the registered manager or senior person on duty and they felt confident that senior staff and management at the home would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

Staff said, "People's safety is paramount here," "The on-going training we have in all areas of safeguarding equips us well," "Training in relation to safety is very good" and "This is the safest place I have worked in."

We looked at three people's care plans and saw each plan contained risk assessments. We reviewed the risk assessments which were in place. We found there had been a range of risk assessments carried out including moving and handling, skin integrity, nutritional risk and risks involved when people accessed the community such as road safety. We found the risk assessments were detailed and demonstrated the specific



risks which had been identified and the measures which needed to be in place to minimise the risks.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person's safety had been identified. Staff knew these policies were available to them.

The service had a policy and procedure on safeguarding people's finances. The registered manager, nurse and administrator explained small amounts of monies were looked after for some people. Each person had an individual record and their money was kept in a separate wallet in the safe. We checked the financial records and receipts for three people and found they detailed each transaction, the money deposited and money withdrawn by the person. We checked the records against the receipts held and found they corresponded. We saw managers undertook audits of financial records to ensure they were correct. This showed procedures were followed to help protect people from financial abuse.

We looked at the records which were kept for accidents and incidents which had occurred. We found there were clear records describing each incident and the actions which had been taken at the time.

We looked at four staff files. Each contained two references, proof of identity and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. We saw that the company had a staff recruitment policy so that important information was provided to managers. All of the staff spoken with confirmed they had attended interview, provided references and had a DBS check completed prior to employment. This showed recruitment procedures in the home helped to keep people safe.

We observed people were supported to take their medicines as prescribed with appropriate drinks and encouragement. One person said, "I always get tablets when I get pain, staff give them me."

We found there was a medicines policy in place for the safe storage, administration and disposal of medicines. Training records showed staff that administered medicines had been provided with training to make sure they knew the safe procedures to follow. Managers also regularly checked staff competency in administering medicines and staff told us action was taken if they were found to be not administering medicines safely. Staff spoken with were knowledgeable on the correct procedures for managing and administering medicines. Staff could tell us the policies to follow for receipt and recording of medicines.

We found medicines were stored securely. We checked the medicine administration records (MAR) and medicines held for three people and found the MAR had been fully completed and the medicines held corresponded with the details recorded on the MAR.

Regular checks of the building were carried out to keep the home safe and well maintained. Firefighting equipment, electric installations and gas safety were all checked on a regular basis by qualified contractors. Information, for example a fire risk assessment and personal evacuation plans, provided information about what action should be taken in the event of emergencies to prioritise the safety of the people living at the service.

We found a policy and procedure was in place for infection control. Training records seen showed that all staff were provided with training in infection control. We found the home was clean in the areas we checked. A member of domestic staff was on duty cleaning the communal areas of the home and support staff at Buckwood View kept other areas of each unit clean.

## Is the service effective?

### Our findings

People spoke positively about living at Buckwood View and the support they received. People said, "They (staff) know everything I need" and "I think the staff are great."

Relatives spoken with expressed no concerns regarding the support provided and said they were always kept up to date with information regarding their family member. Relatives said the staff team were well trained and skilled to care for their family members. Comments included, "They (staff) involve us in everything. No major decision is made without full consultation with families," "They always let me know if [name of family member] is seeing or has seen the doctor," "[Name] always gets to see the nurse regularly," "The staff know exactly what they are doing, we have every confidence in them" and "Staff know everything there is to know to deal with [name of family member] health needs."

All the people who used the service said they received good quality food and enjoyed it. People said, "I have had fresh fruit for my breakfast," "I am having cheese today, I love cheese," "The food is good," "I love going out for meals," "I like my food," "I love the dinners we have here" and "We go shopping for our own food. I love that."

Relatives said, "[Name] now eats far better than when they were at home. They have put weight on which is a good thing," "[Name] likes the food here," "Everything is home cooked it is lovely and fresh" and "People can have whatever they like."

Meals were provided from kitchens in each flat or bungalow. Although the staff worked from pre-planned menus, meals provided in each house were based on people's stated likes and dislikes and people chose what they ate and when. Breakfast was a really sociable time and people were asked what they would like to eat and drink. Some people enjoyed preparing their own snacks and drinks where possible.

The staff were seen to be very calm and patient when delivering meals and reminding people what was on their plate. One person became very vocal during a meal. The staff sat with the person, reassured them and helped them calm down and offered the person a hot drink. The person became more relaxed and continued with their meal.

We looked at the training staff undertook. Staff said the quality and amount of training they received was very good. Staff said, "We have an annual update on all training which includes fire safety, safeguarding adults and children, food hygiene, infection control, it is very good," "We get the usual mandatory training but also training in areas such as dementia care and supporting people with epilepsy" and "I get all the training I need to do my job well."

The training matrix showed staff had access to and had undertaken a variety of training, including safeguarding adults, moving and handling, medication management, mental capacity act and fire safety.

Staff had been receiving individual supervision sessions with the registered manager or senior member of

staff on a regular basis. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. Records of supervisions showed a formal system was used to ensure all relevant topics were discussed. Where actions were identified the process ensured these were reviewed at the subsequent supervision meeting. Staff also confirmed they received an annual appraisal, which is an opportunity to review their performance and to discuss any areas of training and development. Staff said, "I get supervision regularly. This always helps me understand my job better."

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 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 were being met.

The registered manager was aware of the role of Independent Mental Capacity Advocates (IMCAs) and how they could be contacted and the recent changes in DoLS legislation. Staff we spoke with understood the principles of the MCA and DoLS. Staff also confirmed they had been provided with training in MCA and DoLS. This meant staff had relevant knowledge of procedures to follow in line with legislation.

We found there were people being deprived of their liberty and that the assessments and decisions were in place and had been properly taken and authorised. Staff we spoke with confirmed that the authorisations in place were being complied with. In this way the DoLS legislation is being utilised as it was intended to protect people's rights.

Relatives we spoke with said they were involved in decision making about their family member's care and support needs. Staff were seen and heard asking consent from people before providing any care or support. Staff were also observant of people's body language and behaviour when asking them to make decisions about their daily routine.

Evidence seen in people's care records showed people saw medical professionals when needed. We saw staff had arranged appointments for people to see opticians, dentists and chiropodists. Staff said, "We get good support from the local GP practices" and "We get fantastic advice and guidance from the speech and language therapist around people's dietary needs and swallowing abilities."

Care plans contained information about people's health so that staff could provide appropriate support. Care plans held information about people's known allergies and the staff actions required to support people's health. We saw people's weight was regularly checked as part of monitoring people's health.

All the people and relatives we spoke with were happy that all areas of the home were clean, modern, and well presented. There was a separate spacious community and activities centre. This had a large community room with film and music facilities along with arts and craft equipment and a sensory area that was used by

people during the day.

# Is the service caring?

## Our findings

People told us that staff were very caring and they felt well looked after. Comments included, "The staff are really kind," "They know everything I need," "I think the staff are great" and "I love them all."

One person gave a thumbs-up sign (and had a very wide smile) when asked if they liked the staff. One person was showing signs of excitement and calling out loudly (the name of the staff member) as we talked about their favourite member of staff.

Relatives we spoke with told us, "[Name] loves the staff here," "[Name] has such a good time here with the staff," "The staff are marvellous. They are kindness itself," "What can I say, they (staff) are all wonderful" and "I cannot think of a thing that could be improved when it comes to caring for folks here."

We spoke to staff about how they support people. Staff said, "I treat people here as I would like to be treated" and "As long as the people here are happy then I am."

Throughout our inspection we observed there were friendly and caring relationships between people and staff. Staff were very attentive and understood people's individual needs. Staff worked very hard to understand people's needs and encouraged them to communicate in their own individual way. Some Makaton (sign language) was used with one person. Staff showed great care when working with people and it was obvious they knew them well.

All of the staff spoken with said they would be happy for their relative to live at Buckwood View. Staff said, "The staff team here are excellent. I find they are all very patient and caring, I would have no hesitation in recommending this place to people."

We saw where a person's physical needs had changed staff had done everything possible to support the person to stay at the home for as long as they were able. This was done to by working closely with other healthcare professionals and by providing the equipment they needed to be supported within the home.

People were encouraged to maintain their links in the community and friendships were supported by providing people with access to a range of social clubs etc.

We saw people's privacy and dignity was promoted so that people felt respected. We did not see or hear staff discussing any personal information openly or compromising privacy. Staff were able to describe how they treated people with dignity and told us about training sessions they had completed about ensuring people maintained their privacy and dignity at all times.

All assistance with personal care was provided in the privacy of people's own rooms. We saw staff supporting people to their rooms so health professionals could see them in private. We heard staff speaking to people and explaining their actions so people felt included and considered.

Staff continuously introduced members of the inspection team to people in a courteous manner ensuring it was alright with the person/people that we were in their home.

The registered manager told us information on advocacy services was available should a person need this support. An advocate is a person who would support and speak up for a person who doesn't have any family members or friends that can act on their behalf and when they are unable to do so for themselves. Several people were receiving support from an Independent Mental Capacity Advocate (IMCA).

## Is the service responsive?

### Our findings

People and the majority of relatives spoken with felt very positive about the frequency and variety of social activities made available to people and how people spent their day. One relative did say they would like their family member to be involved with more social activity.

People we spoke with said, "All the staff do what I want," "I love the holidays away," "I enjoyed the pantomime," "I am planning to go to Blackpool for my holiday," "Church is good, I like singing," "I love doing the church thing," "I am going out for a meal today, I love it," "They (staff) help me with everything" and "I go to a club every week with my friends its great, I go on the bus."

One person was putting their thumbs up and smiling as they were asked by another person and staff to join in a jigsaw activity. The expert by experience was also invited by people to join in this activity. People were seen to be having a happy time sat around the dining room table completing the jigsaw and laughing and chatting with each other and staff.

Relatives we spoke with said, "[Name] enjoys all the activities. They love the entertainers that come," "[Name] would do activities twenty-four seven if they could, they love it" and "There are lots of activities, [name] loves to go on trips and outings."

There were a range of activities on offer. For example watching a DVD, listening to music, along with the use of a community hall with a communal activity area for use as a social club each week and daily if required. People said that they enjoyed attending the 'Friday Club' each week. They met with fellow residents from their community and invited friends to join in. One person said their favourite was the film nights when a large screen was used to show a popular movie. These facilities appeared to meet people's needs at this time. There were a number of people making their own individual arrangements for outings including a trip to a local pub for a meal with a member of staff.

There were regular church services on-site. These were offered in a very interactive manner. People said they enjoyed this expression of worship.

There were many pictures on display in communal areas and in private bedrooms showing that people enjoyed a wide range of (individual) holiday activities throughout the year.

We checked three people's support plans. The plans contained information about the person's preferences and identified how they would like their care and support to be delivered. There were sections which provided lots of detail about the person, their life history, family and likes and dislikes. The plans focussed on promoting independence. The plans showed that people and their relatives had been involved in developing their support plans so their wishes and opinions could be respected. We saw the support plans were written in a person centred way and reflected what the person's relative and staff had told us about what they did in their day-to-day lives and their likes and dislikes. Support plans were reviewed each month or sooner if changes to a person's care and support was made.

Relatives spoke of their confidence in the staffs' ability to relate and respond to their family member's health and social needs.

Staff spoken with said people's care plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people's individual health and personal care needs and could clearly describe the history and preferences of the people they supported.

The care plans checked identified any specific support that was needed to maintain health. We found records showing the support was provided as identified as needed. The care plans contained details of the intervention from other healthcare professionals to support the person.

We saw a positive example of how staff had responded to a person's health needs. It was recorded in one person's care records the person was admitted to Buckwood View malnourished and with an 'unrecordable' Body Mass Index (BMI) score. Through care and support from staff and the involvement of other health professionals we saw evidence that two years on the person had put on weight and had a BMI score within 'normal limits'.

We checked how the service listened and learnt from people's experiences, concerns and complaints.

There was a complaints policy and procedure in place. The service had received no complaints within the last 12 months. People and their relatives told us they had no worries or concerns, but knew who to contact if they had and were confident that the registered manager or a manager at the service would listen to them. Relatives said, "I would certainly talk to any member of staff if for one moment I had any concerns" and "The staff react to any concerns we raise."

We saw a large number of compliment cards and letters contained in a file from families of people who had lived at the home and health professionals thanking and complimenting staff for their kindness and care.



# Is the service well-led?

## Our findings

We checked the service demonstrated good management and leadership, and delivered high quality care, by promoting a positive culture that was person-centred, open, inclusive and empowering.

The service had a manager who was registered with CQC.

General observation of the management of the care home was that the registered manager was visible and very involved with the day to day running of the home. The atmosphere was friendly. We saw people living at Buckwood View freely approach the registered and deputy manager to speak with them.

People's comments about the service were very positive and included, "We have meetings with [named manager and staff] and "It is great here."

Two people looked very excited when asked if it is a good place to stay. They clapped and clicked their fingers and were very vocal making happy sounding noises and laughing. Another person smiled broadly and said, "It's good here .I am happy."

Relatives we spoke with said, "This place is smashing, the managers, the staff, everyone," "The staff are wonderful," "I am so grateful for the staff involvement in [names] care," "(Names of staff) are particular staff of note. They did everything to help my relative's transition successful," "This service is run to an excellent standard" and "There is no room for improvement as far as I can see."

We saw positive comments contained in emails and letters sent to the registered manager from health professionals and nursing students who had been on placement at Buckwood View. Comments included, "All of the staff are friendly," "Staff went above and beyond to support me in my leaning needs," "All staff are willing to share their in-depth knowledge" and "It is such a positive, effective and caring environment."

There were systems in place to seek the views of people who used the service, their relatives, staff, commissioners and healthcare professionals. People said they were encouraged to speak out at meetings and relatives and staff were encouraged to complete questionnaires and surveys. People, relatives and staff were all positive about the registered manager and the deputy manager and the way the service was run. A few relatives said that they were heavily involved in the 'Friends of Buckwood View' support and action group. This is a method by which voices are heard and acted upon.

Relatives said, "We are made to feel welcome and are involved with as much as we can be," "The two managers have made a big difference here in the last two years," "We get involved in all the meetings. We are members of 'The Friends of Buck Wood View' group."

Some people told us that people and staff in each house/flat met regularly as a group to discuss the choices that were on offer and the choices people were making daily and to initiate changes.

Relatives said that they could feedback to the managers at any time.

We found staff meetings had been held, which meant staff were provided with an opportunity to share their views about the care provided. Staff confirmed they attended these meetings regularly. We saw minutes of the meetings which covered a number of areas and included discussions around training, improving some care practices and general care issues.

There were robust processes in place to ensure the quality and safety of the home were monitored and improvements were made. We found the audits and checks completed were detailed and effective. The audits were carried out consistently and regularly, which allowed the manager to identify any changes to standards which required action. There was analysis of the information which had been collated to look for patterns or trends, for instance when looking at falls in the home to see if there was a time of day or area of the home where more falls were happening and what needed to be done to address that.

The home had policies and procedures in place which covered all aspects of the service. We saw some of these policies were in the process of being updated. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme.

The registered manager was aware of their obligation for submitting notifications in line with the Health and Social Care Act 2008. We checked accident and incident records and found that any notifications required to be forwarded to CQC had been submitted.