

Bamburgh House Ltd

Bamburgh House

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 

Overall summary

The inspection took place on 30 November 2015 and was unannounced. Bamburgh House is a care home that provides accommodation and personal care for up to three people who have a learning disability and/or autistic spectrum disorder. On the day of our inspection three people were using the service.

The service had an application in progress to register a new manager at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were safe because staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs. There were sufficient staff to provide people with the support they needed to live as full life as possible. Staff had been recruited safely and had the skills and

Summary of findings

knowledge to provide care and support in ways that people preferred. The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act (MCA) 2005, DoLS and associated Codes of Practice. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. One person at the service was subject to the Deprivation of Liberty Safeguards (DoLS). Staff had been trained and had a good understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had developed positive, respectful relationships with people and were kind and caring in their approach. People were given choices in their daily routines and their privacy and dignity was respected. People were supported and empowered to be as independent as possible in all aspects of their lives.

Staff knew people well and were trained, skilled and competent in meeting people's needs. Staff were supported and supervised in their roles. People, where able, were involved in the planning and reviewing of their care and support.

People's health needs were managed appropriately with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs. People were treated with kindness and respect by staff who knew them well.

People were supported to maintain relationships with friends and family so that they were not socially isolated. There was an open culture and staff were supported to provide care that was centred on the individual. The new manager was open and approachable and used creative ways to enable people who used the service to express their views.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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.

Staff understood their responsibilities to safeguard people from the risk of abuse.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

Staffing levels were flexible and organised according to people's individual needs.

People had their prescribed medicines administered safely.

Good



Is the service effective?

The service was effective.

The provider ensured that people's needs were met by staff with the right skills and knowledge. Staff had up to date training, supervision and opportunities for professional development.

People's preferences and opinions were respected and where appropriate advocacy support was provided.

People were cared for by staff who knew them well. People had their nutritional needs met and where appropriate expert advice was sought.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to people in the service.

Good



Is the service caring?

The service was caring.

Staff had a positive, supportive and enabling approach to the care they provided for people.

People were supported to see friends, relatives or their advocates whenever they wanted. Care was provided with compassion based upon people's known needs.

People's dignity was respected by staff.

Good



Is the service responsive?

The service was responsive.

People had access to a wide range of personalised, meaningful activities which included access to the local community. People were encouraged to build and maintain links with the local community.

People were supported to make choices about how they spent their time and pursued their interests.

Appropriate systems were in place to manage complaints.

Good



Is the service well-led?

The service was well-led.

The registered manager supported staff at all times and was a visible presence in the service.

Good



Summary of findings

Staff understood their roles and responsibilities. The registered manager and staff team shared the values and goals of the service in meeting a high standard of care.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

Bamburgh House

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 30 November 2015 and was unannounced.

The inspection team consisted of two inspectors.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

We focused on speaking with people who lived at the service, speaking with staff and observing how people were cared for. Some people had very complex needs and were not able, or chose not to talk to us. We used observation as our main tool to gather evidence of people's experiences of the service.

We spoke with two people who lived in the service. We also spoke with five care staff members, and three healthcare professionals as part of this inspection. We made phone calls to some of these people after the inspection.

We looked at three people's care records, four staff recruitment records, medication records, staffing rotas and records which related to how the service monitored staffing levels and the quality of the service. We also looked at information which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe, one person told us, “This is a safe place to be.” and “I feel comfortable with staff, this is a great place to live.” Relatives told us they felt their family members were safe. One relative said, “They are safe living there, it is like a family home.”

Staff we spoke with had a good understanding of how to protect vulnerable adults. They told us they knew people well and believed they would know if there was neglect or abuse taking place. Staff told us they would speak to senior staff or the manager immediately if they had any concerns ensuring they made accurate documentation of this. They said they were sure action would be taken but knew how to escalate concerns both internally and externally if action was not taken. Staff told us they were aware of whistleblowing procedures and how to use them if they had concerns. This showed staff were aware of how to raise concerns about abuse and recognised their responsibilities regarding the protection of vulnerable adults. Where safeguarding referrals had been made we saw clear records had been maintained with regard to these. People were supported to be as safe as possible because staff had a good understanding of how to protect them.

All of the staff we spoke with knew people’s needs and how to manage risks to people’s safety. Care plans contained clear guidance for staff on how to ensure people were cared for in a way that meant they were kept safe. Risk assessments were included in people’s records which identified how the risks in their care and support were minimised. Staff understood people’s needs, and risks to people were managed. For example a staff member informed us at the start of our inspection about issues we needed to be aware of for one individual, and how our presence might have an impact on their mood and behaviour.

Care plans contained guidance for staff which described the steps they should take when supporting people who may present with distressed reactions to other people and or their environment. Staff were able to tell us about individual triggers which might affect people’s behaviour and different techniques they used to defuse and calm situations. The staff told us they do not use restraint and used various communication techniques and their knowledge of the person to keep people safe. In another observation when we were talking to a person who used

the service, a staff member stood outside but was discreetly monitoring through a window signs of changes in mood and behaviour, they used non-verbal gestures to ensure the person felt safe and secure. The staff member had told the person, “If you are feeling okay give me a thumbs up sign to let me know.” Our observations and conversations with staff demonstrated that guidance had been followed.

We saw that the risk assessment process supported people to increase their independence. Where people did not have the capacity to be involved in risk assessments we saw that their families or legal representatives had been consulted. The service demonstrated a culture aimed towards maintaining people’s independence for as long as possible. Care plans contained risk assessments in relation to risks identified such as challenging behaviour, nutritional risk and going into the community, and how these affected their wellbeing.

Risk assessments for the location and environment had been regularly reviewed and we saw that there had been appropriate monitoring of accidents and incidents. We saw records which showed that the service was well maintained and equipment such as the fire system and mobility equipment had been regularly checked and maintained. Appropriate plans were also in place in case of emergencies, for example, evacuation procedures in the event of a fire.

We saw there were sufficient staff on duty to meet people’s needs and keep them safe. The manager said the staffing levels were monitored and reviewed regularly to ensure people received the support they needed. Staff told us they felt there were enough staff to provide a safe level of care and one staff member told us, “We are a small intimate and close staff team who support each other.” People’s relatives also told us that there were always enough staff around. Staff we spoke with told us the staffing levels enabled them to support people to lead active lives out in the community pursuing their own interests safely.

The provider had a safe system in place for the recruitment and selection of staff. Staff recruited had the right skills and experience to work at the service. Staff told us that they had been offered employment once all the relevant checks had been completed. The recruitment files we saw contained all the relevant documentation required which

Is the service safe?

showed that the records and the processes we discussed had been followed. People could be confident that they were cared for by staff who were competent and safe to support them.

People received their medicines safely and as prescribed from appropriately trained staff. Medication Administration Records (MAR) were accurate. Medication was given with due care and attention, and staff completed the MAR sheet after each person had taken their medicine. Each person had a medication profile which included a current list of their prescribed medicines and guidance for staff about their use. This included medicines that people needed on an 'as required' basis (usually referred to as PRN medication). This type of medication may be prescribed for conditions such as pain or specific health conditions. No

one was self-medicating on the day of our inspection however staff were promoting supervised self-administration of medication for one person to encourage their independence in this area. We also noted that that where people had been prescribed PRN medication to manage their behaviours, these had been significantly reduced. The care files also contained clear protocols for PRN medication that provided guidance for staff to administer these medications safely.

We looked at training records for staff who administered medicines which showed they were all up to date with safe handling of medication training. We also saw refresher training was booked for 2015. This meant appropriate arrangements were in place in relation to obtaining, recording and handling of medicines.

Is the service effective?

Our findings

People told us that staff met their individual needs and that they were happy with the care provided. One person said, “The staff are well trained and knowledgeable.” Additionally one healthcare professional told us, “The staff are very proactive and keen to do the right thing.”

Throughout our inspection we saw that staff had the skills to meet people’s care needs. They communicated and interacted well with the people who used the service. Training provided to staff gave them the information they needed to deliver care and support to people to an appropriate standard. Person centred support plans were developed with each person which involved consultation with all interested parties who were acting in the individual's best interest.

Staff told us that they were supported with supervision, which included guidance on things they were doing well. It also focussed on development in their role and any further training. They were able to attend meetings and reviews where they could discuss both matters that affected them and the care management and welfare of the people who lived in the service. Staff meetings took place on a regular basis, the manager told us she also used team meetings to update staff about new legislation and updates for training. Staff said the manager of the service was very supportive and approachable and that they always took the time to offer support, advice and practical help whenever needed. Opportunities for staff to develop their knowledge and skills were discussed and recorded. The manager acknowledged that there had been a slight lapse in training and supervisions due to some staff changes but showed there was a plan in place to address this. This showed that the management team supported staff in their professional development to promote and continually improve their support of people.

Staff had a good understanding of the issues which affected people who lived in the service. We saw from the training monitoring records that staff were kept up to date with current training needs. This was confirmed by all the staff we spoke with. Staff were able to demonstrate to us through discussion, how they supported people in areas they had completed training in such as challenging

behaviour, dignity and respect, supporting people with their health and safety and nutrition. Staff used their knowledge and training to develop good skills around communication.

Some of the people at the service had complex communication needs and staff knew and recognised people’s individual ways of making their needs known, such as how people communicated if they were unhappy or distressed. For example, The manager had developed an individual communication tool for one person to use, so they were able to let staff know if they were feeling anxious. We saw staff responded appropriately to this person when this happened. Staff knew the best way to support people during situations that made them anxious, in order to reduce their anxiety.

People’s capacity to make decisions was taken into consideration when supporting them and people’s freedoms were protected. People told us that staff always asked their permission before providing care or support. For example we saw that staff asked people if they could enter their rooms.

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. Staff were trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Staff understood the processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. The manager carried out a mental capacity assessment during their first visit, to determine people’s ability to understand their care needs and to consent to their support. When people lacked capacity or the ability to sign agreements, a family member or representative signed

Is the service effective?

on their behalf. The provider or the manager met with family members and health and social care professionals to discuss any situations where complex decisions were required for people who lacked capacity, so that a decision could be taken together in their best interests.

Suitable arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. For example care plans contained information for staff on how to meet people's dietary needs and provide the level of support required. Staff carried out nutritional risk assessments to identify if there were any risks to people associated with their nutritional needs. People's weight was monitored so that any significant

changes were picked up that may indicate the person had risks relating to their nutrition. If a risk was identified, people would be referred to relevant health care professionals such as a dietician, nutritionist or speech and language therapist so that a full professional assessment could be carried out.

People's day to day health needs were being met and that they had access to healthcare professionals according to their specific needs. The service had regular contact with the GP and healthcare professionals that provided support and assisted the staff in the maintenance of people's healthcare.

Is the service caring?

Our findings

People told us staff were supportive and caring. One person said, "Staff are hardworking and supportive, they do a great job and there is always someone to talk to." People made positive comments about the staff and the care and support they received. One healthcare professional told us, "There is a good mix of staff and they are all very caring." The atmosphere within the service was welcoming, relaxed and calm. Staff interactions with people were kind and compassionate. People were seen smiling and laughing with staff.

Staff demonstrated a good knowledge and understanding about the people they cared for. The staff showed a good understanding of their needs. They were able to tell us about each person's individual choices and preferences. Staff knew people and understood them well. People had developed meaningful relationships with staff and talked about activities they were involved in alongside staff. The service had recently had a Christmas evening out and both staff and people who used the service had attended together. Staff supported people to maintain relationships with their family and friends and one relative told us, "We go there for meals and are made to feel welcome, everybody is included."

We observed the care people received from staff. All of the interactions we saw were appropriate, warm, respectful and friendly. Staff addressed people by their preferred name, and chatted with them about everyday and significant things in their lives. Staff were attentive to people's needs and were polite and courteous. People appeared relaxed and smiled at the care staff. During lunch people who used the service and staff sat and ate together in a relaxed and informal way. People were involved in making choices about their care. One person told us, "We get to do our own shopping, choose our own activities and share activities together." People's bedrooms were personalised, age appropriate and people told us they were able to choose colours and personal items that were in their rooms. Staff told us that they encouraged people to be involved in the day to day running of the home and to

develop their independence. We saw that people were supported by staff to keep their own rooms clean and tidy, go shopping for food and personal items and to help with cooking. The service also had a rabbit that people who used the service helped care for.

Staff listened to people, showing empathy and understanding, giving them time to process information and waited for a response without rushing them. People were treated with dignity and respect. Our observations confirmed this when one person showed signs of anxiety and distress, and staff dealt with this in an efficient caring manner. Staff spoke with people in a kind and caring manner and they respected people's choices. If someone was trying to communicate something staff listened attentively until they understood what the person wanted.

We observed the service had a good, visible, culture which focused on providing people with care which was personalised to the individual. Staff were well motivated and caring. Staff respected people's privacy and dignity and demonstrated their understanding of what privacy and dignity meant in relation to supporting people with their personal care. They also described and demonstrated how they supported people to maintain their dignity. For example we saw how staff respected one person's choice to spend time in the privacy of their own space, and how it impacted on their behaviour if that was not respected.

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff sat with people when they spoke with them and involved them in things they were doing. Staff told us how they respected people's wishes in how they spent their day, and the individually assessed activities they liked to be involved in. People were supported to maintain relationships with others. People were encouraged to maintain relationships with friends and family. However, where this was not possible we were told that advocacy support services were available. Advocates are people who are independent of the service and who support people to have a voice and to make and communicate their wishes.

Is the service responsive?

Our findings

People's care and support needs were well understood by the staff who worked in the service. This was reflected in detailed support plans, individual risk assessments and also in the attitude and care of staff towards people. People told us that staff supported and encouraged them to maintain contact with family and friends. One person told us, "I do get to see my friends and family."

People received individual care that was based on their assessed needs and was delivered in a way that put the person at the centre of the plan of care. Staff we spoke with told us they had developed good relationships with the people they supported. Staff told us about the care needs of each person who lived at the service and it was clear they knew people well. Support plans included information that was specific to the individual. Each support plan included information about the person's health, medication and preferences. There was information about how to best support people if they were showing symptoms that might suggest their mental health was deteriorating. A personalised 'This is me' document was included which contained information important to the individual. It also contained detailed information about how to identify triggers related to behaviour and guidance for staff to respond to these triggers appropriately. Staff listened to people and encouraged them where they could to have control over their lives.

People told us they liked living at the service and that their lives had improved since they had moved there as they were now more independent. They said staff involved them in all aspects of their care. One person told us they knew they had a care plan but they did not want to look at it. Another person went through their care plan and explained it to us. We saw people were supported by staff to choose how they wanted to spend their day.

Care records were comprehensive, person centred and individually tailored to meet the person's needs and focused on maintaining independence. Care plans provided staff with clear guidance on how to meet the person's needs. We saw daily records were completed each shift which showed how support had been given in accordance with the care plans. Records were reviewed on a regular basis and we saw evidence of regular reviews with the local authority. People's care plans showed that they received personalised care that was responsive to their

needs. Care plans included information about the care and support provided to people. The service enabled people to strive to reach their maximum potential whilst enjoying meaningful and fulfilled lifestyles.

Staff talked passionately about the people they supported and had a good understanding of their individual personalities and what could cause their behaviours to change. Staff told us that they were confident and knew how to support people who could become anxious in a safe and dignified manner. We saw staff were receptive to people's non-verbal communication and understood when they did not seem happy. Staff had sufficient guidance in the health and behavioural action plans, so they could provide support to people, when they needed it and reduce the risk of harm to others.

Staff also told us they were aware of people's life histories and were knowledgeable about their likes and dislikes and the type of activities they enjoyed. We saw that people accessed the community and there was good staff availability to enable the outings and any service events to take place. People could choose to participate in a range of individualised social events and follow their own individual interests. People were encouraged to attend college and one person was involved in voluntary work. People told us that there were a variety of activities available evenings and weekends and that they were actively encouraged and supported with their hobbies, interests, personal goals and ambitions. We spoke with one person who told us they were very busy. They said they went to college most days and also had a job in the local area. During our visit one person was putting up Christmas decorations with staff offering support and encouragement. A bingo evening was also planned for people and staff the same evening.

The service had a robust complaints process in place and people were able to express their views. The service was responsive to people's comments and concerns. People told us they were listened to and their views or concerns were addressed.

There had been no formal complaints made since the last inspection. Records of complaints made previously showed that they were acted upon promptly and were used to improve the service. Feedback had been given to people explaining clearly the outcome and any actions taken to resolve any concerns. Staff were aware of the actions that they should take if anyone wanted to make a complaint. There was a complaint procedure in place which was

Is the service responsive?

available in the service for people to refer to and in a format that was easy for people to understand. This was important and ensured everyone, where able, were aware of the actions to take should they have concerns.

Is the service well-led?

Our findings

The service was well managed and the manager was visible and accessible. From our discussions with staff it was clear that they were familiar with the people who lived in the service and their relatives. All the people we spoke with told us they knew who the manager was. One person told us, "There are lots of people to talk to and the manager is very supportive if I get emotional."

Staff felt able to raise concerns and suggest ideas for improvement. Staff had access to meetings where appropriate, supervision and observation and annual appraisals. We asked staff about the support and leadership within the home. Staff said they were supported and they had regular supervision meetings and team meetings to discuss their performance and training needs and are supported to question practice. There was a whistleblowing policy in place. One member of staff explained, "I would go to the manager or the local authority if I had a concern." Another member of staff told us, "The manager gives 100% and is always available to talk to."

Staff understood their responsibilities and took them seriously. Staff were able to demonstrate to us that the welfare of people was their priority, and the service maintained good links with the local community. The manager told us they worked with the local authority to ensure the least restrictive options were tried with people, and gave an example whereby the local authority had requested a person's phone be removed. The Manager suggested a less restrictive option for the person so they could use their phone with some discreet monitoring of the same and this had worked well.

Health care professionals who had visited the service were all positive about the management and staff. One person told us, "They are very good at consulting with me about people and their choices and consent."

The management of the service had processes in place which sought people's views and used these to improve the quality of the service. The manager sought feedback from people and their relatives to improve the quality of the service. We were told that they sent out surveys to families, friends and health and social care professionals. We saw from the most recent surveys that there was positive feedback about the standard of care and how the service was managed. Action plans to address any issues raised were in place and were completed.

Systems were in place to manage and report accidents and incidents. People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Records of incidents documented showed that staff followed the provider's policy and written procedures and liaised with relevant agencies where required.

There were systems in place for managing records and people's care records were well maintained and contained a good standard of information. The registered manager explained that all records were reviewed, assessed and updated according to changes in people's needs. Care plans and care records were locked away in the office when not in use. People could be confident that information held by the service about them was confidential.

We looked at audits which were carried out by the manager on a regular basis. These included care records, medicines, environment of the home, activities, staff records, infection control and health and safety. This showed the service had an effective system in place to regularly assess and monitor the quality of service that people received.