

Inspiration Care Limited

Buckfield 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

This was an unannounced inspection on 14 October 2014. The home provides accommodation for up to five people who have a learning disability. There were five people living at the home when we visited and there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

At the previous inspection no improvements were identified as being necessary.

People were not able to talk with us about their care and treatment due to their communication needs. We observed how people interacted with staff. We saw that

people were comfortable and confident when they did so. Staff showed they understood people's needs and preferences and could talk to us about each person in detail.

Staff were able to tell us about how they kept people safe. During our inspection we observed that staff were available to meet people's care and social needs.

We saw that people's privacy and dignity were respected. We saw that the care provided took into account people's preferences as well as their relative's suggestions. The provider had taken guidance and advice from other professionals such as social workers.

Summary of findings

The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. At the time of our inspection one person was being assessed for DoLS.

We found that people's health care needs were assessed, and care planned and delivered to meet those needs. People had access to healthcare professionals such as doctor and dentists .

People were supported to eat and drink enough to keep them healthy. They had access to snacks and drinks during the day and had choices at mealtimes. Where people had special dietary requirements we saw that these were provided for.

Staff were provided with training that reflected the care needs of people who lived at the home. Staff told us that they would raise concerns with the registered manager and were confident that any concerns were dealt with appropriately.

The provider had taken steps to assess and monitor the home which took account of people's preferences and the views of relatives and other professionals. These had been used to make changes that benefitted the people living at the home.

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 knew how to keep people safe and reduce the risk of harm as they had a good understanding of each person's abilities.

There were enough staff available to support people and help meet their needs in a safe and timely way.

People's medicines were managed so that they received them safely.

Good



Is the service effective?

The service was effective.

Staff knew about people's backgrounds, understood their needs and knew how to assist them.

People were supported to make decisions for themselves where possible

People had access to health professionals to help them maintain a healthy lifestyle.

People were offered a balanced and nutritious diet.

Staff had regular training to help them meet people's individual needs.

Good



Is the service caring?

The service was caring.

Staff were sensitive to people's mood and respectful to them. They responded to people in a patient and sensitive manner.

Staff had a good knowledge of people's care and welfare needs of the people. We saw that people's dignity and independence were promoted.

People were able to be involved as much as possible in making decisions about their care and treatment.

Good



Is the service responsive?

The service was responsive.

People had their needs and requests met by staff who responded appropriately.

People's wishes and preferences, their personal history, the opinions of relatives and other health professionals were respected. This ensured people received the care and treatment that met their needs.

People were supported to raise concerns and complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People were supported by a consistent staff team that understood people's care needs. Staff were encouraged to question and challenge the provider about how people's wishes and needs were assessed and met.

The directors and senior managers visited the service regularly. They observed the care that people were receiving. They looked at documents such as care plans and first aid records and checked the building and equipment to make sure that people's needs were being met.

Buckfield 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 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 14 October 2014 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we had asked the provider to complete a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the home, what they do well and improvements they plan to make. We looked at information sent to us by the provider and other bodies such as local authorities who fund the placing of people in this service and the local Healthwatch.

We talked to five of the people who lived in this service. None were able to respond verbally but we observed their reactions to our questions. We also observed them interacting with the staff, talked with nine of the staff, the registered manager and reviewed care records of two of the people.

Is the service safe?

Our findings

Staff monitored people's safety discreetly and respected people's choice of where they wanted to go within the building and grounds. We saw that staff encouraged people to take positive risks. For example, we saw that one person went swimming during the morning. Staff explained the routine that they followed during that activity so that one of them was always available to provide the person with support. This showed that they were aware of the arrangements that had been developed and described in the person's files. Staff knew where people were and provided constant checks to ensure people were happy and safe. We saw that staff respected people's choice to be on their own once they had checked them to ensure they were safe.

All of the staff we talked with and observed knew how to keep people safe. Staff told us they felt confident reporting any signs of abuse. They were clear that they would report concerns to the registered manager or a company director. The registered manager showed a good knowledge of the local authority processes for identifying, reporting and investigating issues of concern. They did this by explaining how and to whom they would make a safeguarding referral and what action they should take to support the process.

We looked at information sent to us by the registered manager which showed that correct procedures were followed. For example, the recruitment process that the provider followed involved carrying out a Disclosure and Barring Service check and obtaining two references before someone started work at the service.

We talked to recently recruited staff who confirmed that this process had been followed, as did their records. This process enabled the provider to check that any person employed at the service was suitable to work with the people who lived there.

We saw that plans had been developed that made sure staff had information to keep people safe. Where a risk had

been identified the records detailed how to minimise and manage that risk. For example, we saw that one person had been identified as being at risk. The plans in place told staff how to support them and staff confirmed they knew what to do.

We saw there were sufficient numbers of staff on duty to keep people safe and meet their care needs. The staff had time to respond to people's individual needs and care for them. People were supported by staff to clean their home, attend medical appointments, go swimming and go on walks to the local shops.

The registered manager reviewed people's needs, listened to staff feedback and looked at what people needed support with. They told us that the level of staff support had been agreed with each person's placing authority. Staff confirmed that those levels were kept to as did the staff rotas which we looked at during our visit.

We saw that people's medicines were managed so that they received them safely. Staff had received training in the safe handling and administration of medicines. They could report any side effects as they knew what they were.

The type and quantity of each medication to be given to each person was clearly recorded to avoid confusion. The times each dose should be given was also clearly shown. To make sure that medication was given correctly clear guidelines had been written for the staff to follow. Some medication was only to be given under certain circumstances. How and when it should be given was in people's care plans for staff to follow.

We saw medications were stored and handled in a way which ensured that only the right person could take them. Storage was kept locked when unattended and only one person's medication was handled at a time to avoid confusion. Staff told us that the provider carried out regular audits of the medication system. We saw records that confirmed this. Where discrepancies were found a record of the action taken was kept to show what steps the provider took to prevent a repeat of the error.

Is the service effective?

Our findings

We saw that staff understood people's needs and knew how to respond appropriately. We saw they took account of people's personalities and their preferred routines when they talked with them and were able to tell us about the person's background. For example one member of staff said, "[person] likes to eat on their own. He is quite private really".

We saw people having breakfast, snacks and their mid-day meal. People were offered choices of meals and snacks by showing them either the food itself or pictures of the prepared meals. For example, one person was offered choice by a staff member showing them a selection of breakfast cereals. Another person was seen asking for a drink by showing a member of staff a picture in their personal communication book.

We saw a menu for the week was displayed in the kitchen. This showed that a healthy well balanced diet was available. Staff told us that this had been developed taking into account what people liked. They told us that they had established what foods people liked and disliked by checking with their families when they first came to live service. Then they monitored what people chose when offered choices at meal times as well as when they were food shopping. Staff told us that people could all make it clear if they did not want a particular food. One staff member told us, "If someone doesn't fancy what's on offer we can soon prepare something else. There's always something else in stock".

We looked at people's care records and saw that dietary needs and preferences had been assessed and recorded for staff to refer to. We also saw that any special equipment that people needed to help them eat independently was used.

Staff told us and records showed that people saw various health professionals to help them maintain a healthy lifestyle. For example, people received regular

appointments with a speech and language specialist, their doctor and dentists. This meant that staff had the information they needed to support people's nutritional and other health needs.

All of the staff we spoke with told us that they felt supported in their role and had regular supervisions with the registered manager or one of the service's senior staff. One staff member told us, "We can approach the managers any time we feel we need to talk". This helped to ensure staff felt supported in delivering care to people.

Staff received regular training which reflected the needs of people who lived at the home. Subjects included food hygiene, autism awareness and first aid. We saw that staff had the skills needed to defuse situations without the need for physical intervention where possible. They had also been trained to use restraints with as little risk to the person's safety as possible and only as a last resort.

We looked at how the requirements of the Mental Capacity Act (2005) were being implemented. This is a law that requires that a system of assessment and decision making is followed to protect people who do not have capacity to give their consent. We saw in two care records that assessments had been completed and included what areas of care these related to such as personal care and going out to the local shops.

We also looked at the arrangements the provider had in place for Deprivation of Liberty Safeguards (DoLS). These are formal decisions that can deprive people of part of their liberty.

All staff we spoke with had a good understanding of the Mental Capacity Act and how to put it into practice. The registered manager knew of the judgement made by the Supreme Court in March 2014 about how the DoLS legislation was to be used. The judgement meant that restrictions that previously would not have needed DoLS authorisation would need to be reviewed by the local authority. We saw that the registered manager had submitted an application to the local authority and was awaiting the authorisation outcome. This showed that staff were able to identify restrictions to people's freedom.

Is the service caring?

Our findings

We saw that the people who lived at the home had difficulty in expressing their needs. We saw they looked happy, were often laughing and smiling when with staff and were comfortable and relaxed around their home. They were confident and at ease when asking staff for support and were clearly used to the staff responding in a kind and compassionate manner.

We saw that when someone's mood changed and they became unhappy or agitated staff were very quick to notice. They used the person's usual methods of communication, which could involve pictures, to find out what was wrong. For example, when one person became agitated the staff showed them a range of pictures. The person pointed at a biscuit and this indicated to the staff that the person was hungry. The person was then offered a range of snacks from which they chose. The person then relaxed showing that the staff had interpreted their needs correctly.

We saw that staff were always respectful when speaking with people. Staff made sure each person knew they were talking with and listening to them. We saw staff were patient while they did so. We observed staff as they gave care and support to people. Throughout the inspection we saw and heard staff respond to people in a patient and sensitive manner.

We spent time in the communal areas of the home and observed the care provided to people. The staff constantly checked and reassured people. We saw staff listened to people's choices, responding to them and encouraging people in the activities they were taking part in. One member of staff said, "We like to monitor people without

intruding on them". Staff explained and we observed that there were times when it had been agreed that people were left to themselves. One example we saw was at meals times. We saw in the records that some people liked to eat on their own. At such times the staff who had been allocated as their carer would wait outside the room but close enough to provide support quickly if needed.

We found that staff had a good knowledge of the care and welfare needs of the people who used the service. The staff we talked with explained the care they gave to people and how this met their needs. We saw that staff discussed people's needs when the shift changed to share up to date information among the team. One member of staff said, "At the beginning and end of each shift we discuss each person and any changes in things like medication". Another staff member said, "We write up any changes to people's care on the daily notes and contact the GP if we need to."

We saw that people's dignity and independence were promoted. We saw staff helped people to prepare their own meals and helped them to clean their home. We saw that staff knocked on people's doors and waited before entering. They made sure doors were closed when people wanted to spend time in the bathroom or in their bedroom. One member of staff said, "We know people's abilities and we support them so they can do things they like doing in the community". Another said, "We involve people in day to day things".

People were supported to express their views and be involved as much as possible in making decisions about their care and treatment. We saw from the records people had expressed choices about their care and information had been obtained from relatives or staff who knew them well.

Is the service responsive?

Our findings

Staff encouraged people to be involved in their day to day lives. One member of staff told us, “Where someone is able to do something we try to maintain that ability”.

We saw that people had their needs and requests met by staff who responded appropriately. For example, staff went with people when they asked to go out or when they asked for a drink. We saw that a car was available to take them or the staff were able to walk with people to where they wanted to go. We saw that assessments of the risks involved in going out had already been made. Staff were aware of the measures that had been agreed as being necessary to keep individuals safe in either situation. One staff said, “It’s written down so we can see it”. Another staff member said, “We know where it’s written so we can read it”.

People were listened to by the provider. The registered manager told us and staff confirmed that as people were unable to communicate verbally the provider obtained much of their feedback by observing them. Those observations were used to develop their goals and care plans. We saw that written assessments were undertaken by senior staff with input by the care staff. An example of this was during the inspection a senior member of staff accompanied a group to an outside activity to observe the person during it. That member of staff was extra to the assessed number needed to support the activity. This enabled them to concentrate on observing and assessing what benefits that person was getting from the activity and whether or not they enjoyed it.

Staff told us that each person’s care plan was regularly reviewed to make sure any changes in their needs were being met. They told us how other staff with specialised knowledge and skills were involved so that issues could be reviewed in more depth. We looked at two people’s records

which confirmed what they told us. The records had been kept under review and updated regularly to reflect any change in their care needs. The wishes and preferences of people, their personal history, the opinions of relatives and other health professionals had been recorded. This ensured that people received care and treatment that met their needs and considered other health professionals views.

During our inspection we saw people involved in activities that their care records said they needed and enjoyed. These included swimming, musical sessions and visiting local shops and cafes.

Staff told us how they supported people to keep in contact with their families. They told us that some family members visited the home and some people were supported to visit their parent’s home. We saw an example of written guidance to staff about how they should help to make this happen. The registered manager told us and staff confirmed, that during their visits relatives were encouraged to comment on the care being given by the service. They told us this was so that, where possible, improvements could be made in how people’s needs were met.

We asked people about the building. Two people said we could look at their rooms. These contained personal items such as photographs, pictures and decoration. The registered manager told us that all rooms were redecorated to take into account people’s needs and preferences and people were encouraged to personalise their rooms. This meant that people’s preferences were maintained.

The provider had not received any recent written complaints. Staff told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. The complaints policy was also available in an easy read pictorial format to make it more accessible for people.

Is the service well-led?

Our findings

People were supported by a consistent staff team that understood their care needs. The staff told us that they were encouraged to question and challenge how people's wishes and needs were assessed and met. For example, during the inspection we heard a group of staff quietly discussing whether someone was behaving in a particular way to show that they did not want to go out. Another example was a discussion we heard where two staff were talking about a choice a person had made about what to have for breakfast.

The registered manager is a director of the provider company. During the inspection other directors and senior managers were also seen to be visiting the home. It was clear from the way people approached them that they were well known to them. They also showed a good knowledge of people's needs. Staff told us that senior staff visited regularly. They told us that they thought the directors had a good understanding of people's needs and led by example. They said the management team were approachable, supportive and very involved in the daily running of the home.

We saw that senior managers and directors carried out periodic audits at the home. Examples were any outstanding actions from the previous audit, first aid equipment and individual care plans and monitoring charts. This was to check that the staff had the equipment they needed and carried out the agreed support to meet people's needs. An example of an issue identified was the fridge and freezer temperatures had not been recorded as frequently as the provider had required. This procedure

was to ensure that the food did not spoil whilst in storage. The manager told us that staff had been made aware of this shortfall. The next audit record showed that the temperature were then carried out regularly.

The staff told us that they were aware of the audit processes and when they were carried out. A number of the staff made a point of saying that they supported the processes because it was in the people's interest. An example of an issue identified during an audit was daily records for one person had not been fully completed on a particular day. Staff told us the need to maintain clear records had been impressed on them after the audit had been completed. One member of staff said, "It's a good system. It tells us if we have missed something." Another said, "It's quite reassuring really. They just point it out so that we don't do it again."

One staff member said, "We can speak to [name of the manager] whenever we want." All staff we spoke with told us that the registered manager was approachable, accessible and felt they were listened to.

The registered manager told us that they had good support from the staff team. The team consisted of a deputy manager, assistant managers and senior support staff. Individual members of the team had specific duties that they were responsible for. For example, one of the team was responsible for making sure that people received the training that would meet people's needs.

We talked with the registered manager. They knew their responsibilities as the registered manager, this included sending notifications of incidents to the commission.