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

Summary of findings

Overall summary

The inspection took place on 27 April 2017 and was unannounced. Buckfield House provides accommodation and personal care for up to six adults with a learning disability or autism. There were six people living at the home at the time of our inspection.

There were two registered managers 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.

People were supported to maintain some independence and to take positive risks. Staff knew how to recognise and report any concerns about people's safety. Staff understood risks associated with people's needs and how to keep them safe. There were enough staff on duty to respond to people's health needs at the times when they needed support. The provider completed checks to ensure staff were suitable and safe to work at the home.

People had good relationships with the staff. It was a relaxed atmosphere with staff spending quality time with people. People were treated with kindness, compassion, dignity and respect. People received care and support to meet their diverse needs including people who had complex health needs.

People's health needs were responded to effectively with people being supported to access doctors and other health professionals when required. People had daily access to health professionals like speech and language therapists, occupational therapists and doctors. People were supported to have their medicines when needed. Medicines were stored and administered appropriately.

People had access to a varied diet of food and drink. People were supported to have their food and drink safely. Where recommendations had been made by other professionals regarding their diet or health needs these had been acted upon by staff.

Staff understood people's individual communication styles and were able to communicate effectively with people. People's permission was sought before any care or support was given. Time was taken to make sure that people could make choices and decisions about the care and support they received.

People were supported by staff that had the knowledge and skills to understand and meet their health needs. Staff were well supported and had access to additional training specific to people's needs. Staff felt that they were able to contact the registered manager at any time if they needed support or guidance.

Relatives and staff views on the care and support provided was gathered on a regular basis. The registered managers were approachable and willing to listen to views and opinions. A range of audits and checks were completed regularly to ensure that good standards were maintained.

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's individual risks were understood by staff. Staff understood about how to keep people safe and what to do if they had concerns. There were sufficient numbers of staff to meet people's needs in a safe way.

People had the support they needed to help them with taking their medicines safely.

Is the service effective?

Good

The service was effective.

People were supported to access different health professionals when needed.

People had the support they needed with preparing meals or with eating and drinking.

Staff understood the principles of the mental capacity act and the importance of ensuring people were supported to make choices and consent to their care.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

Staff were positive about their caring role and took time to make sure that people were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People had their health needs responded to quickly. If staff had any concerns about people's health needs other health professionals became involved quickly.

Relatives knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

Is the service well-led?

Good

The service was well-led.

Relatives and staff felt the registered manager and the provider were approachable and supportive. Staff felt they could talk to the registered manager at any time and they would be listened to.

The provider and registered manager monitored the quality of the service by a variety of methods including audits and regular feedback from people's families and used this information to make improvements to the service.

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 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.

This inspection took place on 27 April 2017 and was carried out by one inspector. The inspection was unannounced.

We looked at information we held about the provider and the services at the home. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We looked at the Provider Information Return (PIR) prior to this inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority. They had no concerns about the service at the time of inspection. The local authority has responsibility for funding people who used the service and monitoring its quality.

During our inspection we spent time with people in the communal areas of the home. We were unable to speak with the people that lived at the home due to the complexity of their health needs. We spoke with five relatives. We also spoke with four care staff, three relatives, two registered managers and the provider.

Good

Is the service safe?

Our findings

Relatives told us that they felt that people lived in an environment where there was an emphasis from the staff on keeping people safe. Staff were able to tell us what they would do if they suspected abuse and showed us that they had a good understanding of the different types of abuse. Staff told us that they would make sure that the relevant authorities were informed and swift action was taken to keep people safe. Relatives and staff told us that they felt confident that if any concerns about people's safety were raised with the registered manager or provider it would be dealt with swiftly and appropriately.

Relatives told us that staff had a good understanding of people's risks and how to support people safely. Staff were able to tell us how they supported people in a way that reduced the risks to people. For some people the nature of their health needs meant that at times people could become anxious and display behaviours that placed themselves or other people at risk of injury. All of the staff we spoke with were able to explain how they supported people in a way that was calm, structured and that reflected people's individual needs. The success of this approach in reducing the risk to people could be found through a person's people's care records that we looked at. It showed that medicines had been reduced and the number of incidents of behaviour had reduced since they had moved to Buckfield House. A relative said, "They have really reduced [person's] anxiety and we have seen less use of medicines to manage behaviours." Another relative said, "They [staff] have such a good understanding of keeping people safe. They know what risk looks like."

Staff demonstrated knowledge about people's health conditions and the associated risks. For example a number of people that lived there had complex epilepsy. This meant that people were at risk of seizures that without the right support would result in injury to the person. The staff we spoke with demonstrated knowledge of people's individual risk assessments and what they needed to do to safely manage those risks.

Relatives felt there were enough staff to keep people safe. One relative said, "[Person's name] needs constant support. That is always available and I have never known them to be short staffed." Staff felt there were sufficient staff to enable them to do their job safely. We saw that people received the care and support when they needed it. For example where a person had started to show signs of anxiety there were staff around to give the person and the staff member supporting them help and support. We saw that staffing levels were determined according to the needs of people living in the home. For example at times some people needed two staff to enable them to participate in certain activities and this was provided at the time it was needed. The registered manager told us that they only used agency staff occasionally and it was always staff that knew the people and the home. They told us that this was to ensure consistency in people's care, particularly for people who would be anxious about unfamiliar staff supporting them.

Staff members told us before they were allowed to start work, checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses, they could start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people.

People's medicines were managed, stored, given to people as prescribed and disposed of safely. Where people required medicines to be taken only when needed we saw that there were guidelines to tell staff when these were required. Staff were aware of the guidelines and when to administer these medicines. All staff who administered medicines had regular training and understood the importance of safe management and administration of medicines. Staff were able to tell us about people's individual medicine requirements. For example, staff were able to discuss the medicines for a person's epilepsy and also tell us about when any rescue medicines would be given to help a person recover from an epileptic seizure. Relatives told us that medicines were managed appropriately. We saw that accurate records of what medicines had been given were maintained and also that medicines were stored safely and securely.

Good

Is the service effective?

Our findings

Relatives felt that the staff had the skills and knowledge to meet people's health needs. Staff told us that they attended a wide range of training appropriate to their roles. This included training around the Mental Capacity Act, medicines and safeguarding. Also staff felt that the registered manager was quick to identify and arrange person specific bespoke training. For example staff had received training around how to provide good diabetes care. Other staff told us about person specific training around managing behaviours and also around people's specific communication needs. All of the staff we spoke with told us that they found the training useful and relevant to the people that they supported. One staff member said, "The degree of training reflects the complexity of the people that live here." Staff told us that they were encouraged to discuss training ideas and needs with the registered manager or senior staff and felt confident that when people's health needs changed any additional training requirements were quickly identified and actioned. The registered manager told us that there was always a focus on sourcing and providing good quality specialist training for the staff.

Staff told us that they had induction training when they started working for the company. They said that this included training around areas relevant to their job roles such as moving and handling and safeguarding. It also included working alongside other more experienced staff until they were confident with their skills. Staff told us that they found that they had on-going support during their period of induction.

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 to see if 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. We found that people's mental capacity to make decisions had been assessed and appropriate DoL applications had been made.

Staff were able to tell us what needed to happen if people did not have the capacity to make certain decisions for themselves. Staff told us about making decisions in people's best interests and the involvement of the people that knew them best such as family and professionals in best interest meetings which had been documented fully. This demonstrated that the correct procedures had been followed where decisions had been made on people's behalf.

Staff ensured that they did not carry out any care or support without the person's permission. We saw that staff told people what they were about to do and waited for an indication from them that they were happy with the support they were being offered. We saw staff were patient and provided people with the time they

needed to make their choices and wishes known and staff understood people's individual communication styles.

We saw that lunchtime was a positive time. We saw lots of smiles and that people enjoyed their food and drink. The registered manager and staff had assessed any risks associated with people eating and drinking, and had taken steps to minimise the risk. For example where a person had diabetes staff encouraged them to have appropriate foods. Staff told us this had been positive for this person as they were able to make healthy choices and still enjoy their food. Where needed the amounts of food and drink a person had was monitored and recorded in their care records. Staff were able to tell us who they were currently doing this for and why.

Relatives told us that people had their health needs met by staff who supported people to access other health professionals when needed. They said that when there were concerns about a person's health or if people were unwell appointments with health professionals were arranged straight away and people were supported to attend health appointments. There were a number of different health professionals commissioned directly by the provider. These included a Speech and Language Therapist (SaLT) who worked with people around their eating and drinking and also their communication needs. There was also an Occupational Therapist (OT) whose role included help to people to improve or maintain the ability to engage in different activities or experiences. There was also support from community nurses around people's complex health needs and also psychiatry in relation to specialist input around people's medicines. Staff told us about instances where a change in how a person presented had resulted in contact with other health professionals for their input, One staff member said, "There is no delay on getting people reviewed with doctors, therapists or nurses. The support is almost immediate and brilliant."

Good

Is the service caring?

Our findings

Relatives felt that people had good relationships with the staff supporting them. One relative said, "Staff are not only skilled, but kind, caring and so supportive." We saw that people were relaxed with the staff and that staff spoke with people in a kind and caring manner and took time to make sure that people were involved and felt valued. Staff could tell us about people's individual likes, dislikes and health needs. Staff told us that they always respected people's own individual personalities. They were able to tell us who liked to be kept busy and enjoyed lots of interaction with people, and also the people that enjoyed more personal space and a quieter pace of activity. We saw throughout the inspection that staff understood and respected what people liked and what they chose to do.

Staff took the time to involve people in their care and support. Where people appeared uncomfortable or were making a choice that they did not want something this was respected by the staff. Staff also told us that they were aware that due to the complex nature of people's health needs a lot of the care and support was done for and to people, but also said that they always encouraged and supported people to have some independence. One member of staff said, "We have to value people and involve them in everything we do." They told us that input from occupation therapists and nurses to look at the best techniques on how to promote independence with the people that they supported. Staff told us that these techniques were successful in supporting people with what they can do for themselves. For example we saw where a person was asked if they wanted to assist with preparing lunch. The person indicated that they wanted to do this. When the person indicated that they wished to stop, this was respected and the staff member completed the task.

Relatives told us that the people were involved in any reviews of care or any assessments of care. One relative said, "The people themselves are always kept at the centre of any reviews." Staff told us that there was an emphasis on including people in their care both on a daily basis and also where other people may ultimately make decisions for them. The registered manager told us that for most people family and close relatives were involved in times when care needed to be reviewed, but where it was felt necessary people would be supported to access independent advocacy services.

Relatives told us that people were always treated with dignity and respect. We saw that staff worked in a dignified manner with people. Where personal care was needed this was done in a way that ensured people's privacy was respected. Staff said that they had regular training around equality, diversity and human rights and the ethos of the home was to make sure that dignity and respect ran through everything they did, and was part of the providers core vision statement for the service. All of the staff we spoke with spoke fondly of the people they supported.

Good

Is the service responsive?

Our findings

Relatives told us that staff had a very good understanding of people's health and wellbeing needs and had the skills to meet them. Staff were able to tell us about people's health needs and about what the person liked or did not like to do. We saw that staff had the knowledge and experience to respond to people's health needs. People's health conditions often included more specific and complex conditions. Staff could tell us about these conditions, what additional support they needed and what they looked out for that would indicate a person was unwell. For example a number of people had epilepsy, which presented with a range of different seizures for each person. Staff knew at what point for each individual they would become concerned and what they would do. For some people this meant administering rescue medicines, other people it was calling the doctor and for some people it was calling for an ambulance. All staff knew what individual response a person needed to keep them safe.

Relatives told us that the care was individual to the person's needs. Relatives told us that if people's needs changed other professionals became involved quickly to ensure that the care and support continued to reflect people's individual health needs. An example staff told us about was a person who had a period of increased anxiety that had ultimately led to an increase in behavioural challenges. A referral was made for specialist input from the community learning disability services including the psychiatrist. As a result a weighted blanket and a wrap was tried with the person. The person's relative told us how this had provided the person with comfort when used. They told us that this intervention had a positive impact upon their anxiety and had improved the health and wellbeing of the person. The relative told us that they felt that all of the staff and professionals involved had worked hard to bring about a real positive change for the person. We could see where additional reviews with other health professionals had happened as a result of changes in people's health.

People were encouraged to keep active and various activities and exercises were available throughout the day as well as opportunities to go out into the local community. Relatives told us that they felt people were kept active and that this maintained people's wellbeing. One staff member said, "It is important to people that they have the opportunity to be out and to try different things. For other people it is about routine. We try to understand what people like and give them choice."

Relatives told us that they felt they could raise any concerns or complaints. All the relatives we spoke with knew who the registered managers were and felt comfortable to raise concerns with them or the staff. They said that they were confident that any complaints or concerns would be listened to and appropriately dealt with. We asked staff how they gathered the views of the people that lived there. They told us that people had a key worker who would spend time with the person before any care review. Staff were confident that they knew people's individual communication styles well enough to be able to identify if someone was unhappy. There had not been any complaints but we could see that there was a system in place to respond and investigate concerns appropriately.

Good

Is the service well-led?

Our findings

Staff and relatives felt the home was well run by the provider and the registered managers and that they were involved in the running of the home. Staff told us that they felt it was an open culture with the registered managers and provider and that they would listen and could be approached with any ideas or concerns. One staff member said, "The whole thing is lovely. It is a very open and supportive team right from the top." We found that staff were motivated to provide the best care and support they could and felt that it was a team approach.

The registered managers told us that the vision of the service was, "To provide innovation and quality in all that we do. Be person centred focused for both service users and staff, follow the key principles of the ten dignity challenges, be recognised as a service that strives for best practice and be the provider and employer of choice within our particular sector." All of the staff that we spoke with shared this vision. Staff told us that they felt supported and valued by the registered manager. The registered manager said that the approach to care was an 'in house multi-disciplinary approach.' They told us that people did also access external support and appointments with health professionals. The registered manager recognised that while a multi-disciplinary approach was positive in regard of person centred support it was not in place of people accessing external sources of health from other professionals. We asked care staff what this meant and they understood how their roles contributed to meeting the complex health needs of the people that lived there. They were able to tell us how they worked with the person, the nurses and the therapists in achieving positive outcomes for people.

The provider had awareness of current themes in the health and social care field. They were members of the 'positive about autism' which the provider told us provided up to date information and workshops for staff. They were also members of the British Institute of Learning disabilities (BILD) who have a vast library of resources on current best practice in the field of learning disabilities. They told us that this information was regularly shared with staff through staff meetings and supervisions.

We saw both the provider and registered managers had systems in place to check the quality of the care given by staff. These included spot checks undertaken on different aspects of the care by the registered manager, so they could be sure people were receiving the right care. For example, the registered manager told us that checks on equipment and medicines were made before people went out. They told us this was to reduce the risk of a mistake and to see how effectively things were prepared before people went out. These included checks on medicines, staff training and supervision and care records. Feedback was gathered on a regular basis from the relatives of the people that used the service and also from staff. We could see that there was a system for capturing comments and concerns and identifying relevant actions to be taken to improve the quality of the service.

All staff were aware of the whistle blowing policy and said that they would feel comfortable to whistle blow if they felt that this was needed to ensure people's safety. One staff member said, "It is our task to protect people from abuse. No staff here would take that and I would have no issue in being a whistle-blower if that's what it took to protect people." The provider had, when appropriate, submitted notifications to the

Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.