

Inspiration Care Limited

Buckfield House

Inspection report

Barons Cross Road
Leominster
Herefordshire
HR6 8QX

Tel: 01568613119
Website: www.inspirationcare.co.uk

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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

About the service

Buckfield House is a residential care home providing personal to six people who may have a learning disability and/or autism.

Buckfield House accommodates six people in one adapted building over three floors. People have access to a large lounge, snug, dining room and kitchen along with freely available access to a large garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service consistently apply the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's experience of using this service and what we found

People looked relaxed and comfortable in their home environment. Relatives felt their family member was safe from harm. Staff had a good understanding of how they protected people from harm and recognised different types of abuse and how to report it.

Potential risks to people had been identified and staff had consistent knowledge in how to reduce the risk of harm. There were enough staff on duty to keep people safe and meet their needs. People's medicines were managed and stored in a safe way. Safe practice was carried out to reduce the risk of infection.

People's care continued to be assessed and reviewed with the person and their family member involved throughout. People were supported to have a healthy balanced diet which reflected their individual dietary requirements. Where able, people were supported to prepare their own meals and drinks. Staff engaged and worked well with external health and social care professionals and followed their guidance and advice about how to support people following best practice.

Staff cared for people in a kind and considerate manner. People were treated with respect and their dignity and privacy was maintained. Staff helped people to make choices about their care and the views and decisions they had made about their care were listened to and acted upon.

People's care was delivered in a timely way, with any changes in care being communicated clearly to the staff team. People were supported and encouraged to maintain their hobbies and interests. People and

relatives had access to information about how to raise a complaint.

The registered managers were visible in the home and listened and responded to those who lived in the home and the staff who worked there. The culture of the service was open and transparent. People, relatives and staff were listened to and had the opportunity to raise their suggestions and ideas about how the service was run. Staff worked well as a team and were supported by the provider to carry out their roles and responsibilities effectively, through training and regular contact with the registered managers and providers. The checks made by the management team ensured the service was meeting people's needs and focused upon people's experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was Good. The last report was published 13 June 2017.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Buckfield House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was undertaken by two inspectors.

Service and service type

Buckfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spent time in the communal areas to understand how people spent their day and how staff interacted with people. We spoke in greater detail with two support workers, a team leader, one registered manager, and two directors who owned the service, one of whom was the nominated individual. The nominated

individual is responsible for supervising the management of the service on behalf of the provider. We also had conversations with three support workers and one team leader as they supported people throughout the day.

We reviewed a range of records. This included two people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with two professionals who regularly visit the service and received written feedback from a further three professionals. We also spoke with two relatives.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be kept safe by the staff who supported them. We saw people were comfortable and relaxed around staff. Relatives felt their family members were kept safe from harm. Both relatives we spoke with told us how settled their family member was. Both relatives told us how their family member was always happy to return to their home after spending weekends with them.
- Staff understood how to protect people from risk of abuse, and what action they would take if they felt a person was at risk. Where a concern had been raised with the registered managers, action had been taken to reduce the risk. The registered managers understood their responsibilities to report concerns to the local authority and the CQC.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Using medicines safely

- Staff understood people's individual risks, and how to support them to maintain their safety. Staff took positive risks with people, so people could lead as full a life as possible.
- Relatives told us staff understood their family member's individual risks and how to manage these to keep them safe.
- We saw staff supported people in line with best practice to meet their complex, individual safety and health care needs. The provider had adapted people's bedrooms and bathrooms to ensure people's safety, but also maintain their independence. Specialised equipment to alert staff in a timely way was in place, for example, alerting staff if a person who has epilepsy has a seizure.
- There was a good communication system in place for ensuring consistent, timely and safe care was delivered. The staff team had regular updates to ensure risks were being managed and reviewed.
- Staff communicated information about incidents and accidents. The registered managers monitored these events to help prevent further occurrences.
- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Staffing

- There were sufficient staff on duty to meet people's care needs and maintain their safety.
- Where people required additional staffing support within the home and/or in the community, this was in place.
- The registered managers reviewed staffing levels to ensure there were sufficient staff to meet people's needs.

Preventing and controlling infection

- We saw the home was clean and smelt fresh. Relatives confirmed that staff kept the home clean.
- Staff understood the importance of infection control and we saw good practice within the home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People, where able, were involved in the assessment of their care needs. Relatives spoke very positively about how staff had supported their family member to transition into the home. One relative told us their family member had settled into the home very quickly, while a further relative told us, "They [staff] know [the person's name] better than myself now."
- Relatives told us they were confident in staff's approach and felt staff had the knowledge and abilities to meet their family member's needs.
- Health and social care professionals told us the registered managers and their staff team were proactive in their approach. One professional told us the staff group reflected on their working practice and sought professional's advice on how they could continue to improve how they delivered care and support to people.

Staff support: induction, training, skills and experience

- The provider had a comprehensive induction for new staff, and training ran throughout the year, to keep staff up-to-date with best practice. There was a good skill mix of staff on duty at the time of our inspection.
- Staff were confident in the care and support they provided. They told us the training was tailored to and delivered by the provider which reflected people's individual care and support needs.
- The provider promoted staff's development, and where additional training was required as people's needs changed, this was given in a timely way.
- The registered managers recognised the importance of keeping their staff group up to date with best practice and we saw this reflected in the way they supported people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- A relative told us the registered manager had proactively sought healthcare advice when their family member had become suddenly unwell. They told us they acted as the person's voice, to ensure the person had the right care and treatment in a timely way. The relative said, "Without [the registered manager] I don't think [person's name] would be here today."
- We saw information in people's care records to show they were supported to attend health appointments, so they would remain well. Relatives confirmed their family member saw appropriate health and social care professionals for routine appointments.
- Health and social care professionals told us the registered managers were proactive in seeking advice and followed their guidance well. They felt people were supported to stay well and staff accessed their support should they have any concerns.

Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet people's individual needs. People's bedrooms were decorated to their own tastes and were furnished with their personal belongings which reflected their interests.
- People's bathrooms had been adapted to reflect people's individual health and support needs, to promote their independence.
- People had access to communal areas within the home which gave them a choice of where they would wish to spend their time. This included a large garden area and a snug room.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We saw staff tailored their approach for seeking consent to each person's individual communication needs.
- All staff understood and applied the Mental Capacity Act principles in the way they supported people.
- The registered manager worked with healthcare professionals to understand whether people had capacity to make decisions about their care and treatment. Where it was deemed people lacked capacity, DoLS authorisations had been requested. Where these had been granted staff understood how individuals were to be supported.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- We spent time in communal areas of the home, where we saw and heard staff were kind and caring towards people they supported.
- Relatives spoke highly of the care and support staff offered their family member. One relative told us, "[Person's name] is able to be mischievous. [Staff] haven't dampened [their] personality." All relatives we spoke with felt staff were welcoming, supportive and put the needs of their family member first.
- Staff had a good understanding of what was important to people, and as far as possible delivered people's care in line with their wishes and preferences. For example, supporting people to visit their family members at weekends.
- Health and social care professionals told us staff wanted to be fully involved in meetings with them to fully discuss people's care, so that the best possible care and support could be given.

Respecting and promoting people's privacy, dignity and independence

- People were supported with maintaining their dignity throughout the day. People's personal space was respected by staff and other people living in the home.
- Communication aids, such as pictorials, were in a palm sized booklet, so people and staff could continue to communicate while out in the community in a discreet way.
- Relatives told us their family member was treated well by staff and their privacy was maintained.
- Staff told us they respected people's privacy by ensuring information about their care and support was only shared with their consent.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and, where appropriate, their relatives and health and social care professionals continued to be involved in the planning of the person's care from the beginning and people's health care needs continued to be met.
- People's care needs were reviewed regularly and any changes in needs were identified through assessments and monitoring. Where the registered managers felt there were changes in a person's health they made prompt referrals to healthcare professionals.
- A professional told us, "The managers do their best to put recommendations into practice as soon as possible and will listen to my views or concerns."
- There was a good level of information about people's needs and preferences in people's care records. Where people's needs were changing we saw there was clear communication amongst the staff group, so the registered managers could take action. Staff were aware of what action the registered managers had already taken.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us they knew people very well and listened to their vocal sounds and watched their facial expressions and body language to understand what they were communicating to them. Pictorial cards were used to enhance people's communication with staff. The pictorial cards were used as part of everyday activities to promote people's independence, so that every day decisions could always be made by the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People spent their day according to their individual preferences. All people living in the home enjoyed going out and undertook activities that were tailored for them.
- Staff promoted positive risk taking when it came to activities, and people enjoyed many activities such as horse riding and swimming.
- People had access to transport, which gave people the freedom to travel to places they wished. We saw people were supported to access the community during our visit. The provider continually looked to remove barriers that may stop people from leading a full a life as possible and were positive in their approach to

minimise social isolation. People continued to keep in touch with friends and family who were important to them.

- A relative told us how staff had supported the person to celebrate their birthday within the home. They told us how they had their own private room, a cake was made, and the family were made to feel welcome.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place should people, relatives or professionals need to raise a complaint.
- Relatives told us they knew how to raise a complaint if they needed to but were happy with the service provided.
- The provider had not received any complaints since our last inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The registered managers and directors had developed the service's positive culture by engaging with staff, people, relatives and professionals. The provider had a clear, person-centred vision and values which included honesty, involvement, compassion and dignity. Professionals told us the registered managers were continually striving to improve the quality of people's care and life experiences.
- Relatives felt the service was well run, by a management team who cared and had confidence in the service provided. A relative told us, "If something happened to me now. I know that [person's name] is in safe hands and that [the registered managers] will continue to have their best interests at heart."
- There was a good culture and approach to teamwork within the home. Staff told us they worked well together in a joined-up approach. We saw communication was effective between each staff group and each shift to ensure people received a consistent and co-ordinated service.
- All staff we spoke with were happy with the way the service was run and where they had suggested improvements in the past, these were responded to, such as more engagement with health care professionals.
- Staff felt valued and appreciated for the work they did. They expressed to us how proud they were to work at Buckfield House and the positive outcomes they supported people to achieve.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- The registered manager told us they had identified that people's care records required a complete review to ensure staff were recording information more concisely and effectively. We saw that care records were difficult to navigate to clearly identify people's current care and support needs. Staff told us the care records worked for them but recognised there was a lot to complete each day.
- The provider told us they were seeking advice from professionals about how to move forward with improving care records, before they implemented this in the new year. A healthcare professional we spoke with confirmed they had meeting dates booked, so this aspect could be discussed.
- Staff were clear of their roles and responsibilities. The registered managers and team leaders monitored performance of staff through supervisions, spot checks on staff practice and sharing information in team meetings. This helped to ensure all staff were consistent in their approach to the care and support provided.
- The registered managers and provider completed regular checks to ensure the service was delivering high quality care. The provider told us how they would visit the service at different times of the day and night, so

they could talk with staff, deliver training, observe care and ensure that the service was operating in line with their values.

Working in partnership with others

- Health and social care professionals spoke highly of the registered managers and provider. One healthcare professional told us, "They are pro-active, listen to and make changes if suggested and continually ask for assistance from me as required." While a further professional told us how they take advice seriously and continuously reflect on their working practices to improve outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered managers and provider understood their responsibilities for reporting events and incidents which were legally required to the CQC. The provider was meeting their legal requirement to display the CQC ratings of the last inspection in the home.