

Silverlake Care 2 Limited

Buttermere House

Inspection report

Guildford Road
Broadbridge Heath
Horsham
West Sussex
RH12 3PQ

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16 March 2023
17 March 2023

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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

Buttermere House is a care home providing accommodation and care to people, who have a wide range of complex learning disabilities, such as autism and related autistic spectrum conditions. The service is registered to provide accommodation for up to 10 people and at the time of our inspection, there were 6 people living there.

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

People who used the service told us they felt safe being supported by staff and staff had the skills and experience to support them appropriately. People's risks in relation to their care were managed and they were able to live independent lives. There were sufficient staff deployed to meet people's needs.

We were assured the service were following infection prevention and control procedures to keep people safe.

People who used the service told us staff were kind, caring and respectful towards them. People's care plans and the support from the registered manager provided staff with the information required to support people effectively. People and their families were involved in the planning of their care and their wishes were respected.

Management had undertaken regular audits to look at lessons that could be learnt and made appropriate improvements to the service.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture.

Right Support: Model of care and setting maximises people's choice, control and independence.

People were supported by staff to work towards their individual goals and objectives. Staff encouraged and supported people to live as independently as possible and to have control over their lives. People were encouraged to express their views using a variety of communication methods and staff actively sought

feedback which was discussed with individuals. People were encouraged and supported by staff to have control in their daily lives.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights. People who used the service told us they felt supported by staff in a kind and caring way. Staff knew people well and ensured they were supported with their social and care needs in a person-centred way.

Right Culture: Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

The culture of the service was open, inclusive and empowered individuals to express their views on how the service was run. People told us they felt confident and were supported to manage potential risks, for example when they accessed the community and grounds around the service. People who used the service and their relatives were complimentary of staff and the leadership of the service.

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

Rating at last inspection

This service was registered with us on 17 December 2021 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service first registered with us and to assess that the service is applying the principles of Right Support, Right Care, Right Culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Buttermere 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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Buttermere House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Buttermere House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

Inspection activity started on 16 March 2023 and ended on 17 March 2023. We visited the service on 16 March 2023.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key

information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We observed interactions between staff and people. We spoke with 2 people living at the service. We spoke with 6 members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The registered manager, the deputy manager, and support workers. We looked at 4 care plans and reviewed other documentation used in the running of the service, including quality assurance and training records. We spoke with 2 relatives over the telephone about their experience of the care provided.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe at the service. A relative told us, "I have no concerns whatsoever about [my relative's] safety, Buttermere House is the safest place she can be."
- Staff had received training in how to keep people safe from abuse. They knew how to raise concerns both with the service and to external health and social care organisations. The provider took action to keep people safe. They had worked with the local safeguarding authority to investigate concerns.
- The registered manager had undertaken analysis of accidents and incidents. This included steps they could take to reduce the risk of the incident occurring again whilst acknowledging a person's right to be as independent as possible.
- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. Policy and procedure documentation was up to date and relevant to guide staff on how to carry out their roles.

Assessing risk, safety monitoring and management

- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks to ensure fire safety had been undertaken and people had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency. Equipment was regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risk assessments were reviewed regularly to ensure they provided current guidance for staff. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as accessing the community, expressing feelings or an emotional reaction that may challenge, and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. For example, we found clear guidance on how to support people who presented behaviours that could challenge.
- The provider had systems in place to record and track any incidents of behaviour that challenged. These systems helped staff to drive improvement and monitor patterns or trends, in order to have a better understanding of situations that went well or triggered behaviours that challenged people. This enable staff to assess situations and reduce risks to people's safety.
- This was supported by relatives, one told us, "They know [my relative] inside out and what they need to do to keep her happy."

Staffing and recruitment

- The provider followed safe recruitment practices. This included requesting references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks provide information

including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- People told us there were sufficient staff deployed at the service. A relative told us, "There have always been enough staff as far as I am aware, I've never heard otherwise."
- We observed there were enough staff on the day of the inspection and staffing rotas showed that sufficient staff were in place to meet people's needs. People were able to spend time with staff on a 1 to 1 basis so that they were in control of which activities they would like to undertake.
- People had their care reviewed regularly in order to establish if staffing levels were sufficient to meet their needs. Staff told us they felt there were enough of them to offer the appropriate support. The registered manager told us, "We are using some agency staff, but they are regular agency staff who know the residents well. Our recruitment is going well, and we have people starting soon." Our observations supported this.

Using medicines safely

- People's medicines were managed in a safe way. Medicines were recorded in Medication Administration Records (MARs) and included a person's allergies, special requirements and a recent photograph to identify the individual.
- Where people were prescribed 'as required' (PRN) medicines, there was clear guidance for staff on when to administer this, the maximum dose and when to inform a healthcare professional.
- Staff had undertaken training and competency checks for the administration of medicines. One member of staff told us, "We are checking every day to make sure the medicines process is correct."
- We reviewed medicines audits which showed the management team checked for any potential errors and lessons that could be learnt in relation to medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The provider was facilitating visits for people living in the service in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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's care and social needs were assessed in a person-centred way to ensure staff were able to support the individual appropriately. Assessments included information people's healthcare needs, preferred communication methods and how to best support the individual.
- Care was delivered in line with national guidance and legislation, and we saw this from care records and staff meetings we reviewed. We observed staff knew people well and encouraged people to live independent lives.

Staff support: induction, training, skills and experience

- People told us they felt staff had the training, skills and experience to effectively support them. A relative told us, "All the staff are very competent, including the agency staff."
- Staff told us they had a received induction training and were expected to keep their training refreshed. One member of staff told us, "The training is good and [registered manager] is always pushing us to do more."
- Staff completed training that included moving and handling, autism awareness, data protection, fire awareness and training to support people with a learning disability.
- Staff received regular supervisions, which was an opportunity for staff to discuss any further training they wished to undertake.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to maintain a balanced diet whilst respecting their wishes. People gave feedback on the meals they liked, and menus were displayed to show people what was available and to give them choice.
- Staff supported some people to assist with food preparation, and we observed people enjoying their lunch. Drinks and snacks were available for people when they wished.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Adapting service, design, decoration to meet people's needs

- Staff supported people to maintain their health and wellbeing. People told us they were able to access healthcare professionals when they wished to. We saw from care records staff had worked with healthcare professionals to provide effective care.
- People's individual needs around their mobility were met by the adaptation of the premises. Handrails were fitted throughout. Easy access was available to all areas of the service and its grounds. Clear and easy

read signage enabled people to orientate themselves around the service and locate any specific rooms they needed, such as toilets and bathrooms.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by staff. Staff had undertaken training in relation to the principles of the MCA and understood these well.
- Staff understood when a DoLS application should be made and the process of submitting one. The provider used a DoLS tracker to ensure staff knew who was under DoLS, whether they had any conditions to their DoLS and when a new application should be made.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were respectful and treated people as individuals. One person told us, "I like them [staff] yes I do, I like them." Another person said, "I don't know why, but they [staff] are making me laugh today."
- We observed staff supporting people in a kind, caring and respectful way. People appeared to be at ease and enjoyed the company of staff who knew them well and respected their choices. For example, when a person started to get distressed, a member of staff immediately attended to the person and was able to comfort them. This showed staff knew the person well to understand how to approach them and offer appropriate reassurances.
- Staff had undertaken training for dignity, respect, equality and diversity. Staff understood their role in relation to these and had encouraged people to express themselves. The registered manager told us, "I am proud of what we do here, it is like a family with the staff and the people who live here."

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt involved in the planning of their care and were supported to express their views. A relative told us, "We were involved all the way with the initial assessment, setting up the care plan and ongoing reviews. We are as much a part of the care as the staff."
- We reviewed care plans and saw people and their relatives had been involved in making decisions about their care. For example, 1 person wished to get up when they want and be able to go for a drive regularly, this was reflected in their care plan.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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; End of life care and support

- People's care and support was planned to meet their individual needs and respected their preferences. People had allocated support which was planned around their preferred schedules.
- We saw in care plans people's achievements and progress were acknowledged. For example, where a person had gained new skills in relation to activities, this had been reflected in their care plan and provided staff with instructions on how to support the person to work towards further independence.
- People had individual timetables of activities they wished to undertake, such as cooking and baking, walks around the grounds and trips into the local town. Timetables were planned in line with people's goals and were reviewed regularly to establish how staff could best support them to achieve these.
- Whilst nobody was being supported with end of life care, we saw in care records that staff had discussed plans with people and respected their wishes where they chose not to discuss this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and recorded in their care plans and other relevant records. Where communication needs were identified, these were reflected in records and appropriate formats were available, such as pictorial formats and easy-to-read guidance.
- Important documentation was available in different formats in line with people's communication needs.

Improving care quality in response to complaints or concerns

- Staff had explained the complaints procedure to people and provided them with this to ensure they knew how to make a complaint. The complaints procedure was available in different formats for people to have access to their preferred method. We saw complaints had been responded to and actioned by the registered manager.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There were systems and processes for quality monitoring and auditing. Quality audits were undertaken and actions arising were followed up. This ensured good governance of the service and continued service improvement. The registered manager reported to the senior team, which enabled senior managers to be aware of changes, performance and improvement at the service.
- Accurate, complete and detailed records were kept in respect of each person's care. When things had gone wrong the registered manager had notified appropriate authorities and shared the outcomes with people and staff to ensure lessons were learnt. Notifications had been sent to the care quality commission (CQC) in a timely manner and were completed in line with requirements. The registered manager understood their responsibility to notify local safeguarding authority of concerns. Records showed this had happened appropriately and in line with safeguarding guidance.
- There was a clear staffing structure with identified management roles. Staff demonstrated an understanding of their roles and responsibilities and told us that they had confidence in the registered manager. One member of staff told us, "[Registered manager] is always available for us, we can speak with her at any time."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback in relation to how the service was run. A relative told us, "Buttermere House is without any shadow of a doubt the best place for [my relative] she is thriving there. The staff know her so well and the others she lives with have become her family."
- Relatives and staff spoke highly of the service and felt it was well-led. A relative said, "[My relative] always has a member of staff who knows her well and staff are always asking questions, so they know how to get things right." The registered manager and staff told us the care of people living at the service was the most important aspect of their work and they strived to ensure that people received high quality care. Our observations supported this. The registered manager told us, "I'm proud of the care we give, the staff who work here and the work we have done. The smiles on everyone's faces everyday makes me very happy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were actively involved in developing the service. A relative told us, "We have always been involved and they will always contact us to ask questions and update us on any changes."

- There were systems and processes followed to consult with people, relatives, staff and healthcare professionals. Regular meetings were carried out, and people chose how they wanted to spend their week, what activities they enjoyed and what they would like to eat.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure nobody at the service suffered from any kind of discrimination. This was reinforced through training.

Continuous learning and improving care

- The service had a strong emphasis on teamwork and communication. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift.
- Staff commented that they all worked together and approached concerns as a team. A member of staff told us, "We are a good team, we support each other."
- Up to date information was made available for staff including details of specific topics, such as infection prevention and control, COVID-19 and the Mental Capacity Act, to ensure they understood and had knowledge of how to assist people.

Working in partnership with others; 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 service liaised with organisations within the local community. We received positive feedback on how people accessed the local community. A relative told us, "They are out and about every day, they live an independent and active life with excellent support."
- Staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.