

Bespoke Care and Support Ltd

The Ings

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

The Ings is a care home providing accommodation and personal care to adults who have a learning disability or autistic people and may also have mental health needs. The service can support up to six people in six separate apartments. At the time of this inspection, there were 6 people living at The Ings.

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

Right Support

- Staff focused on people's strengths and their skills, so people had a fulfilling and meaningful everyday life.
- The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff did everything they could to avoid restraining people.
- Staff supported people to access health and social care support in the community.
- People were supported to have maximum choice and control of their lives; the policies and systems in the service supported this practice.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.
- Staff supported people to play an active role in maintaining their own health and wellbeing.
- People received support from a consistent staff team who were knowledgeable and experienced. Any incidents or feedback was shared with staff so lessons could be learnt, and practice improved.

Right Care

- Staff promoted equality and diversity in their support for people. They understood people's cultural and religious needs and provided appropriate care.
- People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- Staff supported people consistently and understood their individual communication needs.
- People's care records reflected their range of needs and this promoted their wellbeing and enjoyment of life.
- People could take part in activities and pursue interests tailored to them.

Right culture

- People received good quality care, support and treatment because trained staff could meet their needs and wishes.
- Staff understood best practice in a wide range of areas related with supporting people with learning disabilities and autism.
- People and those important to them were involved in planning and reviewing their care.
- People's quality of life was enhanced by the service's culture of improvement and inclusivity. There were systems in place to monitor and improve the quality of the service provided.

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 20 April 2021 and this is the first inspection.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of 'Right support, right care, right culture'.

We also 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 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.

The Ings

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of one inspector and one specialist advisor. The specialist advisor was a nurse with experience of working with people with a learning disability and autistic people.

Service and service type

The Ings is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. 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 inspection

We used the information the provider sent us in the provider information return. 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 reviewed the information we had received about the service since registering with CQC. We sought feedback from each local authority that was currently commissioning the service, from Barnsley local authority safeguarding team and from Healthwatch, Barnsley. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with the registered manager, unit manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with eight members of staff.

We looked around the building to check environmental safety and cleanliness. We reviewed a range of records. This included two people's care records and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 for 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

- People told us they felt safe and well looked after living at The Ings. One person told us, "Yes, I am happy [living here], they [staff] help me." A relative told us, "It is comforting to know [person] is somewhere where they are safe."
- There were systems in place to reduce the risk of abuse. Staff were aware of whistleblowing and safeguarding policies and procedures. Staff were able to tell us how to escalate any concerns they may have and who to report them to. Staff were confident any concerns they raised would be taken seriously by management. A member of staff told us, "I would report concerns to the managers. They do help me a lot and they get things done."
- There were systems in place to record safeguarding concerns raised with the local authority, the action taken and the outcome.

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

- People's care records contained detailed risk assessments. As a result, staff could recognise signs when people were experiencing emotional distress. Staff knew how best to support people to minimise the need to restrict their freedom to keep them safe.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. Managers investigated accidents and incidents and shared lessons learned through staff handovers and team meetings.
- Regular checks of the buildings and the equipment were carried out to help keep people safe. The home had all the necessary safety certificates in place.
- Risks to people in the event of a fire were regularly reviewed. People had individual personal evacuation plans in place to be followed in the event of an emergency.

Staffing and recruitment

- Recruitment processes were safe. Recruitment files contained references to confirm the applicant's suitability in previous relevant employment, proof of identity, including a photograph and a Disclosure and Barring Service (DBS) reference number. DBS checks provide information including details about convictions and cautions held on the Police National Computer. These checks help employers make safer recruitment decisions.
- There were enough staff on shift to meet people's needs in a timely way. Managers worked with the relevant local authority commissioners and case workers to ensure people received the level of care and support they needed from staff.
- People's care records contained a clear one-page profile, 'Me at a Glance', with essential information to

ensure new or temporary staff could see quickly how best to support people.

Using medicines safely

- Medicines were managed safely. Medicines were stored securely and within safe temperature ranges.
- People were supported by staff who followed clear systems and processes to administer medicines as prescribed. Staff had received training in medicines management and their competency in this area was checked.
- Some people were prescribed medicines to take 'as and when' required (PRN). We saw there was detailed, person-centred information and guidance for staff as to when people might need their PRN medicines.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Not all staff were seen to be wearing masks. The nominated individual agreed individual risk assessments would be completed with people who found the use of face masks distressing or inhibited communication.
- We were somewhat assured that the provider was accessing testing for people using the service and staff. We signposted the registered manager to further guidance on monitoring testing for staff.
- 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 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 was taking place in accordance with the current government 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.

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 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.

- Most staff we spoke with understood the principles of the MCA and this was part of their mandatory training. However, some staff members were not fully able to explain their understanding of the MCA. We told the registered manager and nominated individual about this and they agreed further training would be offered to all staff.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means. This was well documented in people's care records.
- Staff clearly recorded assessments and any best interest decisions where a person had been assessed as lacking capacity to make a significant decision.
- The registered manager understood their responsibilities under the MCA and they had made appropriate applications to the local authority for DoLS authorisations. The provider had a system in place to keep a track of all DoLS applications.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction. Staff told us this included a walk round the premises, training and shadowing more experienced members of staff.
- People were supported by staff who had received relevant and good quality training in evidence-based practice. There was a trainer and a safety intervention officer onsite with whom staff could discuss any issues.
- Staff received ongoing support in the form of regular supervision and recognition of good practice. Staff

told us they had regular supervision and they could contact their managers anytime, if they needed to. Comments from staff included, "100% I could go to management if I needed support" and "I can come in and talk to them [managers] anytime. [Name of unit manager's] door is always open. I do feel very supported by management."

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

- People's care and support needs had been comprehensively assessed before they moved to The Ings. People had transition plans in place to gradually introduce them to their new home, this included visits to the service and meeting with staff. These plans increased the likelihood of a successful move where a person's needs would be met, and any risks managed.
- People had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, included physical and mental health needs.

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

- People's nutritional needs were met. People with specific dietary needs for health or cultural reasons were supported to meet these needs. Staff received training relevant to these additional needs.
- People were involved in choosing their food, shopping, and planning their meals. Staff supported people to be involved in preparing and cooking their own meals in their preferred way. Staff encouraged people to eat a healthy and varied diet.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- The service was designed and decorated to meet people's individual needs. Communal areas were clean and well maintained. Staff offices were easily identifiable. Rotas and other information for staff was only displayed within offices.
- People had personalised their apartments and they were included in decisions relating to the interior decoration and design of their home. The apartments were independent of each other with their own heating and hot water systems. This further promoted people's choice and independence.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a range of health and social care professionals. There were regular multi-disciplinary team meetings held to review people's needs. The person themselves, their relatives and relevant staff were involved in these meetings, as appropriate.
- People's care records contained a 'My health action plan'. These were used by health and social care professionals to support people in the way they needed.
- Any changes or updates to a person's care and support needs were shared with staff during their handover meetings between shifts.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. People were encouraged and supported to attend appointments.

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 as 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

- People felt valued by staff who showed genuine interest in their well-being and quality of life. Relatives also shared positive feedback in this area. Comments from relatives included, "The staff are knowledgeable and understand [my relative]. Everything is good here [at The Ings]" and "[The Ings] is a very nice place, the staff are nice. I know that [my relative] is happy here. We [family] know him, and we know he is happy."
- People were well matched with their designated keyworkers. Each person was assigned two keyworkers whose additional roles included undertaking monthly reviews and liaising with the person's family and the professionals involved in their care. A relative told us, "[Name of keyworker] in particular has been brilliant with [person]. [Staff member] knows [my relative] really well."
- Staff ensured people were protected from exposure to any environmental factors they would find stressful. They were mindful of people's sensory perception and processing difficulties.
- Staff members showed warmth and respect when interacting with people. We saw people and staff were comfortable and relaxed with each other.
- Staff respected people's choices and wherever possible, accommodated their wishes. This included those relevant to protected characteristics, such as cultural or religious preferences.

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

- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A family member told us staff regularly updated them on their relative and they were regularly invited to contribute to reviews.
- People were enabled to make choices for themselves and staff ensured they had the information they needed to do this.
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff spoke respectfully about the people they supported. We saw strong and effective relationships between people living at The Ings and the staff working there. These relationships promoted dignity and choice for people, a notable friendliness and mutual respect.
- Staff knew when people needed their space and privacy and respected this.
- Staff encouraged people to be as independent as possible. People had the opportunity to try new experiences, develop new skills and gain independence.
- People's personal information was respected. Staff we spoke with understood the need to respect people's confidentiality. Electronic records were password protected. Paper records were locked away in

offices.

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; End of life care and support

- Care records were person centred and contained information about the person's social history, likes and dislikes. This meant staff provided people with personalised, proactive and co-ordinated support.
- People were supported with their sexual orientation, gender identity and religious beliefs without feeling discriminated against.
- There were systems in place for people's end of life care and support needs to be assessed. There was an option to complete a 'last wishes' document with people as part of their care record, as appropriate.

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.

- People's communication needs were met. Their communication needs were assessed and included as part of their care records.
- Staff ensured people had access to information in formats they could understand
- Staff had good awareness, skills and understanding of individual communication needs. We saw they knew how to facilitate communication and when people were trying to tell them something.

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 were supported to participate in their chosen social and leisure interests on a regular basis. For example, one person told us they had recently been to the seaside. They said they had enjoyed being on the sand.
- People were encouraged to consider employment and training opportunities, as appropriate. One person had recently enrolled on an education course at the local college
- Staff provided person-centred support with self-care and everyday living skills to people. A member of staff told us they had completed relationship training to help someone be more independent.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy and procedure. The provider's easy read pictorial 'Service User Guide' gave people information on ways to complain.
- People and relatives told us they knew how to make a complaint and management were responsive to any concerns they raised. A relative told us, "I have never had to complain about the care. [Name of

registered manager] is always on the case, they are very passionate about what they do. They put residents first."

- The provider had systems in place to record any complaints and outcomes. The registered manager told us there had not been any formal complaints to date. Our conversations with people and their relatives, and our reviews of care records confirmed this to be the case.

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.

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

- The service was well-led. Staff told us their managers were competent and approachable. Comments included, "To be honest it is pretty perfect here. It is run so well. Everything fits into place. I would be happy for my children to live here if they needed to" and "This is a very good company to work for. There is always support from the management."
- There was an open and positive culture. Staff told us they felt part of a team and were valued by the manager and their colleagues. Comments from staff included, "It is a really nice place to work. Really lovely service users. Staff willing to work, staff are happy and service users seem happy" and "We are like one big family, everyone gets on. If there is an issue we speak about it."
- It was clear from our observations of staff interactions they were committed to providing person centred care and respecting people's needs and preferences.

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 manager understood their role in terms of regulatory requirements. They were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.
- The service apologised to people, and those important to them, when things went wrong.

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

- There were effective quality assurance and governance systems in place to assess the safety and quality of the service. These helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- The provider kept oversight of the service by regularly visiting and completing provider audits.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.

Continuous learning and improving care

- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. Staff told us these were discussed as part of their induction and confirmed they were available to them in the manager's office.

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

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

- There were some systems in place to ask people, their relatives and staff for their views on the service so they could continually improve. The registered manager and unit manager had regular team meetings with staff. There were also three monthly 'Senior Management Days' where senior management made themselves available to everyone to answer queries about anything.
- Staff told us they felt listened to. We saw records of 'job chats' on staff files. These are records of immediate discussions about any issues raised by a member of staff or their managers.
- The provider sent out easy read satisfaction questionnaires to people and their visitors. We were told these had only recently been distributed and responses would be analysed and shared with people on completion.

Working in partnership with others

- The service worked well in partnership with other health and social care organisations to monitor and review people's care and support needs.
- The registered manager told us they had developed a good working relationship with the local GP surgery and pharmacy.