

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

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

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. At the time of the inspection five people were living at the home.

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

Right Support

The staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life.

The provider gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

People had a choice about their living environment and were able to personalise their rooms. People benefitted from the interactive and stimulating environment.

Staff supported people to take part in activities and pursue their interests in their local area and to interact online with people who had shared interests. Staff enabled people to access specialist health and social care support in the community.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

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.

Right Care

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally 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. The service worked well with other agencies to do so. 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.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

The registered manager was in the process of recruiting new permanent staff, in order to support people with consistent care from staff. Staff placed people's wishes, needs and rights at the heart of everything they did.

People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The provider enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement and inclusivity.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Why we inspected

Since our last inspection there had been a change of ownership of the home, so we undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

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.

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

This inspection was carried out by one inspector.

Service and service type

Buckfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 a manager 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 inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. 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 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 used all of this information to plan our inspection.

During the inspection

People who used the service who were unable to verbally communicate with us used different ways of communicating including their body language. We observed people's interactions with staff.

We spoke with five members of staff including the team leader, social care workers, registered manager and the assistant regional director.

We reviewed a range of records. This included two people's care records and five medication records. We looked at 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also spoke with two relatives about their experience of the care provided.

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. This was the first inspection under new ownership. 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 were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern. A relative told us, "I feel [person's name] is safe living at the home."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality clinical and care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- The service helped keep people safe through formal and informal sharing of information about risks.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk.
- Staff assessed people's sensory needs and did their best to meet them.

Staffing and recruitment

- Although the registered manager told us due to the COVID-19 pandemic recruitment had been challenging they had managed to recruit some new staff and was hoping to reduce the need for agency staff. Staff told us the staff team had covered extra shifts to ensure people received the care and support they required. One relative commented, "Permanent staff are very good, but I would like to see less agency staff used."
- Staff recruitment and induction training processes promoted safety, including those for agency staff. Staff knew how to take into account people's individual need and wishes.
- Every person's record contained a clear one-page profile with essential information and people's individual likes and dislikes to ensure that new or agency staff could see quickly how best to support them.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- We saw people were given time and support when they received their medicines. Staff adapted their approach to meet people's individual preferences.

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.
- The manager ensured their visiting approach was in line with government guidance. Processes were in place to ensure people's safety when visiting during this time.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning lessons when things go wrong

- The provider managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.

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. This was the first inspection under new ownership. 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

- Staff completed an assessment of each person's physical and mental health either on admission or soon after. A relative told us, "I was asked about [person's name] likes and dislikes before they moved into the home."
- People's care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, human rights and all restrictive interventions.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.
- Staff could describe how their training and personal development related to the people they supported.
- The service had clear procedures for team working and peer support that promoted good quality care and support.

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

- People received support to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food and planning their meals.
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People with complex needs received support to eat and drink in a way that met their personal preferences as far as possible.
- People were able to eat and drink in line with their cultural preferences and beliefs.

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

- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.
- The environment was homely and stimulating. The registered manager told us the provider was about to start a refurbishment programme to enhance the home environment further. For example the fitting of a new kitchen and flooring.
- The design, layout and furnishings in a person's home supported their individual needs

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

- People had health actions plans and hospital health passports which were used by health and social care professionals to support them in the way they needed
- People were supported to attend annual health checks, screening and primary care services. A relative confirmed this, "The staff let me know when [person's name] has a dental appointment as I also like to attend."
- Multi- disciplinary team professionals were involved in/ made aware of support plans to improve as person's care.
- The provider ensured that people were provided with joined-up support so they could travel, access health centres, education social events.

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.

- Mental capacity assessments and best interest meetings had been held where necessary. Records reflected this. Where the person lacked capacity, staff supported in the least restrictive way.

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. This was the first inspection under new ownership. 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.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people.
- Staff were kind, caring and calm. They were focused and attentive to people's emotions and support needs such as sensory sensitivities.
- Staff were mindful of individual's sensory perception and processing difficulties.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful.

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

- Staff supported people to express their views using their preferred method of communication.
- Staff took the time to understand people's individual communication styles and develop a rapport with them.
- Staff supported people to maintain links with those that are important to them.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People were supported to access independent advocacy.

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. This was the first inspection under new ownership. 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans
- People were supported to understand their rights and explore meaningful relationships.
- Staff offered choices tailored to individual people using a communication method appropriate to that person.
- Staff spoke knowledgeably about tailoring the level of support to individual's needs.
- The provider met the needs people using the service, including those with needs related to protected characteristics.

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.

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

- Staff ensured people had access to information in formats they could understand.
- There were visual structures, including objects/photographs/use of gestures/symbols/other visual cues such as Picture Exchange Communication System (PECS) which helped people know what was likely to happen during the day and who would be supporting them.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so.
- The provider treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

End of life care and support

- Although no one was receiving end of life care , the provider had recorded conversations with people's representatives about their end of life wishes and preferences.

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. This was the first inspection under new ownership. At this inspection this key question has now 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

- Since our last inspection there had been a change of ownership of the home and a new registered manager appointed. Relatives and staff all spoke positively about the registered manager and the support they provided. Staff told us the registered manager often worked alongside them providing care and support to people living at the home.
- The registered manager and staff all spoke with affection about the people they supported. One staff member said, "We treat everyone like our family, we are a good team we want the best for them."

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 provider apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and had oversight of the service.
- A relative described the registered manager as, "Brilliant very supportive."
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service.
- Senior staff understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff encouraged people to be involved in the development of the service.
- The provider sought feedback from people and those important to them and used the feedback to develop the service, through customer feedback questionnaires.

Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements.
- 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.

Working in partnership with others

- The provider was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.
- The staff team and registered manager worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.