

The Guinness Partnership Limited

Buckwood View

Inspection report

6 Buck Wood View
Sheffield
South Yorkshire
S14 1LX

Tel: 01142530400

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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

Buckwood View is a residential care home providing personal and nursing care to 14 people at the time of the inspection. The care home can accommodate 18 people in six separate buildings. There is a large shared communal lounge and kitchen, as well as separate smaller lounges and kitchens in each bungalow: an additional building is used for group activities.

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.

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

Systems, processes and practices ensured people were safeguarded from abuse. Risk assessments were detailed and people were supported to stay safe whilst supporting their independence. Staff rotas were planned according to people's needs. Best practice guidelines supported the safe administration of medicines. Procedures were in place to ensure people were protected by the prevention and control of infection. The service monitored incidents to support learning from these and to track improvements. People's needs and choices were assessed in line with best practice guidance. Staff received regular and up-to-date training. People were supported to eat and drink to maintain a balanced diet. Checks and processes were in place to ensure staff work together and with other services to support effective care, support and health support. People's individual needs were met by the adaptation of the service, personal spaces were decorated according to the person's wishes. Consent to care and treatment was sought in line with legislation and guidance.

Observations showed staff interacted with people with kindness and compassion; there was an easy jovial atmosphere throughout the home. People's care plans detailed how people were supported to express their views and were actively involved in decision making as far as possible. Care plans detailed how people's privacy and dignity was respected and promoted.

Daily notes showed how people received personalised care which was responsive to their individual needs. People's concerns were recorded, a 'you said, we did' record showed how these were listened and responded to. People were supported at the end of their life; their wishes were recorded and met.

There was a strong ethos of individual care for people. The governance framework supported this and the registered manager understood their regulatory requirements. People, relatives and staff were involved in the running of the service. The service worked with partner organisations to continuously improve.

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.

The service applied 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.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 18 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our safe findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our safe findings below.

Buckwood View

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

One inspector carried out the inspection.

Service and service type

Buckwood View 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 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five relatives of people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, the administration officer, and care workers. We reviewed a range of records. This included two people's care records and three people's 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 spoke with one professional who regularly visit the service.

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 were protected from avoidable harm and abuse. Staff knew how to recognise abuse and protect people from the risk of abuse.
- People were supported to understand how to keep safe and raise concerns should abuse occur.
- A relative said, "I do feel very fortunate [person's name] is staying in such a place as Buckwood, I feel confident every day."
- Another relative when asked whether they felt their loved one was safe said, "Very safe, he's in the best place he's ever been, he's really happy there and he's well-looked after."

Assessing risk, safety monitoring and management

- The service supported people to keep themselves safe. Risks to people's safety were assessed and action taken to mitigate those risks. Records showed the least restrictive option and these were reviewed when anything changed.
- People had a pre-admission risk assessment which identified and recorded all areas of risks to people's safety. This was used to inform the care plans which recorded how to care for people safely.
- Staff were pro-active at identifying any new areas of risk, these were assessed and actions taken to support people as independently as possible. A staff member said, "We have a risk assessment for everything, and [there are] health and safety checks."
- Regular servicing of premises and equipment took place and regular checks were undertaken to ensure the environment was safe.

Staffing and recruitment

- People's needs were met in an unhurried manner and staff said staffing levels were good.
- Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included asking for an employment history, obtaining a check from the Disclosure and Barring Service and obtaining references.

Using medicines safely

- Medicines were managed safely. Medicines were well organised and people were receiving their medicines when they should. Regular checks were undertaken by the registered manager.
- Staff administering medicines were nurses and received regular training updates.
- The medicines administration record (MAR) contained all the necessary information for the safe administration of people's medicines. People's allergies were documented and risks to people from these were mitigated.

Preventing and controlling infection

- Control measures were in place to protect people from infection. Staff received training on infection control and this was regularly refreshed.
- Staff had good access to personal protective equipment, including disposable gloves and aprons, and staff used these appropriately.
- Cleaning schedules ensured regular cleaning took place and was monitored. The home was clean, tidy and odour-free.

Learning lessons when things go wrong

- Accidents and incidents were recorded and management considered contributing factors, actions taken, recommendations and lessons learnt. These were discussed at staff meetings.
- Management reviewed all the accidents and incidents each month, and an analysis was produced to identify themes and trends.
- Managers encouraged staff to report accidents and incidents, and received 24-hour reports from nursing staff, these were dealt with promptly and lessons learnt were discussed from these at staff meetings.

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

- Care plans contained detailed information about people's care and support needs, which included people's physical, mental and social needs. Care plans were developed and written in line with current good practice guidelines.
- Care plans were reviewed regularly and when changes to people's needs took place these were recorded. A staff member said, "Changes [go] straight to care plans, we always have a hand-over period, everything is documented." Assessments of people's needs were comprehensive.

Staff support: induction, training, skills and experience

- People were supported by knowledgeable staff who had ongoing training. All staff received regular training and updates.
- Staff received regular supervisions and appraisals. The registered manager said, "These are an opportunity for staff to talk to me individually about anything they want."
- Staff told us they were well-supported and saw management frequently.

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

- People were encouraged and supported to eat and drink and maintain a healthy diet. People were able to choose what they wanted to eat.
- The dining experience was lively and family-like.
- Clear and up-to-date information about people's likes, dislikes and dietary needs were recorded and staff were knowledgeable about these.

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

- The service had clear processes for referring people to other services, where needed. People's records showed communication with health professionals was timely. Advice was documented and followed.
- The home involved people and their relatives when working with other services. A relative said, "Absolutely, [I'm] greatly involved in [name of person's] care." Another relative said, "Very much involved, we've actually relaxed, we knew [name of person] was well-looked after, as soon as anything happened they (staff) were on it."

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

- Each home was unique; the environment, staff, food and cleaning schedules were all tailored to the

individual's living in each home. Bedrooms were individually decorated and highly personalised. Lounges were homely and reflected the character and needs of the people living there.

- People were involved in decision about the premises and environment and individual's preferences and support needs were reflected in adaptations and the environment.
- The home's interior was easily accessible for people whose mobility was restricted.

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.

- People's records contained comprehensive examples of how people were supported within MCA requirements and where the service involved people in day to day decisions about their care.
- The home followed the requirements in people's DoLS.
- The home considered every aspect of people's support needs and ensured best interest decision were taken and recorded.
- People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

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.

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

- Staff treated people with care. A relative said, "[Name of person]'s face is really happy, I can see those little things – my [loved one]'s well-being is priority." Another relative said, "We're lucky to find this level of care, [name of staff member] is one of the most kind and professional people, they've been fantastic and lovely with it." Another said, "This is the best home we've ever been to. [Person] settled very quickly, immediately appeared to be at home straight away, the care was so good, so obviously genuine."
- Staff spoke about people with kindness and compassion. Comments from staff included, "It's giving people the best quality of life, making a difference to everyday life," and, "People have a better quality of life than ever before, they get out more".
- Care plan documentation was developed to ensure people's preferences and diverse needs were met in all areas of their support. Protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were recorded or taken into consideration.

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

- Staff asked people before any care or support was provided. For example, asking if they were warm enough and asking if they wanted a jumper fetching. Care plans recorded how people had been involved in making decisions about different aspects of their care, where they were able to do so.
- Where people were unable to express their views verbally care plans recorded other ways people may express their views and staff were knowledgeable about these.
- Relatives and advocates were also involved in people's care plans and reviews. A relative said, "We are always approached, staff have been very understanding."

Respecting and promoting people's privacy, dignity and independence

- Staff preserved people's dignity at all times, for example, asking them if they wanted to wear a clothes protector.
- Staff knocked and waited for a response before entering people's rooms. A staff member said, "Give people explanations, make sure they know what's happening and don't rush, make sure there are no surprises for anyone."
- A relative said, "It's the best [name of person]'s ever been. Staff are very very good, they take him out every day. They dress him well, he always looks immaculate when they take him out, which I think is brilliant."

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 received care personalised to their individual needs and preferences. People's needs were identified and these included those related to protected equality characteristics. For example, people's religious preferences. There were staff champions to promote dignity and choice.
- People had regular access and visits by a 'Speak Up' advocacy service; this was advertised throughout the home and people's care plans recorded the visits. The home received regular visits from a local Chaplain, who also provided one-to-one services for those people who wanted this.

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 identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- People were supported with their communication needs by knowledgeable staff who responded to people individually. One person used sign language and staff were able to communicate with them using this.

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

- The service supported people to engage socially with the wider community and to maintain relationships. The service had recently supported one person to attend a large cultural family wedding in London over a long weekend. People went on holiday in small groups, according to their likes and preferences.
- A person's care plan included the outcome 'To have a social life that I enjoy but have my privacy respected'.
- Activities were varied according to people's interests and included one-to-one outings, as well as group trips to the theatre, cinema and shopping to places such as Manchester. Regular visitors to the home included the local school and a 'puppet-man' and singers. The people in the service were involved in supporting a recent MacMillan coffee morning.

Improving care quality in response to complaints or concerns

- The service managed a robust complaints procedure. The service had not received any complaints however they had received eight compliments in the previous five months.

- Relatives told us staff and the registered manager was responsive to any concerns or comments they raised and these were put right immediately.

End of life care and support

- People were supported to make decisions about their end of life care, where they were able to do so. Care plans recorded relatives' involvement in their loved one's end of life care, if this was appropriate, and people's religious and other preferences were considered and recorded.
- The service had recently supported someone during their end of life and relatives spoke positively about the sensitive care and support given.
- The service had recently received a compliment from the local hospice about their end of life care.

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

- The registered manager explained how they had brought a 'supported living' ethos to the service, meaning they encouraged care to be provided individually to each person.
- People, relatives and staff told us the service was very well-led. Relatives confirmed they knew the manager well.

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 had a good understanding of their responsibilities and the registered manager acted according to duty of candour requirements. The administrator described their relationship with the registered manager saying, "It's a pleasure to come to work, we can be honest, we can be realistic, everything is totally transparent."
- A relative said, "No problem at all, or go and see them to put our mind at rest but we've never had an issue in all the time [our loved one] has been there."

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

- The registered manager was clear about their responsibilities. This included reviewing the service using a 'North Star' action plan which identified actions required, how these were going to be achieved in the long and short-term. This was regularly reviewed and updated.
- The registered manager had good oversight of the home. Robust audits were undertaken for all aspects of the service and any issues were addressed immediately.
- Quarterly Performance Reviews were undertaken by the provider which cover all aspects of the service and includes checks on the environment and equipment.

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

- The registered manager had an open-door policy and people, relatives and staff confirmed this. A relative said, "I feel very valued and important. I get contacted immediately, they will call me straight away to update me."
- An annual customer satisfaction survey was sent to every family member and response rates were high.

Suggestions were asked for, and where made, it was clear how the service had responded to those via a 'you said, we did' process. For example, one relative had suggested music therapy and the service had bought a piano.

- Regular meetings took place for people, relatives and staff. A quarterly 'Friends of Buckwood View' event took place where the registered manager shared information with relatives, and relatives could discuss the home and make suggestions and have coffee and cakes.

Continuous learning and improving care

- An external auditor had been engaged to review financial processes and these were deemed such a success that they were now being rolled out across the provider organisation.
- Staff meetings minutes recorded discussions about planned improvements and encouraged staff involvement.

Working in partnership with others

- Staff worked well as a team, comments from staff included, "[It's a] nice atmosphere, lots of us have worked here a long time", and, "[We're a] close knit group, we get on all the time, it reflects on the care for people".
- The home had links with the local community, such as the local school.
- The registered manager networked with other managers within provider groups.