

The Guinness Partnership Limited

Buckwood View

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

The inspection took place on 9 December 2015 and was unannounced. The home was previously inspected in April 2014 and the service was meeting the regulations we looked at.

Buckwood View is a purpose built home providing accommodation for persons who require nursing or personal care. The accommodation is for up to eighteen people with learning disabilities. There are six houses at the service, an office building and a day service base, which are all based in a small cul-de-sac.

The service had a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with were knowledgeable about what to do if they suspected or witnessed abuse. They told us they received training in this area.

People were supported to take their medicines in a safe way. Medicines were stored correctly and staff ordered medication on a four week basis to ensure medicines were always available as prescribed.

The provider had a recruitment system in place and completed pre-employment checks. There were enough staff available to meet people's needs and staff worked well as a team.

Support plans we looked at contained risk assessments, highlighting any risks associated with the persons care and how best to manage the risk presented.

Staff told us they were supported by the management team and received appropriate training which gave them the confidence to carry out their role.

The service was meeting the requirements of the Mental Capacity Act 2005. Staff were knowledgeable about assisting people to make decisions in the person's best interest.

People were involved in menu planning. We saw lots of snack and drinks available throughout the day.

People were referred to health care professionals when required. This was recorded in the persons support plan.

Through our observations it was clear that people had a good relationship with the staff and we were told they were supportive and compassionate. We saw that staff respected people's privacy and dignity by knocking on bedroom doors, closing bathroom and toilet doors and by addressing people in a quiet, gentle manner. The service had two privacy and dignity champions in place that was responsible for promoting

dignity and respect within the service.

We looked at support files belonging to four people who used the service. We found that they reflected the needs of people and stated how best to support the person. Support plans were person centred and pictures were used where required to assist the person in understanding their plan.

People were actively involved in interests to suit them. The service had three activity co-ordinators and one of them was on duty on the day of our inspection.

The provider had a complaints procedure. We spoke with relatives who said they would speak with the nurses or the management team if they had a concern.

We spoke with the care and support administrator, who worked for The Guinness Partnership Limited (the provider) and worked in partnership with the registered manager who was employed by Sheffield Health and Social Care NHS Foundation trust. The role of the Care and Support Administrator was to ensure the building was well maintained and that repairs were reported and resolved and to deal with financial matters.

During our inspection we saw the registered manager interacted well with staff and people who used the service. Her office door was always open.

We saw audits took place to ensure policies and procedures were being followed.

Staff were aware of their responsibilities and knew when to escalate things to their line manager and when to ask for guidance and support.

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.

The provider had a policy in place to guide staff. Staff were knowledgeable about reporting abuse.

People were supported to take their medicines in a safe and appropriate way.

The provider had a recruitment policy which was correctly followed when employing a member of staff.

There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff we spoke with felt supported to carry out their role and received appropriate training.

The service was meeting the requirements of the Mental Capacity Act 2005.

People were involved in menu planning, shopping and food preparation. People had a choice in what they ate.

It was evident from support plans seen that people were referred to appropriate health care professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff interacted well with people who used the service and were very caring and compassionate.

People were respected and had their likes and dislikes met.

Is the service responsive?

Good ●

The service was responsive.

We looked at support files belonging to four people who used the service. We found that they reflected the needs of people and stated how best to support the person.

The provider had a complaints procedure and people felt able to talk to staff if they had a problem.

People were actively involved in interests to suit them.

Is the service well-led?

Good ●

The service was well led.

People felt able to contribute ideas and suggestions and felt listened to.

We saw a range of audits took place to ensure a quality service was being provided.

The service was managed well and clear leadership was evident.

Buckwood View

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 9 December 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch Sheffield to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We observed staff working with nine people who used the service, and we spoke with two relatives of people who used the service.

We spoke with the registered manager, deputy manager, six support workers and the care and support administrator. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

We observed staff working with people who used the service and they were kind and respectful in their manner. We spoke with two relatives who felt the service offered safe care and they told us staff contacted them if their relative was ill or if changes had been made to their medicines.

The provider had a policy in place to protect people from abuse; however this required updating to reflect the changes in recent legislation. We spoke with staff who were knowledgeable about the policy and knew how to recognise, report and respond to abuse. Staff told us that training in this area was provided.

People were supported to take their medicines in a safe and appropriate manner. Medicines were kept in a locked cabinet which was kept in a locked room in each house. Temperatures were taken on a daily basis, of the medication rooms and fridges. If temperatures were above the recommended guidance, action was taken to address this. This showed that medicines requiring cool storage were kept at the appropriate temperature. The service had provision for storing controlled medicines and kept an appropriate record. We checked this and found it to be correct and accurate.

A Medication Administration Record (MAR) was provided so that each time medicines were administered they could be signed for. However we looked at MAR sheets and found some gaps in recording of one person's medicines. We brought this to the attention of the deputy manager who addressed this immediately.

We observed a staff member making a telephone call to a nurse for someone who required some medicine straight away. The deputy manager arrived three minutes after the call with the medicine. This showed the staff acted in a responsive and safe way.

We saw people had a medical profile which included what support the person required to take their medicines safely. It also indicated how the person liked to take their medication, for example, with a glass of water.

We saw there were enough staff available to meet the needs of people who used the service. One relative told us, "There is always plenty of staff and they keep us informed of what's happening." The staff we spoke with also told us there were enough staff around and they worked well as a team. We observed staff working with people and found they were able to support people to meet their needs.

We spoke with the registered manager about recruitment and we were told that this is mainly completed by their head office. They put the advert out and compile a shortlist which is passed to the service for them to interview. We looked at four staff files and found the recruitment process had been followed. Pre-employment checks were obtained prior to new staff commencing employment. These included two references, and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable

people. The provider was in the process of communicating with the head office to look at updating DBS checks or finding a way of checking they were still accurate. This was because some checks had been completed several years previous.

We looked at support plans and found they contained relevant risk assessments which informed staff how to manage risks associated with the persons care. Risks included physical and mental health, mobility, bathing, dressing and using a kettle. They stated how best to minimise the risk and they were reviewed and updated regularly to ensure they were current.

Is the service effective?

Our findings

We observed staff working with people who used the service and found they were knowledgeable about people's needs and how to support them appropriately. We spoke with staff who told us they received regular training. One care worker said, "Training is very important, it keeps us up to date and confident to do our job."

We looked at records belonging to four staff and found they contained an individual training plan and stated training completed. We also saw certificates which confirmed training took place. Mandatory training included moving and handling, hand hygiene, safeguarding adults and children, care and compassion, health and safety and palliative care.

Staff we spoke with told us they felt supported by the management team and they received regular supervision sessions. These were one to one meetings with their line manager. The records we looked at showed this and we also saw evidence of professional development reviews. These were meeting which took place on an annual basis and appraised the persons work and performance. Staff also told us they could speak with their managers as and when they needed to. One care worker said, "There is always someone we can talk to. We all work as a team and help each other."

The registered manager told us staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff confirmed they had received this training and were able to explain what they had learnt. Staff were very aware of the MCA. They were keen to ensure that people's views and opinions were considered and that decisions were made in the person's best interest.

People who used the service were involved in menu planning, food preparation and shopping. People in each house decided what meals they would have on a weekly basis and devised a menu and assisted where possible with shopping. People told us they enjoyed the food they were offered and we saw people had choice in what they ate and when. We saw fresh fruit and vegetables were purchased and on offer to people. We saw snacks were available such as yogurts, fruit and biscuits.

People's support plans detailed the support they required to eat and drink and included information about the type of diet they required.

We looked at support plans and saw evidence that people had access to health care professionals when

required. For example we saw people had been visited by the GP and in some circumstances the dietician had been involved when there were issues with people losing weight.

Is the service caring?

Our findings

We observed staff working with people and found they were caring and supportive in their manner. Staff were aware of people's needs and supported them accordingly. We spoke with visiting relatives and one said, "The staff here are caring and welcoming. They encourage and make it easy to be part of our relative's life."

There were several examples of the caring nature of the staff team. For example, one care worker told us how they had supported someone to attend a family occasion and how they had kept photos and mementos of the day to share with the person on a regular basis. It was clear that the person liked this and responded positively to the photos.

We observed a person who used the service and saw that they rocked in their chair. We asked the staff what that meant. The staff told us that it was a sign the person was getting fed up and staff interacted with the person. This showed that staff were able to read the person's body language and knew how they communicated none verbally. Another example of this was in one care plan which stated, 'If I don't want to go out I will take my shoes and coat off.' Staff were also aware of this person's body language.

We saw support plans included likes and dislikes of the person. For example one support plan documented that, 'staff must always knock before entering my room. I may not always answer, but this is very important to me.' This showed that staff had included people in care planning and they had taken account of preferences and respected their privacy and dignity.

The service had two privacy and dignity champions in place who was responsible for promoting dignity and respect within the service. They also went through this subject with new starters as part of their induction process.

We saw that bedrooms were decorated according to what the person wanted and they were very personalised with photos and favourite possessions. One relative said, "My relative chose the colour of the room and their easy chair in the lounge."

We saw support plans included a section on who was important to the person. This information was used to promote relationships with families and friends. The service had an 'age well group' which ran every Friday which provided activities and social opportunities to people who used the service and people within the community.

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Is the service responsive?

Our findings

We looked at support files belonging to four people who used the service. We found that they reflected the needs of people and stated how best to support the person. Support plans were person centred and pictures were used where required to assist the person in understanding their plan.

One person's plan detailed information about how to support the person when they displayed behaviour which may challenge others. It stated that, 'The behaviour doesn't happen for no reason.' This showed that staff had been aware of looking for anything that could trigger this and had put a plan in place informing people of how they should respond. It went on to say that reasons could be that the person was not feeling well, something about the environment or that the person did not understand something. The support plan stated what the person may do and that a walk in the garden or change of environment could help them feel better.

People were actively involved in interests to suit them. The service had three activity co-ordinators and one of them was on duty on the day of our inspection. Relatives we spoke with told us there were lots of activities and outings for people to get involved in. We saw some people going out for Christmas lunch. There had been an air of excitement from staff and people who used the service during the morning, as they got ready for the event.

The service had a complaints procedure in place and kept a log of concerns received. We spoke with the registered manager about complaints and were told they were used to develop the service and improve on practice. The service also kept a record of grumbles so that they could be captured and resolved in the early stages. The management team felt this could save people needing to make a formal complaint.

Relatives we spoke with told us they were happy with the service and did not have any need to raise any concerns. They told us they would speak with the nursing staff or the management team if they needed to discuss anything. Relatives we spoke with were confident that the staff would resolve any concerns.

We saw a record of compliments the service had received and found people were clearly happy with the service and the staff.

Is the service well-led?

Our findings

We spoke with relatives and observed the management team interacting with people. Relatives told us the management team were approachable and led the service well. Staff we spoke with told us they felt part of the service and felt their views were sought.

We saw the registered manager knew the people who used the service and the staff team well. One care worker said, "They are the best manager's I have ever worked for." Another care worker told us the staff had just received a letter thanking them for all their hard work and this had motivated the staff team.

There was evidence that people, their relatives and staff were involved in the service and any developments. The service had a 'friends of Buckwood View' group where families and carers met to share experiences and discuss any issues or concerns. They also had the opportunity to meet with the management team. People who used the service held meetings in their homes with their keyworkers. Staff told us they were involved in staff meetings and felt their opinions counted. One care worker said, "The managers door is always open, they are easy to talk to and encourage us to speak openly with them."

Through observations and talking with staff we found there was clear leadership within the home and at all levels. Staff knew their role within the organisation and when appropriate sought guidance and support from their line managers. Staff nurses were in charge of the shift and were supported by the deputy manager and the registered manager. A team of care workers provided direct support to people who used the service. There was good teamwork evident between the staff group.

We saw that audits took place to ensure people received a quality service. Audits took place on a weekly, monthly or three monthly basis and included, care planning, medication, health and safety, infection control and medical devices. Audits had an action plan to identify any concerns and the action taken to resolve them. We spoke with the registered manager about audits as some were no longer in use and it was not clear from the file which audits were current. The registered manager told us that the deputy manager and herself were looking at streamlining the audits to avoid repetition and improve constancy.

We spoke with the care and support administrator, who worked for The Guinness Partnership Limited (the provider) and worked in partnership with the registered manager who was employed by Sheffield Health and Social Care NHS Foundation trust. The role of the care and support administrator was to ensure the building was well maintained and that repairs were reported and resolved and to deal with financial matters such as funding, allocating money for food and cleaning products etc. They told us that The Guinness Partnership Limited completed a monthly audit to ensure the service was of a good quality. We saw evidence of this and saw an action plan which the registered manager was involved in.