Care Quality Commission

Butacare Limited

Victoria Cottage

Inspection report

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Bedford,
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 3 June 2015 and was unannounced.

Victoria Cottage is a care home for up to 12 adults who may also have a range of care needs including a learning disability or autistic spectrum disorder and physical disabilities. There were 10 people living in the home on the day of the inspection.

Since February 2014, the home had been operating under an administration company due to the financial difficulties of the previous provider. In November 2014, the current provider took over. Shortly after, we were advised that there had been changes in the management of the service and a new manager was appointed in December 2014. The new manager had not yet registered with the Care Quality Commission, but he was able to show us that he had begun this process.

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.

Summary of findings

Systems were in place to ensure people's medicines were managed in a safe way and that they got their medication when they needed it.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service.

Processes were in place to manage identifiable risks within the service and ensure people did not have their freedom unnecessarily restricted.

The provider carried out proper recruitment checks on new staff to make sure they were suitable to work at the service.

Improvements were required however to update staff training; to ensure there are sufficient numbers of staff with the right skills and knowledge to meet people's needs, at all times.

We found that the service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed, and assessments of capacity must be undertaken where it is believed that a person cannot make decisions about their care and support.

People had enough to eat and drink. Assistance was provided to those who needed help with eating and drinking, in a discreet and helpful manner.

The service had developed positive working relationships with external healthcare professionals to ensure effective arrangements were in place to meet people's healthcare needs.

Staff were observed providing care and support in a caring and meaningful way, and people were treated with kindness and compassion. People also had regular opportunities to engage in activities within the local community.

We saw that people's dignity was respected at all times and they were encouraged to maintain their independence as far as possible.

We saw that people were given regular opportunities to express their views on the service they received and to be actively involved in making decisions about their care and support.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed to.

Systems were also in place to monitor the quality of the service provided and drive continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe

Staff understood how to protect people from avoidable harm and abuse.

Risks were managed so that people's freedom, choice and control was not restricted more than necessary.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider carried out proper checks on new staff to make sure they were suitable to work at the service.

Systems were in place to ensure people's daily medicines were managed in a safe way and that they got their medication when they needed it.

Good

Is the service effective?
The service was effective

We found that people received effective care from staff who had the right skills and knowledge to carry out their roles and responsibilities.

Staff had the right support to carry out their roles and responsibilities however improvements were required to ensure all staff had up to date training.

The home acted in line with legislation and guidance in terms of seeking people's consent and assessing their capacity to make decisions about their care and support.

People were supported to have sufficient to eat, drink and maintain a balanced diet.

People were also supported to maintain good health and have access to relevant healthcare services.

Requires improvement

Is the service caring?
The service was caring

Staff were motivated and treated people with kindness and compassion.

Staff listened to people and supported people them to make their own decisions as far as possible.

People's privacy and dignity was respected and promoted.

Good

Is the service responsive?
The service was responsive

People received personalised care that was responsive to their needs.

Good

Summary of findings

Systems were in place to enable people to raise concerns or make a complaint, if they needed to.

Is the service well-led?

Good

The service was well led

There was effective leadership in place and we found that the service promoted a positive culture that was person centred, inclusive and empowering.

A new manager had been appointed who was in the process of applying to register with the Care Quality Commission.

There were systems in place to support the service to deliver good quality care.

Victoria Cottage

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 was unannounced and was carried out on 3 June 2015 by one inspector.

We checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority; who has a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences. We spoke with or observed the care being provided to all 10 people living at the service. We also spoke with the manager, the provider, a consultant providing administrative support to the home, the deputy home manager, three care staff and one relative.

We then looked at care records for two people, as well as other records relating to the running of the service, such as staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Good

Is the service safe?

Our findings

People confirmed they or their relative felt safe living at the service. Staff told us they had been trained to recognise signs of potential abuse and how to keep people safe. They demonstrated a good understanding of the potential risks faced by people living in the home and knew how best to keep people safe, in the least restrictive way. We saw that information had been provided to staff which contained clear information about safeguarding and who to contact in the event of suspected abuse. Records showed that staff looked out for any potential signs of abuse such as unexplained bruising and injuries. We also found that staff had received training in safeguarding, and that the service followed locally agreed safeguarding protocols.

The manager described the processes used to manage identifiable risks to individuals and generally within the service. He told us that risk assessments were in place to manage identifiable risks to individuals in a way that did not restrict people's freedom, choice and control more than necessary. We noted through observation that people were not restricted in their movements around the home. Even when meals were being prepared and additional hazards were evident in the kitchen, people were not prevented from going into the kitchen and staff provided appropriate supervision to ensure their safety and wellbeing. Positive and effective strategies were observed in the way staff managed behaviours that challenged, which minimised the risk of harm and frustration to everyone involved. We found that individual risks to people such as moving and handling, pressure care, falls and weight loss had been assessed. The manager was able to show us that he was in the process of reviewing all risk assessments; to ensure identified risks were still being properly managed.

The manager told us about the arrangements for ensuring the premises were managed in a way that ensured people's safety. Clear systems were in place for staff to report routine maintenance issues, and we saw that checks had taken place to ensure the building and equipment was safe and fit for purpose. Individual Personal Evacuation Plans (PEPs) were also in place. PEPs are used to outline the method of evacuation from a building on an individual basis in an emergency.

People told us there were sufficient numbers of staff to keep them or their relative safe and meet their needs. The manager confirmed that there were no staff vacancies at the time of the inspection, although they were looking to recruit some bank staff to provide consistent cover during staff leave or absence. Our observations found for the majority of the inspection there were sufficient numbers of staff, and we noted that staff attended to people promptly when they needed support. In the afternoon, the number of care staff reduced from three to two. Although staff confirmed they were able to manage, it became evident at tea time that things became more rushed as they tried to support people with a variety of needs with their evening meal. We spoke with the manager who was supernumerary on the day, who told us about the new provider's plans to review the current staffing arrangements; to ensure staff were deployed in the most efficient and person centred way. The provider also confirmed this after the inspection.

The manager described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with vulnerable adults. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. We looked at a sample of staff records and found that some had not been organised recently, making it difficult to verify that all legally required checks had been undertaken. Although we were eventually able to locate this information, the manager explained that administrative support had been arranged by the provider to streamline and organise recruitment processes and checks. We were able to meet the person doing this on the day, who showed us some of the staff files that had been created more recently. We found these to be well organised and provided a clearer oversight of the checks carried out for each person.

Systems were in place to ensure people's medicines were managed so that they received them safely. We spoke to staff about the medication arrangements for the home. They demonstrated a good understanding about medication processes such as administration, management and storage. They confirmed they had received training to administer medications in a safe way and records we looked at supported this. Records also showed that people's medication had recently been reviewed and reduced where possible, to ensure they were only taking medication that they needed. Staff told us that

Good

Is the service safe?

they had noticed positive changes with more than one person living in the home as a result of these reductions. We noted that clear information had been provided for staff on the purpose of each person's medication.

We saw that medication was being stored appropriately, including temperature sensitive medication. Medication administration records (MAR) provided information about medication stock levels and administration, including missed / refused doses or use of PRN (when required) medications. We saw that daily checks had been introduced to ensure people were being given the right medication when they needed it and that associated records had been completed properly. We checked a sample of medication to see whether people had received the right medication at the right time and found no anomalies.

Requires improvement

Is the service effective?

Our findings

Staff confirmed they had received training and support to carry out their roles, although they explained that due to the change in provider some training now required updating. Our observations found that the staff team had a good understanding of the needs of the people they were supporting, and that they communicated effectively and openly with one another. There was an emphasis on treating people as individuals and ensuring that they received the best possible care and support.

A training matrix had been developed to support the manager in knowing when refresher training was needed. This showed that staff had received training covering a range of relevant topics such as safeguarding, medication, autism, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and moving and handling. We did find some gaps where refresher courses were due, but the manager showed us new e-learning (electronic learning) training courses that the provider had already sourced to address the gaps in staff training. Staff were aware of the new training system when we spoke with them and we could see that some had already begun to use it. A new member of staff had for example completed the new Care Certificate which was introduced in April 2015 as part of their induction training. We also saw that the manager had introduced competency checks in some areas such as medication and moving and handling; to ensure staff were able to safely translate their training into everyday practice.

Staff told us they received supervision which provided them with support in carrying out their roles and responsibilities. They confirmed they received good support from the new manager and provider. Staff meetings were also being held to enable the manager to meet with staff on a group basis and to discuss good practice and potential areas for staff development. Minutes we read from the most recent meeting covered areas such as safeguarding, legal requirements for carrying on or managing a care home and dignified care. During the afternoon we spoke with an agency member of staff who was working that day. They confirmed that they had worked at the home before so they knew the people living there. They also told us they worked closely with the permanent staff members to ensure they had the right knowledge to support people with their assessed needs.

Staff demonstrated their knowledge in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS); to ensure people who cannot make decisions for themselves are protected. Throughout the inspection we observed staff seeking people's consent. Although some people did not communicate using many words, we observed that they were able to demonstrate their consent clearly through other methods such as actions and physical movement. Staff showed that they understood people's needs well, and they encouraged people to make their own choices and decisions, as far as possible. People were seen to respond positively to this approach. The manager understood the need to assess people's capacity to make decisions and best interests decisions, where people lacked capacity. Records showed that this had happened and we saw that people's individual choices and preferences; in terms of how their care and support should be provided had been documented. We saw that relatives, where appropriate, had been included in decision making. In the case of one person, an Independent Mental Capacity Advocate (IMCA) had been appointed. An IMCA is a specialist person that can represent the views of someone who lacks mental capacity, where they do not have an appropriate family member or friend to undertake this role.

The manager talked to us about a number of changes he had introduced, to ensure people's liberty was not restricted any more than was necessary and to enhance their independence. To this end changes had been made to reduce the unnecessary use of bed rails and the amount of supervision provided to people, and to increase access throughout the home. Under DoLS arrangements, providers are required to submit applications to a "Supervisory Body" where it is identified that someone's freedom may need to be restricted if they require more care and protection than others. The manager confirmed that DoLS applications had been applied for potential areas where people's liberty was still being deprived, in order to keep them safe. Records confirmed this had happened.

People told us they had enough to eat and drink and that they enjoyed the food provided at the home. We spoke to staff who told us they supported people to maintain a balance between choice and healthy living. They talked to us about people's individual dietary requirements. For example, high calorie supplements were being made from fresh ingredients to support one person who had lost

Is the service effective?

weight. Another person who had been unwell was being monitored closely to ensure they had enough to drink each day. The manager had developed some clear information to support staff in meeting this person's nutritional needs in conjunction with a nutritional specialist. We found that all the staff we spoke with were aware of how to meet these. Records showed that people's nutritional needs had been assessed and outlined any specific requirements such as soft options or assistance with eating. We saw that where people were at risk from not eating and drinking enough, that staff recorded what they ate and drank. People's weight was also monitored on a regular basis to support staff in identifying any potential healthcare concerns.

We spent time observing how staff supported people during breakfast, lunch and tea. We saw that a choice of food was available and people were encouraged to eat healthily. At tea one person did not initially want vegetables with their meal however, a staff member gently encouraged the person and gave them a choice of vegetable, which they selected from and ate. They told us afterwards that they had enjoyed this. Some people found it difficult to vocalise their choices, and we observed a member of staff showing them the different options, enabling them to point to their preferred choice. We saw that people could request something different from the two options available and could also choose where they ate and at what time they ate. Where assistance was required, this was provided in a discreet manner and no one was rushed. People were seen to eat well with good sized portions.

Staff talked to us about how people's healthcare needs were met and said they were supporting some people who had complex healthcare needs. The manager told us they had established links with a significant number of external healthcare professionals; to ensure the health and wellbeing of those individuals. Staff we spoke with confirmed they felt well supported by the healthcare professionals, who they called upon when they required more specialist support. Records we looked at supported this, and demonstrated that the staff team took a holistic view in seeking solutions and the right support for each person. There was evidence that people had made progress in terms of their health and wellbeing as a result of this approach. Before the inspection, the manager had identified the need to update people's healthcare information and he told us that he had obtained new Health Action Plans to be completed for each person. We also saw that he had begun the process of revising people's 'all about me' forms, which were used to provide key information for health care professionals in the event of someone needing to go into hospital.

Good

Is the service caring?

Our findings

We observed people being treated with kindness and compassion throughout the inspection. We saw positive interactions between staff and the people using the service, and all of the staff demonstrated a good understanding of the needs of the people they were supporting. Their approach to people was meaningful and the care they described was personalised. One member of staff talked about people living in the home and told us: "We've got a brilliant bunch of people." Another member of staff told us that someone living at the home had recently spent some time in hospital and said the manager had visited them nearly every day; to ensure their wellbeing and to make sure they saw someone familiar.

We saw that the staff treated people with respect and sensitivity at all times. They showed concern for people in a caring way and responded to their needs in a timely manner. For example, we observed someone sitting in the lounge who was not feeling well. A staff member asked them if they would like to go to their room and lie down, which they requested to do. We noted afterwards that the person had been helped to go to bed and an audio book had been put on for them to listen to in the background. This showed that the person's mental stimulation and wellbeing had been considered in addition to their physical needs. Staff were also observed to provide care in a calm and kind way. The atmosphere throughout the inspection was noted to be calm too, with people visibly relaxed with each other and the staff supporting them.

At tea time, another member of staff sat and ate with people living in the home. This created an opportunity for some positive social interactions, and we heard the member of staff engaging people in conversation. It was evident from people's responses that they were relaxed in her company. People who did not communicate using words demonstrated their contentedness through smiles and other confident interactions.

Staff talked to us about a new electronic care record system that had recently been introduced by the provider. The manager showed us that people's care plans were in the process of being reviewed and updated as part of the new system; to ensure they reflected people's assessed needs accurately. We looked at one care plan that had been updated recently and saw that it provided a good level of detail about the person's holistic needs.

We spoke with staff about how they supported people to express their views and make decisions about their care, as far as possible. They talked to us about one person who had demonstrated through behaviour, that they were unhappy with their usual daily routine. Staff described how they had supported the person to make changes in terms of how they spent their day, and the steps they were taking to ensure the person felt supported and more in control in the future. The manager also told us he planned to explore different methods of communication; to meet the various needs of the people living in the home and to provide people with information in a meaningful way. Records showed that initial enquiries about this had already been made. We looked at other records and saw evidence that the staff team involved people and their relatives, where appropriate, in making decisions about their care and support. We saw that people were encouraged to make choices no matter how small, for example in terms of how they spent their time, what they wore and what they ate.

Throughout the inspection we observed that staff promoted people's privacy and dignity. A visitor commented positively on the fact that they felt their relative's overall appearance had improved since the arrival of the new provider and manager. Staff were seen to use discretion in the way they organised and provided care and support at all times. For example, one person at risk of falling was getting ready to go out to a planned activity. A staff member was observed encouraging the person to walk in a safe way, but the person refused the help offered. Rather than pursue this and potentially upset the person, the staff member spoke with the staff member who was accompanying the person; to make sure they were aware and ensure the safety of the person. On another occasion, we observed a staff member to be respectful when requested to support another person with an unusual request.

Good

Is the service responsive?

Our findings

People we spoke with confirmed that they, or those acting on their behalf, were able to contribute to the assessment and planning of their care. A relative told us: "We're happy" in terms of involvement with the service, and the care and support provided to their relative. We also saw copies of emails between the service and a relative of another person living in the home. These demonstrated a positive and supportive relationship between the service and the person's family. Records showed that people, and or their relatives, where appropriate, were regularly involved in the assessment and planning of their or their relative's care. Staff told us that people's care records helped them to understand the needs of the people they were caring for, and provided guidance on how to provide relevant care for them. Care records we looked at supported this as they were both personalised and made reference to people's specific needs. Separate records and charts demonstrated the care and support provided to people on a daily basis.

People demonstrated that they felt able to make choices and have as much control over their lives on a day to day basis. For example, some people preferred to eat on their own at meal times - rather than socialise or eat with other people. We saw that they were supported to do so. Staff were also heard asking people what they would like to wear when going out, and then checking to make sure they had the person's preferred coat or jumper before helping them to put it on. Staff talked to us about one person who had chosen to stop going to a day centre they had attended for years, and they were supportive of this decision. We read some recent written feedback from the local authority complimenting the service for their 'person centred approach' by involving the person in decisions about their health and wellbeing. It was clear from our own observations and from speaking with staff, that the person had been enabled to take more control over their life as a result. It was evident too that the home had worked effectively with the person's family during this time.

Staff talked to us about people's hobbies and social interests. They demonstrated that they knew what people liked to do when they were at home, and supported people to engage in activities of their choosing. We saw people engaged in meaningful activities during the day such as typing, laying the table and helping to prepare meals. A pictorial activity board was on display in a communal area of the home detailing a variety of external activities, including day care that took place on a daily basis. We saw one person referring to this and correctly pointing to the activity they were going out to that day. One person was already at a day care centre and another person was later visited by a relative who took them out for lunch. Staff told us that people regularly enjoyed activities within the local community and one person told us about a recent day trip to London which other people living in the home had also been on. The manager told us that he wanted to review people's needs and interests in order to develop an activity programme that was meaningful and provided an even better structure for each person's day. He had agreed with the provider that he would do this over the next three weeks. The manager also talked about plans to support one person in maintaining a significant relationship with someone outside of the service, on a risk assessed basis. If successful, this would also increase the person's independence.

We saw that people's needs were routinely assessed; to ensure the care and support being provided was still appropriate for them and that their needs had not changed. We observed that staff worked to distract people if their behaviour became challenging. They also recorded information about any incidents on a monitoring chart to help in trying to identify any causes or patterns in the person's behaviour. This would provide information should the need arise to request more specialist assistance from external healthcare professionals.

We spent time observing how care and support was provided to people living at the service at various points during the day. People were encouraged to maintain their independence as far as possible. For example at meal times, people who needed it were provided with specialist equipment such as plates with a scooped edge. This enabled them to eat their meal with minimal assistance from staff. We also saw that people were encouraged to make their own food and drinks where they were able to do so.

It was evident that staff knew people really well and understood their needs including their individual methods of communication. We saw from the way that people moved towards the dining table or how they approached staff, that there were established routines which helped

Good

Is the service responsive?

them to understand when it was time to eat or time for personal care. It was also clear however that these were not rigid and staff responded flexibly to suit the individual needs of people.

People told us they would feel happy making a complaint if they needed to. A relative told us they felt staff were approachable and would tell the staff if they were unhappy about something. They told us they had been given the manager's mobile number, which they could use if required. A formal complaints policy had been developed outlining what people should do if they had any concerns about the service provided. A suggestion box had also been placed in the entrance hall, and we saw that this had been used. The manager told us that no one had raised any concerns or made a complaint since he had started working at the home; on the contrary we saw recent written communication between the manager and relatives that indicated families were very supportive of the new manager and provider and the changes they had made, and planned to make, in terms of improving the service provided. We saw evidence that feedback and suggestions were received positively, and that people had been thanked for taking the time to do this.

Good

Is the service well-led?

Our findings

People told us there were opportunities for them to be involved in developing the service. For example, we were told about relative meetings that took place and satisfaction surveys. We read some recent minutes from a meeting attended by relatives of people living in the home. The minutes recorded that people had had the opportunity to receive updates and provide feedback on the new provider and the future plans for the home. We saw that information was shared with staff through notices and meetings. Each member of staff also had individual time with the manager or deputy manager, to discuss any concerns or queries they might have. Staff talked to us about a new electronic system that had been introduced which enabled them to prepare in advance for meetings by submitting items for discussion directly to the management of the home. They told us they liked this because it helped them to get their thoughts straight, and to include any issues that they felt less comfortable raising face to face. Staff also knew how to whistle blow and raise concerns, and felt able to do so.

Everyone spoke positively about the management of the service. They told us the home had been through an unsettled period due to a change of provider and manager. However, they all said they were feeling positive and motivated by the changes that had been implemented since the arrival of the new provider and manager. They told us they felt included in terms of knowing what was happening and when. For example, one member of staff told us that the manager kept them updated about the purpose and outcome of meetings he went to. They said this helped them to be better equipped when supporting people's changing needs. We saw from our records that the new manager had begun the process of applying to register with the Care Quality Commission.

The manager told us he welcomed and encouraged open communication amongst the team. Another new system had been introduced to allow staff to submit their ideas and suggestions for improving the service, and we saw that a number of these had already been made. We observed throughout the inspection that staff treated each other, and everyone living in the home, with respect at all times and interactions were positive and inclusive. Staff were clear about their roles and responsibilities. They knew what was expected of them to ensure people received support in the way they needed it. We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another to be respectful and friendly.

The manager, and the consultant supporting the manager with the home's administration systems, talked to us about the quality monitoring systems in place to check the quality of service provided, and to drive continuous improvement. In addition to questionnaires sent out to relatives and relevant professionals, we were shown that they were in the process of carrying out a number of internal audits; to check the quality of the service provided and ensure people's safety and welfare. Records we looked at supported this and showed areas such as care planning, staff recruitment, training and health and safety were in the process of being checked. The provider's input and oversight of the service was also evident. We saw regular updates provided by the manager regarding a number of different aspects of the service including: safeguarding, complaints, staffing, training, issues relating to people living in the home, environmental issues, notifiable incidents and any quality audits completed. We saw that the manager was working to a list of actions agreed with the provider, where improvements had been identified.

We also saw that changes were taking place in regard to refurbishing the home. On our arrival we found scaffolding had been erected to the front of the home to address repairs identified on the outside of the property. Prior to the inspection the new provider had shared detailed information about his plans to also refurbish the inside of the home, to provide people with a more personalised and dignified living space.

We saw three satisfaction surveys that had recently been returned from relatives of people living in the home. These had not yet been formally analysed but showed positive feedback in areas such as people feeling safe in their home, the care provided and cleanliness. The manager confirmed that once all the surveys had been returned that an action plan would be drawn up to address any improvements that could be made as a result of people's feedback. We noted from speaking with the manager and provider that they both spoke passionately about wanting to provide a high quality service to the people living in the home, and they had clear plans for going about this.