Bamburgh House Ltd

Bamburgh House

Inspection report

Clacton Road
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Essex
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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

Bamburgh House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Bamburgh House provides accommodation and personal care for up to three people who have a learning disability and/or autistic spectrum disorder. Bamburgh House is a detached chalet bungalow style property with a first floor self contained flat and has been adapted for the purpose. The service is situated in a residential area of Thorrington, Colchester and is close to local amenities. Each person using the service has their own individual bedroom and adequate communal facilities are available for people to make use of within the service. At the time of our inspection three people were using the service.

At our last inspection of this service on 30 November 2015 the service was rated Good. At this inspection we found the service remained Good.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly. Staffing levels ensured that people's care and support needs were continued to be met safely and safe recruitment processes continued to be in place.

Medicines continued to be managed safely and people received their medicines as prescribed.

People continued to be supported by staff who had the right skills, knowledge and experience. CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so.

People's needs and choices continued to be assessed and their care provided in line with up to date guidance and best practice. People were supported to maintain a healthy diet and all health needs were met with the support from staff.

People continued to have access to healthcare services and were involved in monitoring their health needs. Staff understood how to prevent and manage behaviours that may challenge the service.

People had developed positive relationships with staff and there was a friendly, calm, relaxed atmosphere within the service. Staff knew people's likes, dislikes and preferences well and supported them to engage in activities of interest.

People continued to be treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided.

There were policies and systems in place that ensured people would be listened to and treated fairly if they complained about the service.

The service was kept clean and hygienic. People were protected by the prevention and control of infection.

There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

The organisation's visions and values centred around the people they supported, which ensured their equality, diversity and human rights were respected.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

Further information is in the detailed findings below and in our last comprehensive report completed for the service.

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 remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Bamburgh House

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 took place on 31 May and 5th June 2018. It was undertaken by one inspector. The inspection went over two days as people were out on the first day of inspection so we returned so we could talk to them.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well, and improvements they plan to make.

During our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service. Some people were able to talk with us about the service they received but others could not. We briefly used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed the records at the service. These included four staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regard to the upkeep of the premises.

We looked at three people's care documentation along with other relevant records to support our findings.

We also 'pathway tracked' people living at the service. This is when we looked at their care documentation in depth and obtained information about their care and treatment at the service. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with two people, four staff, a visiting advocate, the deputy manager and the registered manager. The inspection team also spent time observing people in areas throughout the service and were able to see the interaction between people and staff. This helped us understand the experience of people who did not wish to or could not talk with us.

Good

Is the service safe?

Our findings

Two people we spoke with told us they felt safe living at Bamburgh House and staff supported them when they needed to. We saw through people's body language and conversations that people were comfortable with the staff. One person said, "I feel really safe here. They really care for us well and look after me."

There were robust measures in place to ensure people were safe. Risk assessments were in place specific to people's individual needs and any behaviour they may present. They included detailed guidance for staff so people could be supported appropriately. Records also contained charts for staff to complete that identified potential triggers when certain behaviours were presented and what support could be offered to keep people safe. Risk assessments were completed for going out in the community, personal care and any activities people took part in both in the service and in the community. Staff had received training in safeguarding adults from abuse and were able to tell us what they would do if they saw or suspected abuse.

There were sufficient staff on duty to meet people's needs. Some people required staff support to access the community, attend college and take part in activities. Staff were provided to enable them to do this and keep safe. These staff were familiar with people's support needs.

We looked at how staff where recruited and the processes undertaken. We found copies of application forms and references and found that Disclosure and Barring (DBS) checks had been carried out at the start of a person's employment and every three years thereafter. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines in order to ensure errors were kept to a minimum. Their competency to safely administer medicines was checked regularly by the registered manager. Two people were being supported to self medicate on the day of inspection.

We found the service was clean with no odours. A cleaning rota was in place to maintain good standards of cleanliness. The home was well maintained and mostly in good decorative order. Repairs to the building were reported to the provider and attended to in a timely way. We saw some repairs were in progress when we visited Plans for a programme of redecoration were in progress and the provider was aware of the need to ensure repairs were timely to ensure the safety of each person using the service. One person had recently had a new shower room installed.

People's bedrooms were personalised and they had chosen the colours and decoration independently. Measures were in place to ensure the environment was safe and suitable for the people who lived there. Regular checks and tests, such as gas, electricity, water safety, fire drills, weekly fire alarm tests and external checks of firefighting equipment, were completed to maintain safety in the service. We checked these certificates and saw that they were in date. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone at the service, which were personalised to each person's individual needs.

Good

Is the service effective?

Our findings

Most of the staff team at Bamburgh House had worked with people who lived in the service for several years. All the staff we spoke to who worked in the service had experience in working with adults with specialist conditions and complex needs. From the training plan we saw and from conversations with the staff at Bamburgh House we found they had the skills, knowledge and experience to support people effectively and safely. The registered manager had a system in place to help ensure staff received regular training and were given the time to complete it. We saw that all staff had attended training in subjects such as first aid, fire safety, food safety, safeguarding people, challenging behaviour and medication. All staff were required to complete an induction which was aligned to principles of the Care Certificate. The Care Certificate is an agreed set of standards health and social care workers follow as part of their role.

People's needs were assessed and reviewed regularly to reflect their current health and support needs. We saw that people were supported to achieve their outcomes. For example, people had outcomes set to increase their independence when completing their morning routines, in aspects of daily living like laundry and preparing snacks and meals, choosing activities and administering their own medication.

People were supported to maintain healthy lives. Records and health action plans showed that people were supported to attend medical appointments. People were supported to eat and drink enough to maintain a balanced diet and meet their dietary requirements. We saw that people were encouraged to eat healthily.

Staff were supported by the registered manager and a deputy manager though regular supervisions and an annual appraisal. Staff meetings were held regularly. The registered manager was informed when staff required refresher training. Training records we looked at showed that staff training was up to date.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff had received training to provide them with an understanding of the requirements of the Mental Capacity Act. The registered manager had made applications for DoLS to the local authority appropriately.

People were supported by staff who knew them well to make decisions regarding activities of daily living. People made decisions and choices in relation to their care, support received and daily activities. Staff knew the people in the home well and how they communicated their needs and choices. This information was documented to assist new staff.

Good

Is the service caring?

Our findings

The service continued to be caring. People had developed positive relationships with staff over time as they were supported by the same staff on a regular basis. People told us, "I think all the staff here are very caring. I sometimes need help and they are always there." And, "We are like family it's not like living in a home it's like your own house." We saw staff were caring in their approach towards people in the service.

We observed staff working and speaking with people present at the time of the inspection. They spoke with people in a calm, reassuring and respectful manner. People were comfortable and relaxed amongst staff. Staff had good rapport with people and demonstrated they knew about their likes and dislikes when speaking with them.

Staff we spoke with demonstrated a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life. One staff member said, "It's really important that people here express themselves and we give them choice and opportunities to progress." Another staff member said, "It's so lovely seeing how far [person] has come and the difference it has made to their life and confidence."

Staff told us they had sufficient time to listen to people and spend time with them. Staff we spoke with knew about people's care needs and were able to explain people's preferences and daily routines. For example, people's favourite activities, days they like to go out, recent holidays and those planned and their food preferences. We saw that staff responded to people in a proactive way that enabled them to predict people's mood and behaviours and reduce the likelihood of any behaviour that may challenge the service. A staff member told us, "We all make sure we keep up to date with any changes in people's behaviours and healthcare needs. We can provide them with effective care then." This was especially important with one person who had their own self contained flatlet and received one to one care.

Staff treated people with dignity and respect when helping them with daily living tasks. People's bedrooms gave them privacy and space to spend time on their own if they wished. Bedrooms reflected people's specific interests, such as pictures and posters on the walls. Staff told us how they maintained people's privacy and dignity when providing support. For example, by knocking on bedroom doors before entering, being discreet when talking to people and gaining consent before providing care.

Staff promoted people's equality, diversity and ensured their human rights were upheld. For example, staff recognised how choice was important to people to ensure their individuality. One person said, "I can us the quiet room to use the computer and talk to staff in private."

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People receiving support had a learning disability and varying communication abilities. Staff were able to communicate with, and understand each person's requests and changing moods as they were

aware of people's known communication preferences. Care records contained clear information explaining how people communicated to express themselves. We saw that people had access to information in alternative formats if this was required.

People's right to confidentiality was respected as their records were stored in a secure office. We also observed staff answering the phone and ensuring they did not divulge any information. Records contained consent details where people had agreed to share their personal information.

Good

Is the service responsive?

Our findings

People continued to receive personalised care and support specific to their needs, preferences and diversity. One person told us, "I have a keyworker who comes out with me when I need to go out. They help me do things for myself and I get lots of support."

Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. Care files gave information about people's health and social care needs. They were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. For example, supporting people to identify specific activities to aid their wellbeing and sense of value. One person told us, "I am involved in decisions. I went out recently for my birthday and I like horses so [staff member] looked for a holiday that does pony trekking."

Care files included personal information and identified the relevant people involved in people's care, such as their GP or consultant. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. We saw people were supported to contribute to their care planning, from the pre-assessment process through to regular reviews of their care. Staff commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. [People's care plans provided staff with information not only of people's care needs, but their family history, likes and dislikes, aspirations. It also included information about people's history, which provided a timeline of significant events which had impacted on them, such as, their physical and mental health.] This demonstrated that when staff were assisting people they would know what kinds of things they liked and disliked in order to provide appropriate care and support.

Care plans were up-to-date and reviewed regularly. They were divided into separate sections, making it easier to find relevant information, for example, physical and mental health needs, personal care, communication and social activities. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health.

People were allocated a 'key worker'. A 'key worker' is a member of staff that has been identified as a consistent point of contact to support people with the planning and review of their care as well as any other assigned care tasks, specific to that person. This promoted consistency to further enhance the person-centred approach.

We observed that people chose what they wanted to do. Activities formed an important part of people's lives and were led by people. Activities were flexible in order to meet people's needs. Staff told us and we saw that they took people out into the community. This was confirmed within the daily records and individual activities planner we reviewed. One person told us, "I enjoy going shopping, and doing my makeup." Another person who did not go out a lot had their own summer house built in the garden. Here they could spend quiet time and a small kitchenette was being fitted so the person could make their own

drinks. Additionally, it had been identified that their flatlet they lived in was quite hot and air conditioning had been installed. This had decreased any challenging behaviours the person may present with. People were encouraged to maintain relationships with their friends and family. One person said, "I am going to see my [parent] today. I go every week."

Records we looked at showed that the provider had a compliments and complaints policy which they adhered to. We saw there was a system in place to support people to make a complaint. People told us that they knew how to complain and they were confident that their concerns would be dealt with appropriately. One person told us, "I would talk to [manager] about it. They will sort things out quickly." Where complaints were received they were logged, investigated and where appropriate actions were taken and feedback given to the complainant. We also saw that the registered manager had a log of compliments and these were all very positive.

There was no one currently at the service who was receiving end of life care. The registered manager told us that where possible, they would have conversations with people regarding their wishes and end of life care and information gathered would be kept under review.

Good

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post in the home. 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.

The registered manager was supported by a deputy manager and was a visible presence in the service. One of them was available each day to support the staff team. The registered manager worked directly with people in the service for much of their time; additional management time was provided to enable them to carry out managerial tasks.

There was a person-centred and empowering culture in the service. Staff showed a commitment to provide support which achieved good outcomes for the people living in the service. For example, supporting people to be independent with personal care and arranging for them to take part in activities they enjoyed.

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service. A number of audits were completed by the deputy manager and the registered manager which included, medication and health and safety.

The registered manager completed a report on all aspects of the service every month. For example, the number of accidents/incidents, staff supervision, appraisal and training and the updating of care records. There were policies and procedures in place for staff to follow, the staff were aware of these and their roles in regard to these polices. Staff meetings took place regularly and actions from these were documented. Staff completed regular keyworker reports monthly also to ensure people's care was consistently delivered.

People's care records and staff records were stored securely which meant people could be assured that their personal information remained confidential.

There was a process completed annually where relatives had the opportunity to voice their opinions about the service. The registered manager told us that response was not very successful at times due to some people not living nearby. However, all relatives had close relationships with staff and contacted the home regularly. Any issues if any arose were quickly resolved. Staff and relatives were in regular contact by telephone to keep them updated.

The registered manager met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the service.