Burlington Care Limited

The Limes

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Outstanding
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Limes is a care home that provides support and accommodation for up to 97 older people, some of whom may be living with dementia. On the day of the inspection there were 97 people living at the home, including one person who was having respite care. Most of the accommodation is on the ground floor although the residential area has two floors. There is a passenger lift to access the first floor. There are two distinct areas at the home, including one that provides support for people who are living with dementia, and these are staffed separately. There are various communal areas and safe garden where people can spend the day.

At the last inspection the service was rated as Good overall. At this inspection we found that the service remained Good.

There were sufficient numbers of staff employed to make sure people received the support they needed, and those staff had been safely recruited.

Staff received appropriate training that gave them the knowledge and skills they required to carry out their roles. This included training on the administration of medicines and on how to protect people from the risk of harm.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring, and they respected people's privacy and dignity.

Care planning described the person and the level of support they required. Care plans were reviewed regularly to ensure they remained an accurate record of the person and their day to day needs.

People and their relatives told us they were aware of how to express concerns or make complaints and we saw any complaints made had been thoroughly investigated and responded to.

The registered manager carried out audits to ensure people were receiving the care and support they required. People were also given the opportunity to share their views about the service provided.

The feedback we received and our observations on the day of the inspection demonstrated that the home was well managed.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Outstanding ☆

The service is Outstanding.

The environment for people living with dementia had been specially designed and provided people with ample space to move around and with directional prompts. This had reduced the number of incidents between people who lived at the home.

People were offered a wide variety of food and drink to meet their individual needs, and staff were skilled in encouraging people to eat and drink.

There were excellent links with health and social care professionals and this resulted in people receiving support that improved their mental health and their general well-being. Good practice guidance was being sought and followed.

Staff had induction training when they were new in post and then had refresher training. This gave them the skills they needed to effectively carry out their roles.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

The Limes

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 checked 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.

This was a comprehensive inspection that took place on 18 and 23 October 2017. The first day was unannounced and we told the registered provider we would be returning to conclude the inspection on 23 October 2017. Day one of the inspection was carried out by two inspectors 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. Day two of the inspection was carried out by one inspector.

Before this inspection we reviewed the information we held about the home, such as information we had received from the local authority and notifications we had received from the registered provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. The registered provider was asked to submit a provider information return (PIR) before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

During the inspection we spoke with three people who lived at the home, eight family members / visitors, five members of staff, three visiting care professionals, the registered manager and the provider. We 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.

We looked around communal areas of the home and some bedrooms, with people's permission. We also spent time looking at records, which included the care records for six people who lived at the home, the recruitment and induction records for three members of staff and other records relating to the management of the home, such as quality assurance, staff training, health and safety and medication.

Good

Is the service safe?

Our findings

Staff explained to us how they kept people safe and people's care plans included a 'Safe system of work' form that recorded the assistance people needed to mobilise safely. We saw that staff assisted people to mobilise using safe techniques and appropriate equipment. We also noted that people wore sensible footwear that reduced the risk of them falling. When risks had been identified in respect of people's care, action was taken to minimise potential risks without undue restrictions being placed on them. Appropriate equipment had been obtained to reduce the risk of people developing pressure sores.

People's care plans included details of any safeguarding incidents and the action taken by the home. Staff had received training on safeguarding adults from abuse. They were able to describe different types of abuse they may become aware of and told us they would report any concerns to the registered manager. Staff also told us they would use the home's whistle blowing policy and were confident the information would remain confidential. A whistle blower is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation.

The registered manager told us there were sixteen care staff on duty (including a senior care worker) throughout the day; eight in each area of the home. There was an additional care worker on duty each morning and evening over the busy periods. There were eight staff on duty overnight, including a senior care worker. We noted that staff were visible in communal areas of the home and that people received attention promptly. Staff told us, "Most of the time we are okay but sometimes we could do with an extra pair of hands." One person who lived at the home said, "There are plenty [of staff]. I am very well looked after." Overall, we concluded there were sufficient numbers of staff on duty.

We checked the recruitment records for three members of staff. These evidenced that references and a Disclosure and Barring Service (DBS) check were in place prior to them commencing work. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and helps to prevent unsuitable people from working with children and vulnerable adults.

We saw that medicines were stored safely, obtained in a timely way so that people did not run out of them, administered on time, recorded correctly and disposed of appropriately. Only senior staff had responsibility for the administration of medicines and we saw evidence of their training. In addition to this, staff had competency checks that included having to answer a series of questions to demonstrate their knowledge.

Accidents and incidents were recorded, analysed each month and audited to identify any patterns that might be emerging or improvements that needed to be made. This included details of any medical attention that was sought or referrals to the falls clinic. Body maps were used to record injuries or sore areas to help staff monitor a person's recovery.

We reviewed service certificates and these evidenced that equipment and systems had been appropriately maintained. There was a business continuity plan that provided advice for staff on how to deal with

unexpected emergencies, and each person had a personal emergency evacuation plan (PEEP) in place that recorded the assistance they would need to evacuate the premises. There was a fire risk assessment in place, staff had received training on fire safety and fire drills had taken place. These were infrequent and the registered manager told us they would ensure they happened more frequently.

Although one relative told us they had noticed unpleasant odours on occasions, we did not detect any odours on the day of the inspection. Everyone else who we spoke with told us that the home was maintained in a clean and hygienic condition and we observed this on the day of the inspection. Infection control audits had been carried out each month and there were appropriate policies and guidance for staff on the prevention and control of infection. Laundry facilities were satisfactory.

Outstanding ☆

Is the service effective?

Our findings

It was clear there were excellent links with health and social care professionals. Feedback we received included, "If we are struggling to find a place for someone, we usually ask The Limes" and "Staff embrace any advice suggested to them, such as changes in a person's medication. They listen and understand how to monitor people." We saw that any advice shared by GPs, community nurses and other health care professionals was recorded and incorporated into people's care plans. Details of a person's health conditions were included in their care plan, and information had been obtained from relevant websites to inform staff about the implications of these health conditions as well as good practice guidance. A health care professional told us, "The staff are brilliant at identifying pressure ulcers and everyone has the correct equipment." Another care professional said, "I have found the management and staff have always been willing to listen and discuss anything that may benefit the service users."

The dining room in the dementia area of the home had been designed to resemble a restaurant, with the aim of providing a stimulating environment to encourage people to have good food and fluid intake. We observed the lunchtime experience in both areas of the home and saw that people were offered a choice of food and drink; a wide variety of drinks were on the trolley that was taken to people's tables, including shandy, so that people could see the drinks available. People were supported and encouraged by staff and offered alternatives if they did not appear to enjoy what they were eating. We noted that staff allowed people to eat at their own pace.

People's special dietary requirements and their likes and dislikes were recorded in their care plan and we saw people had appropriate nutritional assessments and risk assessments in place. Advice had been sought from dietetic services when concerns had been identified about people's nutritional intake, and people's food and fluid intake was recorded to help staff with monitoring. We reminded the registered manager that fluid intake should be totalled to aid effective monitoring. The speech and language therapy team had been contacted when people had difficulty swallowing or were at risk of choking.

Good practice guidance on environments designed to enhance the well-being of people living with dementia had been followed at the home. In the area of the home where people living with dementia were accommodated, there was a lot of space for people to walk which helped to reduce behaviours related to people's personal space being invaded. The area was open plan which gave staff good sight of people's whereabouts. There were various enclosed outdoor areas that were designed to encourage interaction, such as a beach area, a herb garden and pet rabbits; another area was due to be developed into a putting green. There was a sensory room where people could spend time in a calming environment. Most people required some assistance with locating areas of the home and clear directional signage was in place to help with this. The colour of handrails contrasted with walls so they were easy to identify. There was a hairdressers and a shop; both were up and running and were traditional in design, which helped people to identify their purpose and encouraged people to use them.

Since the development of the dementia area of the home, the manager had collated evidence that demonstrated the reduction in the number of incidents between people who lived in this area of the home

from 40 during the period December 2015 – April 2016 to 13 during the period July 2017 – October 2017. Similarly, the number of people who required one to one support had reduced and people's need for medication had reduced.

Falls, moving and handling and dignity champions had been appointed and were taking an active role within the home; a champion is a person who takes a special interest in a topic and is responsible for sharing good practice with the rest of the staff group.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw the DoLS applications that had been submitted to the local authority for authorisation, the DoLS applications that had been authorised and the date they were due for review.

Some care staff had completed training on MCA and DoLS and the organisation was in the process of organising more training so all staff could participate. We found that staff understood people's rights and the importance of obtaining people's consent to their care. There were consent forms in place in respect of photography; those we saw had not been signed because people lacked the capacity to understand this information.

When someone had a lasting power of attorney (LPOA) to act on their behalf, this was recorded in their care plan, although there were no documents to evidence this. A LPOA is a legal document that lets people appoint one or more people to help them make decisions on their behalf. There was evidence that some people had been assisted to make decisions in their best interests, such as whether medicines could be administered covertly. Staff described to us how they encouraged people to make day to day decisions, such as showing them meals and clothes. Throughout the day we observed that staff were skilled in explaining choices to people and in helping people to make decisions.

Staff confirmed that they had induction training when they were new in post and the records we saw confirmed this. A member of staff told us, "We have three days when we cover some training such as moving and handling, basic first aid – basic training really. It is sufficient to start working. We then shadow a more experienced staff member for a week, and then we work in pairs." Records showed that staff then completed training on topics considered essential by the home, including moving and handling, dementia, health and safety, fire safety and the control of infection.

Staff told us they felt well supported. One staff member said, "I have supervision monthly. Yes, its good support. You can get things off your chest. We discuss training, personal progress and development." Supervision meetings give staff the opportunity to discuss any concerns they might have, as well as their development needs.

It was clear to us that communication between people who lived at the home and staff was effective, whatever the person's form of communication. Relatives told us, "They are a very good team. Things are explained and they listen" and "They communicate everything to me – they are on the ball."

Good

Is the service caring?

Our findings

We observed that people had positive relationships with staff. A relative told us, "Staff genuinely care and know people well. They can have personal conversations with people." A health care professional said, "Staff have good therapeutic relationships with people." Staff approached people respectfully and politely and demonstrated a good understanding of their needs. Comments from staff included, "Staff really care about people. We're a really good unit and support each other."

During our observations, we noted staff respected people's individual choices and preferences. We could see that people dressed in their chosen style and females wore makeup and jewellery if this was their choice.

We observed that people were treated with dignity and respect and this was supported by the people who we spoke with. Staff described to us how they protected people's modesty when assisting them with personal care, such as closing doors and curtains, keeping people covered to protect their modesty and explaining what they were doing, although one relative told us they felt staff would benefit from additional training on modesty.

Staff told us they encouraged people to maintain their independence, especially in respect of their personal care. One member of staff told us, "We ask people 'Would you like to do this yourself' to encourage them." A relative told us, "[Name of relative] is doing more here than they did at home. They have improved. They are eating and being mobilised via their walking frame." We saw that some people had plate guards so they could eat their meal independently.

People were supported to keep in touch with family and friends. One person said, "My relatives travel a long way. They are made welcome and they are offered lunch." A social care professional told us, "They [staff] have gone above and beyond for people. They set up Skype so that one person could keep in touch with their relative in Australia."

There was information about advocacy services in the home; advocacy services help vulnerable people access information and services, be involved in decisions about their lives and explore choices. There was also information about Independent Mental Capacity Advocates (IMCAs) who support people who lack the capacity to make key decisions.

We saw that written and electronic information about people who lived at the home and staff was stored securely. This protected people's confidentiality.

Good

Is the service responsive?

Our findings

A care plan had been developed from the person's initial assessment, information gained from relatives and with the involvement of health and social care professionals when needed. Assessments included the use of recognised assessment tools for pressure area care and nutrition. We found care plans included information that described the person's personality, their individual care and support needs, their usual daily routines and their previous lifestyle. For example, care plans stated, '[Name] has a love of animals and likes to pet the home's rabbits" and 'I respond better to male staff and like a bit of banter.' This ensured staff had sufficient information to enable them to provide care that was centred on the person. A care professional told us about one person who was difficult to place in residential care due to their mental illness. They said, "But the manager at The Limes saw the vulnerable person rather than the illness."

Care plans and risk assessments were reviewed each month to ensure they contained up to date information. Staff told us, if they became aware of any new information about a person, they would add it to their care plan so other staff were aware. A health care professional told us that staff understood that "People are all different. Service user's needs change constantly and staff understand that."

Some people were not able to express when they were in pain. Care plans for these people included information to advise staff on how to recognise this and provide appropriate care and / or pain relief. Care plans also included advice for staff on how to notice warning signs and triggers for behaviour that might harm the person or others, and how to diffuse these situations.

There was an activities schedule on display that recorded activities for each morning and afternoon. It was clear from talking with activities coordinators that people's different interests and capabilities had been taken into consideration. We saw tactile items that were at a height people could touch and interact with, rummage boxes and areas of interest to stimulate conversation and reminiscence, such as an area where people had displayed wedding photographs of themselves and famous couples. People were encouraged to take part in national activities, such as charity coffee mornings and fund raising events. Church services were held by ministers of different religions. We noted that the TV was on throughout the day without people being asked which channel they would like to watch. This was discussed with the registered manager at the end of the inspection and they told us they would remedy this.

The complaints policy was displayed in the home and people and their relatives told us they knew how to complain or express concerns. We checked the complaints log and saw that any complaints made to the home had been investigated thoroughly. Complaints were analysed by the registered manager each month. The home had also received numerous compliments. For example, 'You should all be so proud of the care that you have given to [Name]. Because of you all, he is now back to his cheerful self.' There was also a suggestion box to allow people to make suggestions outside of formal processes.

Good

Is the service well-led?

Our findings

There was a manager in post who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

We asked for a variety of records and documents during our inspection; we found that these were well kept, easily accessible and stored securely. Services that provide health and social care to people are required to inform CQC of important events that happen in the service in the form of a 'notification'. We found that notifications had been submitted when required.

Staff told us they were happy with how the home was managed. Comments included, "The manager does an amazing job, and we have very good team leaders as well." A social care professional spoke positively about the registered manager and said, "There have been very few issues since they came into post." A relative said, "[Name of manager] is very approachable, proactive and reasonable." The registered manager was supported by a deputy manager and two team leaders, who were supernumerary when they were at work.

There were systems in place to monitor the quality of the service provided, including satisfaction surveys, meetings and audits. Surveys had been distributed to people who lived at the home, relatives and external professionals; we noted that there was an 'easy read' version that included more straightforward questions. The outcome of surveys was displayed on the home's notice board so that everyone could see the results, along with additional comments that had been made.

The minutes of the most recent meeting for people who lived at the home showed that people were reminded about the complaints and safeguarding policies. People reported they enjoyed the meals and the bus trips. The minutes of staff meetings showed that staff were thanked for their continued hard work and support, and that staff were encouraged to make suggestions and were consulted. One member of staff said, "We asked for more hoists and slings and these were provided."

Audits were carried out on various topics, including care plans, daily charts, falls, health and safety, complaints, recruitment, staff training, medicines and infection control. Any areas for improvement were identified and on most occasions there was a record of when these had been actioned.

Staff told us that they learned from incidents at the home. One staff member told us they discussed falls and the reasons for falls in handover meetings so they were all aware. On occasions, supervision sessions had been held with staff to discuss the need for improvements that had been identified during complaints investigations.

The home's values were displayed on the notice board; Compassion, Approachable, Respectful and Enabling (CARE). A member of staff described the culture of the home as, "They are open here and share

information. It is a good unit where everyone cares for everyone else." They added, "The directors come in on a regular basis. We recently received a gift as a thank you as we had been working very hard, which was nice."