

Burnside Care Limited

Priory Westfield 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

Priory Westfield view provides personal care and transitional accommodation for male patients who no longer require hospital level care yet continue to experience severe and enduring mental illness or a learning disability. The service is registered for three people and at the time of the inspection three people were residing there.

Priory Westfield view accommodates four people in one adapted building. The size of service meets current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

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

People living at Priory Westfield view were happy and well cared for. People were encouraged to be independent with all areas of daily living and staff provided support when needed. Relatives spoke positively about the service.

Staff were kind and caring and knew all the people and their diverse needs. Staff understood their roles clearly and knew what was expected of them. People were treated with respect and dignity, they were also supported to maintain their safety and wellbeing.

People had maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their relatives told us they were able to spend time in a way they chose to. Staff understood the importance of supporting people to be socially included to prevent social isolation.

Relevant health and social care professionals supported people living at the service to help to maintain people's wellbeing.

The registered manager knew people well and staff felt supported in their role. Effective quality assurance systems were in place and were used to monitor the service and drive improvements.

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

Rating at last inspection;

At the last inspection this service was rated Good, (published 31 December 2016).

Why we inspected;

This was a planned inspection based on the previous rating.

Follow up;

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Priory Westfield View

Detailed findings

Background to this inspection

The inspection

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

Inspection team

One inspector visited the service.

Service and service type

Priory Westfield view is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service notice of the inspection site visits because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and spoke with other professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care

provided. We spoke with three members of staff including, the registered manager, senior care worker, and care worker.

We reviewed a range of records. This included two people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider during and after the inspection.

After the inspection

We continued to seek clarification from the provider to corroborate evidence found. We looked at training data, staff supervision data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Systems and processes to safeguard people from the risk of abuse

People and their relatives told us the service was safe. Comments included, "I am very safe here" and, "We are looked after well."

- Staff understood what action they must take to ensure people were protected from harm and abuse.
- The service had a safeguarding policy in place and the management team followed internal and external processes to keep people safe.

Assessing risk, safety monitoring and management

- Records relating to managing risks were present and completed within people's care records. Information was available to staff, where people had specific health conditions about how to manage the risk associated with them.
- Staff had clear understandings of risks to people and provided support in a pro-active way to reduce these risks.
- The environment and equipment were safe and well maintained.

Staffing and recruitment

- There were enough staff available to meet people's needs.
- Safe recruitment procedures ensured people were supported by staff that were of a suitable character.

Using medicines safely

- Records showed people received their medicines as prescribed. Medicines were stored safely and securely.
- Staff responsible for supporting people with medicines completed annual training and received regular competency checks.

Preventing and controlling infection

- Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help prevent the spread of infection.
- The service was visibly clean. One bedroom carpet required replacing and on our second visit the registered manager had arranged for this to be completed the following week.

Learning lessons when things go wrong

- Incidents were monitored and used as learning opportunities.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans and risk assessments were detailed and reviewed consistently.
- People received care, treatment and support to meet their holistic needs in line with best practice guidance. Staff followed advice from professionals to promote positive outcomes for people. A visiting health professional told us, "The staff are adaptable to people's current needs and very responsive to the advice that is given to them."
- Information gathered about people had been used to develop their care plans, which ensured people's preferences and beliefs were respected.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to care for them effectively. Staff completed a comprehensive induction supported by a structured training programme.
- Staff spoke positively about the range of training opportunities available to them. One staff member told us, "The training is good and easily to access."
- Staff felt supported by the registered manager and deputy. Staff received regular supervision meetings to develop their practice.

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

- People were involved in meal choices and supported to maintain a balanced diet.
- People were supported to maintain their independence with eating and drinking. Staff supported people to do their own shopping and cooking.

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

- People were supported to access health care professionals as and when needed. Referrals were made to a range of health and social care professionals when required to support people's changing health care needs.
- Records of professional visits were recorded, and outcomes of these visits were reflected in people's care plans.
- Staff understood people's health needs and knew how to access additional support if this was needed.
- People's changing needs were communicated with their relatives.

- A health care professional told us, "The staff here are very personable, and clearly understand people's individual needs."
- People had hospital passports in place. These were detailed and contained useful information for healthcare staff to

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

- The service was designed and adapted to meet people's needs and expectations. People's own rooms were decorated to their individual choice and contained items and decorations that were meaningful to them. □

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Where required the service had made the appropriate referrals to the Local Authority for people to be assessed for DoLS.
- Care records contained information to guide staff on how best to support people to enable them to make decisions and give their consent.
- Where appropriate people had signed to say they consented to receiving care and to share information with relevant parties.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and relatives were happy with the care provided and they praised the staff. Comments received included, "I like it here the staff are really good" and "The staff know me well, I am very lucky and happy here."
- People were valued as individuals and staff showed genuine concern for people and were keen to ensure their rights were upheld and that they were not discriminated against in any way.
- Interactions between staff and people were natural and showed positive relationships had been developed.
- Staff provided a person-centred culture within the service. Staff demonstrated a good knowledge of people's personalities and diverse needs, and what was important to them.
- People were cared for and supported by staff that were kind, patient and respectful.

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

- People were listened to and encouraged to make choices for themselves.
- Care plans included information 'About me' which ensured staff knew how and when to involve people in discussions about their care. Where people did not wish to discuss aspects of their care, this was respected by staff.
- Staff supported people to make decisions about their care and knew when people wanted help and support from their relatives.
- All staff demonstrated a good knowledge of people's personalities, and individual needs, and what was important to them.
- The service positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. Staff understood and recognised when people needed assistance. People were approached by staff in a polite and respectful way to offer assistance.
- People's privacy was respected, where people wished to spend time alone staff understood how important this was and the positive impact this had on people's wellbeing.
- Care records were kept securely, so confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person-centred and were reviewed on a regular basis. Care plans contained detailed, personalised information that assisted staff to provide care and treatment that people preferred.
- Staff provided individualised care and support to people and spent time with people and their relatives to find out what was important to them.
- People were supported to maintain relationships with their family and friends.

Meeting people's communication needs

From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Peoples' communication needs were assessed and recognised. Information was available in an accessible format to meet peoples' needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to access activities which supported them to live their life. This included cooking, shopping and going out in the community. This gave people opportunities to meet new people.
- Staff were aware of people's hobbies and interests and encouraged activities based on these.

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedure in place. The service had not received any complaints since our last inspection.
- People knew how to raise concerns and were confident these would be addressed appropriately.

End of life care and support

- The service was not currently supporting anyone with end of life care.
- People's wishes and preferences in relation to end of life care had been considered and recorded where people chose to share this information.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- People and their relatives spoke positively about the management of the service. Comments included, "I know who they are, and they always come and say hello to me", "Any concerns I have, I speak with the registered manager, they will sort it out" and "I know the registered manager they are good to me."
- The registered manager worked collectively with the senior care workers to demonstrate a positive culture and promote a high standard of person-centred care and support for people.
- Staff said they felt supported by the registered manager and received regular supervisions and staff meetings to promote their development.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; records showed they had done so accordingly.
- Systems and process were in place to oversee the service and governance systems drove improvements in the quality of the service.
- The registered manager completed quality assurance checks. This enabled them to collate information to show how the service was performing.
- Effective communication between the registered manager and staff team supported people to receive their preferred care and support.

Engaging and involving people using the service, the public and staff. Working in partnership with others.

- People, relatives and visiting professionals had completed surveys of their views and their feedback had been used to continuously improve the service.
- Care records held details of external healthcare professionals visiting people living at the service as needed.

Continuous learning and improving care.

- Regular meetings were held at the service to ensure staff, people and their relatives were involved in developing and improving the service.
- Staff were focused in developing their skills. Supervisions contained clear objectives to support staff with

their continuous learning.

- Systems were in place to ensure the service was consistently monitored and quality assurance was maintained.