

Somerset Care Limited

Burnworthy House

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

About the service

Burnworthy House is a residential care home which is registered to provide personal and accommodation to up to 37 people. The home specialises in the care of older people. At the time of the inspection there were 32 people at the home. Accommodation was arranged over two floors with a passenger lift between.

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

Burnworthy House was exceptionally well integrated into the local community and was an important part of village life. This enabled people to continue to be valued members of their community and enjoy a huge range of social opportunities.

People received care and support which was extremely personalised to their needs and wishes. Staff were skilled at finding out about people and making things happen to ensure people lived life to the full. The management of the home fully supported this.

The home was very well led by a management team and provider who had a clear ethos of providing care which put people living at the home at the heart of everything. The management team were able to motivate staff to put their ethos into practice. This resulted in people feeling well looked after and comfortable.

People felt safe at the home and told us staff were always kind and compassionate towards them. Staff encouraged people to be independent and follow their preferred routines. Staff often went over and above their job roles to ensure people were happy and fulfilled.

People lived in a home which was well maintained, warm and homely. Friends, family and members of the local community were always made welcome. Staff were proud of the home and the care they provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they were able to make choices about all aspects of their care.

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

Rating at last inspection

The last rating for this service was Good (Published May 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Burnworthy House

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. We checked 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

The inspection was carried out by one inspector

Service and service type

Burnworthy House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. 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 Care Quality Commission. 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

This inspection was unannounced.

What we did before the inspection

We looked at information received from, and about, the service since the last inspection. We used the information the provider sent us in the provider information return. 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.

We used all of this information to plan our inspection.

During the inspection-

During the inspection we spoke with 12 people who lived at the home, two visitors and seven members of care staff.

Throughout the inspection we were able to observe staff interactions with people in the communal areas. The registered manager was available during the entire inspection.

We looked at a selection of records which included;

Four care and support plans

Minutes of meetings

Medication Administration Records (MARs.)

Health and safety records

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems which helped to minimise the risks of abuse to people. This included ensuring all staff knew how to recognise and report any concerns. Staff said they were confident any concerns reported would be fully investigated and action would be taken to ensure people were protected.
- People were very comfortable and relaxed with the staff who supported them. Throughout the inspection we heard staff and people chatting together in a friendly and happy way. People looked genuinely happy to spend time with staff.
- People told us they felt safe at the home. One person said, "I feel safe here. The staff will do anything to help you." Another person said, "I feel safe because the staff are so kind."

Assessing risk, safety monitoring and management

- People lived in a home which was safe and well maintained. Regular checks were carried out to maintain people's safety. This included regular testing of the fire detection system, water temperatures and quality and all lifting equipment.
- Risk assessments were carried out to make sure people were able to maintain their independence and have their choices respected. For example, one person liked to leave their bedroom door open at night and control measures were in place to ensure the person's safety.
- In some cases, risks were identified but there was no recorded information to state how these risks would be minimised. For example, two people were assessed as being at medium risk of falls, but the control measures were not recorded. However, when we spoke with staff it was apparent that they knew people well and were able to meet their needs. Neither person had experienced any falls.

Staffing and recruitment

- The provider had a robust recruitment process which helped to make sure only appropriate staff were employed. The provider checked prospective staff's suitability for the role and sought references from previous employers.
- There were sufficient numbers of staff available to meet people's needs and ensure their safety. There was good team work and no agency staff were used because permanent staff covered any shortfalls in staffing. This meant people received their care from staff they knew well.

- People were supported by a consistent and experienced staff team. A high number of staff had worked at the home for many years. Staff said the reason staff stayed at the home was because they felt valued, well supported and loved their jobs.

Using medicines safely

- People received their medicines safely from staff who had received training in the safe administration of medicines. The staff used an electronic recording and dispensing system which they felt was safe and easy to use.
- People received their medicines as prescribed. One person told us, "They come and do your tablets for you. All very good with that." Another person commented, "Twice a day. Good as gold with my meds."

Preventing and controlling infection

- People lived in a home which was kept clean and fresh which helped to minimise the risks of the spread of infection. Staff understood and followed good infection control practices to help to keep people safe.

Learning lessons when things go wrong

- The provider had systems in place to collect and analyse information regarding incidents, falls and infections. Any trends identified were highlighted and any lessons to be learnt were shared with the staff team and wider organisation if appropriate.
- Analysis of accidents and incidents were monitored by the provider to enable them to assure themselves that swift action was taken to make amendments to practice where required.

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.

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

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

- People lived in an environment which was bright and welcoming. Adaptations had been put in place to promote people's independence such as level access showers, hand rails and assisted bathing facilities.
- There was ample communal space to enable people to spend time in company or in quieter areas. All areas of the home were well decorated and homely. One person told us, "It's home from home really."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's needs were met in accordance with their choices and preferences because staff knew them well and communication between staff was good. One person told us, "They know me and how I like things."
- People's needs were assessed and met. People had their needs assessed before they moved to the home to make sure staff were able to meet their needs and expectations. People we spoke with told us they felt well cared for.
- Care plans were created from the initial assessments to show how people's needs would be met. The care plan format used by the provider did not always give clear guidance for how they should be completed to easily show all aspects of a person's care. For example, although everyone had a moving and handling assessment there was no care plan to show how the information from the assessment was put into practice.
- People were supported by a staff team who were trained in health and safety and subjects relevant to people's needs. Staff said training was good and included refresher training to make sure their practice was in accordance with up to date guidance and legislation.

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

- People were supported to have access to a range of health care professionals according to their individual needs. People told us that a number of healthcare professionals visited the home and staff supported them to attend appointments with other professionals. One person told us, "They get the doctor to you if you need it. The dentist is in another village, but they take you."
- Staff had good relationships with local healthcare professionals and they followed advice given to promote people's health.

- The staff used a checklist, created in partnership with the ambulance service, to help them to recognise early signs that someone may be unwell and identify the correct action to take. This helped to make sure people got the most appropriate treatment. The registered manager told us the use of the checklist and observations had helped to reduce unnecessary hospital admissions.
- Staff monitored people's health and made referrals to appropriate professionals. The consistent staff group meant they knew people well and were able to identify when changes occurred in people's mood or health.
- People had access to a range of activities, such as regular exercise classes, to promote their physical and mental well-being.

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

- People were mostly complimentary about the food served at the home. One person said, "The food is always nice." Another person told us, "The food is alright. If you don't like what's on the menu you can ask for something else. Always choices."
- Most people chose to eat in one of the two dining rooms. We saw lunch being served in both areas. The meal was a sociable occasion and people were offered choices of meals, vegetables, drinks and condiments."
- People who required special diets, or had particular preferences, were catered for. At lunch we saw that one person had requested a meal which was not on the menu and this was served 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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who lived at the home were able to make decisions for themselves and staff respected their wishes.
- Staff knew how to support people who may lack the capacity to make certain decisions and told us how they would work with families or representatives to make best interest decisions. Senior staff said they did everything possible to help people to make their own decisions before consulting with others. One member of staff said, "Sometimes it's the way you ask. Some people may need you to be clearer but with a bit of thinking and adapting, everyone who lives here at the moment, can make their own choices."
- The registered manager had made applications for people to be legally deprived of their liberty where they required this level of protection to keep them safe.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The registered manager and all senior staff led by example to ensure people were well treated and cared for. People and staff felt valued and part of a big family. One person said, "I like it here. One big family."
- There was a strong person-centred culture where staff spent time with people getting to know them and building relationships. During the inspection we heard lots of friendly chatter which demonstrated friendship between people and staff.
- Staff demonstrated kindness and compassion towards people. We saw one person became upset during the day. A member of staff quickly noticed this and sat with them to offer comfort and support. They used gentle touch and reassurance in a dignified way. This resulted in the person brightening and relaxing.
- Staff went the extra mile to make people feel happy and included. One relative said staff had made alterations to the person's clothes, assisted them with shopping and took a person out to meet their family for lunch. The weekend before the inspection staff had arranged a vintage tea party for people. They had collected china from various sources and dressed up to serve tea and cakes. A number of people spoke enthusiastically about the party. One person said, "The china was sparkling, and the food was out of this world. I couldn't believe the staff went to so much trouble. It showed how much they love us."
- People were treated as individuals and staff respected their values, beliefs and lifestyle choices. During the inspection we observed staff adapted their approach to different personalities and preferences. For example, some people enjoyed good humoured banter whilst others preferred a quieter approach.
- People's religious and spiritual needs were respected. The home was visited by religious representatives to enable people to continue to practice their faith. Staff said, at the present time, the religious representatives who provided support to the home were appropriate to people's wishes. Staff gave assurances that religious representatives of any faith would be welcomed.
- Staff went out of their way to make sure people were comfortable. New people who moved to the home were introduced to other people and helped to settle in. On the first day of the inspection one person moved in. Their family members told us how the staff had decorated their room and put up their pictures to make sure they felt at home. We saw their family were able to eat lunch with them to help them get to know other people in a comfortable way. On the second day of the inspection a member of staff said they would take them out for a walk so they could get to know the area.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence. A number of people who lived at the home had previously lived in the village and continued to access nearby facilities, with and without staff support. One person said, "I sometimes take myself to the local shop. Mostly to see what's going on."
- People were treated with respect. During the inspection staff spoke politely to people. When staff spoke to us they showed empathy and affection for the people they cared for.
- People's privacy and dignity were respected. One person told us, "They help me with a shower. They are very gentle with me." People were able to lock their bedroom doors when they wished to. One couple who lived at the home told us how respectful staff were of their privacy.
- People were able to make choices about the staff who supported them. This included choosing the gender of staff who helped them. One person said how much they valued having male staff to chat with.

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

- People were able to express their views on a daily basis. Throughout the inspection we heard staff and people talking together about what support they needed or wanted.
- Each person had a care plan which was reviewed with them each month. We saw care plans had been signed by people to show they were in agreement with its contents.

Is the service responsive?

Our findings

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

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

- People were able to follow their own routines and make choices about what they did each day. One person said, "I go to bed when there's nothing left to watch on the telly and I get up when I feel like it. Just like home." Another person said, "You can do what you want here. They are always telling you that."
- The staff were responsive to people's different abilities and needs. One person who lived at the home with their partner continued to be very active in caring for them. They told us, "I'm still number one carer. I want to do that as long as I can. I've no doubt this is the top care home for us. It's all worked out very well."
- People were supported in a person-centred way because staff took time to get to know them and their backgrounds. Care plans contained information about people's past lives but staff continually talked to people and their relatives to find out more about people.
- Staff went out of their way to make things happen for people. For example, whilst cleaning a person's room and chatting to the person, a member of staff had discovered their love of motorbikes. They passed this information on to care staff who contacted a local bike club and arranged for the person to ride in a side car with one of the club's members. Photographs showed the sheer joy the person experienced.
- People lived in a home where staff tried to make people's wishes come true. The home operated a special wish scheme. One person was passionate about music and was supported to go to Somerset Radio and spend the morning live on air playing their favourite music. A person with a very enquiring mind wanted to meet a robot and the staff managed to source two robots to visit the home. Another person went on a girls' night out to see a Tina Turner tribute band.
- People were supported to have fulfilling lives and experience new things. In addition to big wishes one member of staff also collected smaller suggestions and compiled 'Bucket lists' of things people wanted to do. Suggestions included going to the theatre or for an Indian meal. One person told us, "I've had a good life and being here I'm still living. There's new experiences to be had even at my age." Another person said, "Someone suggested we go on a boat trip. I thought it sounded good, but I can tell you, I now know I never want to go on a boat again. You live and learn."

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 supported to maintain contact with friends and family and continued to be valued members

of their community. People told us visitors were always welcome and they continued to go out and about in the village. This enabled people to continue to use clubs and facilities in the area. One person said, "I still go to my church in the village."

- The provider ensured people were able to use modern technology throughout the home which helped them to keep in touch with friends and family and follow their interests. One person told us, "I have a kindle, an Ipad and sky TV. I love the internet." Another person said, "I wouldn't want to be without Sky TV. We're very modern here."
- Burnworthy House was exceptionally well integrated into the community meaning people were not isolated. Various local events took place at the home and its' grounds including, carol services, fetes, the annual duck race and village parties. One councillor wrote about the home saying it was a "Vital force in the village community."
- The staff had been pro-active and innovative in encouraging people into the home to make sure everyone had access to a wide range of entertainment and experiences. They offered the home as a venue for various clubs. The mother and toddler group met at the home fortnightly and local brownies and cubs also used the home. Mixing with children had brought great pleasure to people. One person told us, "I love it when the children are here." We observed a children's music session during the inspection which a number of people very happily joined in with. People were animated and enthusiastic.
- Activities and occupation for people were an integral part of the home to make sure everyone's needs were catered for. There was an extensive activity programme which provided several activities each day. During the two days of the inspection occupation was provided by activity staff, volunteers and other staff. Activities available during the inspection included an exercise class, a poetry session, singing, children's music club, a quiz, a visiting dog and Holy Communion.
- People had access to activities which matched their interests and hobbies because staff constantly looked for ways to support people. They had used social media to find specific volunteers to meet people's individual needs. One person liked to speak French and a volunteer had been found who was able to visit the person regularly to converse with them. Some men had asked for specific activities and two volunteers were now running a weekly 'Blokes club.' One man told us. "It's good to have other men to talk to. It's different and we certainly have some fun."

End of life care and support

- People could be confident that at the end of their lives they would be cared for with compassion and kindness. One relative had written a thank you card following the death of their loved one saying, "I will never forget your kindness." A member of staff said, "If someone is at the end of their life we take it in turns to sit with them, especially if they have no family with them."
- Staff worked with other professionals such as GP's and district nurses to make sure people remained comfortable and pain free at the end of their lives.
- Staff respected people's wishes and information about what people wanted at the end of their lives was recorded. This included if people wanted to remain at the home and who they wanted to be with them.
- Staff went out of their way to make sure people had things they wanted. For example, one person receiving end of life care lost their appetite and when staff tried to tempt them with food they requested a meal of pigs' trotters. Care staff sourced this from the local butcher and the cook prepared the meal for them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had their communication needs assessed and met. The provider informed us that all information could be translated into any language or format if people required it.
- Large print and pictures were used in some communications such as the activity programme, to make it easy for everyone at the home to receive information.

Improving care quality in response to complaints or concerns

- People were comfortable to raise concerns and make a complaint. One person said, "I would complain. I've given messages to the cook on occasions. Always sorted." Another person told us, "I'd certainly tell them if I didn't like something but I'm happy to say I don't have anything to complain about."
- There was mutual respect between people and staff. One person had made a complaint but later realised they had been mistaken about something. During the inspection they explained to the registered manager what had happened and apologised to them. They said to us, "If they were in the wrong they would apologise to me. This time I'm in the wrong so it's me who needs to apologise."
- The provider had a formal complaints procedure and all complaints were fully investigated and responded to. The registered manager said, "We treat complaints, even little things, as a way of learning and improving."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a very positive culture in the home which made it a happy place to live and work. People who lived at the home were at the centre of everything and always consulted and included in decisions. People told us they felt valued. One person said, "It was a very good move coming here." Another person commented, "I have everything I need and consider myself very lucky to have found this place."
- People lived in a home where there was a clear ethos which staff put into practice. The registered manager told us, "We want to celebrate people's lives and not take away their independence. We want people to continue with their clubs and hobbies and live life to the full. We are just their safety net, it's their life." Discussions with people and staff showed this ethos was put into practice. The high level of occupation, and special activities arranged, showed the commitment to people living life to the full was part of daily life.
- People felt relaxed with the registered manager. The registered manager was very visible in the home and knew everyone who lived and worked there. At lunchtime we saw they helped to serve meals to people and people chatted happily with them. This gave them an opportunity to hear people's views and make sure they were accessible to everyone.
- People were supported by a staff team who were well motivated and felt proud of the home and the standards of care they provided. One member of staff said, "I love my job. We have a very good reputation and are an important part of the community."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People felt the home was well managed. One person told us, "Everything here works well. You send your laundry to the laundry and it comes back ironed and lovely. They make sure you have the medical treatment you need. The staff are always happy, so I would say the whole thing is very well managed." Another person commented, "I can think of no flaws. The whole system works but you can still do what you like. They seem to be able to work around anything."
- Since the last inspection the management team had changed. The team had built on the good standards already in place to ensure there were constant improvements for people. This had included increased activities and community involvement, additional staffing and up graded facilities and decoration. One

member of staff said, "All the changes have been very positive."

- People lived in a home where there was a clear management and staffing structure. There was always senior staff on duty which meant people's care was consistently monitored. Senior staff led by example to make sure high standards were maintained.
- The registered manager was very experienced and knowledgeable. They supported other staff to gain leadership and other specialist skills. One senior member of staff said, "They [management] are so supportive. They give you free rein to do things that might help people." Another member of staff said, "I have learnt so much from [registered manager's name.] They have lifted the atmosphere here too." This all helped to make sure the home was well led at all times.
- People received effective and safe care because the provider had systems in place to monitor standards, identify risks and implement ongoing improvements. Quality assurance processes were well embedded into the management of the home. There were monthly audits carried out to identify any issues that needed to be addressed. Audits included themed conversations with people and staff to enable them to share their views on specific matters on a one to one basis.
- The provider used people's feedback to plan improvements and make sure changes made were in accordance with people's wishes. At the time of the inspection a volunteer was supporting people to complete satisfaction questionnaires. This enabled people to speak to someone who was independent of the provider. The provider also operated a 'You said, we did' system which helped people to see that action was taken in response to feedback. Feedback responded to included; People had asked for better outside seating to enable them to eat meals outside and this had been provided. A new clock for a lounge area had been requested and again this was purchased.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The home was an important part of village life. This made sure people continued to be valued members of their community. As well as making the facilities available to local people they also reached out to invite local people to activities and events. The staff team had been nominated for the provider's annual awards. One person had written on their nomination form, "With outreach activities engaging many members of the wider community, Burnworthy is a vital component of our rich local life."
- Staff were pro-active in spreading the word about care in care and encouraged young people to have a positive view of care which helped to break down some of the stigma of older people's care homes. Two staff had spoken at a local school and as a result the registered manager had been contacted about offering work experience.
- Staff helped to raise awareness of the needs of some people who lived at the home to make sure facilities were fully accessible. One member of staff was a dementia champion and provided dementia friends training to various community groups, including the cubs and brownies, to increase awareness and understanding.
- People and staff were invited to regular meetings to make sure they were kept up to date with changes at the home and had opportunities to share their views. For people who were unable, or felt uncomfortable in a group situation, a member of staff met with people individually to ensure they were kept up to date and had a chance to share their views. There was also a quarterly newsletter which people could contribute to.
- The home took part in various projects to support people at the home and vulnerable people in the community. One project had involved supporting disadvantaged young people. Young people had initially worked in the garden, but they were later able to befriend people living at the home. This enabled people to build friendships with young people they may not have met without the project. People also supported local and national charities. This had included knitting blankets for people who were homeless, animal rescue centres and a local hospital.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and staff told us the management team were very open and approachable. One member of staff said, "You can ask the management anything. Everything is very transparent."
- The provider took all concerns seriously. They took action and apologised when standards did not meet people's needs.