

Burcot Grange Care Home Limited

Burcot Grange

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

This inspection was undertaken on 5 December 2016 and was unannounced.

The provider of Burcot Grange is registered to provide accommodation and personal care for up to 40 people. At the time of this inspection 36 people lived at the home. Bedrooms, bathrooms and toilets are situated over three floors with stairs and passenger lift access to the upper floors. People have use of communal areas including lounges, conservatory and dining rooms.

There was a registered manager in post who was supported by a deputy manager. 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.

People, staff and visitors to the service felt safe. Risks were identified and managed to make sure that people and others were kept as safe as possible. Staff had received training in how to identify and report potential abuse. They knew what to do if concerns were raised and who to report the concerns to. Pre-employment checks were performed and ensured that unsuitable workers could not be employed to work in the service.

The management of medicines was in line with good and safe practice.

The management team and staff protected people's rights to make their own decisions and people were asked to consent to their care.

The provider, registered manager and staff were very responsive to people's care and support needs. They aim to meet individual's requirements, so they receive the best personalised care possible whilst maintaining people's independence.

People received kind and compassionate care. Staff built strong and caring relationships with people and their families and friends. People were treated with dignity and the greatest respect at all times. Staff treated people as individuals and respected their lifestyle choices.

The provider encouraged people to maintain relationships with their families, friends and the local community.

People benefitted from a very well-managed service. The registered manager was very approachable and was respected by people living at the home, relatives and staff. The provider ensured people received very high quality care.

People's views and comments were listened to and used as part of the quality assurance process to look to make continuous improvements.

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 ●

This service is safe

People benefitted from sufficient staff to meet their care needs.
Staff were able to identify and knew how to report signs of abuse.
People were supported by staff who understood how to meet their individual care needs safely.
People received their medicines in a safe way.

Is the service effective?

Good ●

This service is effective.

People's needs were met by staff that were well trained.
People enjoyed meals and were supported to maintain a healthy, balanced diet.
People were confident staff had contacted health care professionals when they needed to.

Is the service caring?

Good ●

This service is very caring.

People said staff were very kind, compassionate and caring.
People were treated compassionately with dignity and respect at all times.
People were supported to maintain important relationships and were encouraged to be as independent as possible.

Is the service responsive?

Good ●

This service is very responsive.

People received the care and support they needed and were looked after in the way they liked.
People were able to participate in activities of their choice within the home and were involved with the local community.
People's complaints and concerns were listened to and acted upon.

Is the service well-led?

Good ●

This service is very well-led.

There was good leadership and management of the service.
Feed-back from people and their families was encouraged and listened to.

People were looked after by staff who all shared the provider's commitment to improving and a providing well-led service.

Burcot Grange

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.

This inspection visit was unannounced and took place on 5 December 2016 by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authority is responsible for monitoring the quality and funding for people who use the service. Additionally, we received information from Healthwatch, who are an independent consumer champion who promote the views and experiences of people who use health and social care.

During our inspection we spoke with nine people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with five relatives of people living at the home during the inspection. We also spoke to a healthcare professional who was visiting the home.

We spoke to the operations director, the registered manager, the deputy manager, two senior care staff, four care staff, the housekeeper, chef and the activities co-ordinator. We looked at records relating to the management of the service such as, care plans for two people, the incident and accident records, medicine management and three staff recruitment files, service review notes and questionnaire reports giving analysis of people's feedback.

Is the service safe?

Our findings

People told us they enjoyed living at the home and they felt safe. One person said, "I could no longer live in my own home, so I came here, now I feel safe." Another person commented, "I've struggled getting older... staff are here to help me to stay safe."

Staff told us they had received training in safeguarding and were able to identify the different types of abuse people could be subjected to. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling a senior care worker or the registered manager, so plans would be put in place to keep people safe. Every staff member we spoke with was confident if they raised concerns action would be taken to protect people. One staff member told us, "I'm happy to raise any concerns, I have in the past and [registered manager's name] dealt with them and resolved it."

People told us and we saw from care records risks to people's safety and wellbeing had been assessed, managed and reviewed in order to keep people safe. For example, people were supported by the use of specialist equipment such as lifting equipment to help people in and out of the bath safely. We saw from records the equipment had been maintained and checked it was safe to use.

There were plans in place for responding to emergencies. The registered provider had an emergency fire evacuation plan in place. We saw each person had a personal emergency evacuation plan (PEEP). The plans outlined people's support needs should there be a need for them to be evacuated from the premises in an emergency.

The registered manager told us staffing levels were based on the assessed care needs of people. They confirmed if there was an increase in the amount of support needed then the staffing levels would be changed to respond to this. They gave us an example of how they had re organised staff rotas to put additional staff on duty at certain times of the day to meet people's dependency needs. For example one senior care staff started an hour earlier to assist the night staff help people get up early in the morning if they so wished.

When we asked people about the length of time they had to wait for care and support. They told us staff came quickly. One relative said, "If [person's name] buzzes for help, staff respond quickly." The registered manager had set a maximum time to which staff should be responding to people's call bells of four minutes. On the day of the inspection we heard call bells were responded to within this time limit. Where people could not reach the call bells mounted on the wall, they had been provided with pendant call alarms so they could get the assistance they required.

We checked three staff files and saw records of employment checks completed by the provider, which showed the steps taken to ensure staff were suitable to deliver care and support before they started work. The provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions.

We saw that medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. For example people's medicines were stored in locked medicine trolleys. We saw that written guidance was in place if a person needed medicines 'when required.' These were recorded when staff had administered them and the reason why, so they could be monitored. We saw daily medication counts took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines and so action could take place promptly if necessary to reduce risks to people's health and welfare. Staff administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures

Is the service effective?

Our findings

People we spoke with told us they received the care and support they needed. One person told us, "Staff will always do their best for you." Another person said, "The support and care is fine here."

We asked staff about their induction training when they started their employment. One staff member told us, "I had to do the mandatory training, and then I shadowed an experienced staff member for a week before working on my own. I was totally prepared for my new role." Staff told us, they had undertaken training in a range of topics so that they were fully equipped to carry out their role. The registered manager said, "Staff had refresher training every twelve months to help staff maintain their knowledge and skills"

Staff showed they had a good understanding of the needs of the people they were supporting. Staff told us, they received a verbal and written report on each shift change. This was to ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood. We were shown the written reports that were made available to staff on each shift.

The records we looked at showed systems were in place to ensure staff received regular supervision and appraisal. Supervision meetings help staff to discuss their progress and any learning and development needs they may have and also raise good practice ideas. The staff we spoke with told us they had regular supervision sessions with a senior staff member. We saw the registered manager checked a training matrix which highlighted when staff had received the training, to make sure staff had the skills needed to care for people and maintain their well-being.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. Information in people's care records indicated consideration had been given to people's levels of capacity and their ability to make their own choices and decisions in respect of the MCA. Six Deprivation of Liberty applications had been made to the local authority. There was evidence the principles of the 'best interests' decision-making processes had been followed in practice and records were retained about these decisions. 'Do Not Attempt Cardiopulmonary Resuscitation' (DNACPR) forms were in place where people had consented to these, and where they were unable to consent; a decision instigated by a clinician had been made.

Records showed staff had undertaken training in the MCA and DoLS. From talking with people, a review of people's care records we saw that people were consulted with and, if able, consented to their care and

support. We saw how staff requested people's consent before attending to their needs.

People were supported to have enough to eat and drink. Each person's nutritional and hydration needs had been assessed, recorded and regularly reviewed. Where the assessment showed that the person might be at risk of malnutrition, staff had sought professional advice from a dietician. The chef told us supplements and a fortified diet, were provided for people who needed them. Staff were aware of people who were at risk and they ensured that additional support and supervision were offered in order to reduce the risks. At lunchtime we saw that staff, were very attentive to everyone, but particularly to people who needed their assistance. They sat next to the person and assisted them to eat at their own pace, so not to rush them.

People and their relatives were very impressed with the food. They said there was always a choice of main course, with alternative meals, available if they did not like what was on the menu. One person said, "The food is excellent." A relative told us, "The food is really good, it's all freshly made." We saw from the resident meeting minutes, people had been consulted over the menu. One suggestion was people would like "smoked salmon more frequently." We saw on the day of our inspection this had been noted and actioned as smoked salmon was on the menu. One person told us, "We always have jugs of orange squash or water with us in the lounge" and we saw that people in their bedrooms also had jugs of their choice of drink within their reach. Hot drinks were offered regularly throughout the day. Special diets were catered for. One person told us their medical condition meant they needed a special diet. They said the chef always made sure they had plenty of the right foods to eat. If people were at risk of malnutrition or dehydration, charts were put in place on which staff recorded what the person had eaten and/or drunk. This ensured people's health and well-being was maintained.

People told us and we saw from their records they had been able to access healthcare professionals. We saw people had accessed doctors, dentists and opticians. Staff told us, if they thought there was any change with a person's condition they would report it to their senior staff. For example, they told us a doctor had been called out for one person and they had been prescribed anti-biotics for a chest infection.

Is the service caring?

Our findings

People we spoke to living at the home described the care they received as excellent. One person told us, "I don't think you could find a more delightful place to live." Another person said, "Care at Burcot Grange is perfect." A relative told us, "It is brilliant here. [Relative's name] gets absolutely everything they need...it's the best place." Another relative commented, "Staff are fantastic. They really do care; they give [relative's name] a cuddle if they need it." A visiting health professional described care delivered by staff as, "They provide a very positive experience for people."

Throughout the inspection we found staff to be highly motivated and took immense pride in their work. We saw staff interactions were extremely respectful, pleasant and polite. Staff addressed people in the way they preferred such as Mr or Mrs...whilst other people were happy to be called by their first names. We heard staff ask people for example "Mrs [person's surname]... have you had enough to eat, would you prefer more fresh fruit?" When the person ask for more prunes the staff fetched it and replied "You're welcome."

People described the home as living as part of a family. One person recalled, when they moved into the home the registered manager said, "Welcome to the Burcot family", which had helped them settle in to their new home. Another person told us "I've only come here for a short stay but I really don't want to go home. It's been lovely staying here." We saw and from information provided in the PIR,(Provider Information Return) how staff tried to give people a warm welcome to the home. For example it said, "On admission to Burcot Grange, residents and their families are welcomed with refreshments, shown to their room which will have fresh flowers and a fruit bowl and a welcome Brochure which contains the Statement of Purpose, a copy of activities programme and a newsletter.... On their first night, we ensure that they are checked hourly as we recognised that it is unfamiliar surroundings and they may need reassurance and assistance. To ensure that resident's needs, choices and preferences are maintained, staff have been trained to show kindness and compassion and treat residents with respect and dignity."

People told us they staff treated them with dignity and respect. For example one person said "They know I prefer a shower, staff know I don't like to be rushed, so they take their time with me." When we asked staff how they protected and promoted people's dignity and privacy, one staff member said. "I always speak to people and care for people the way I would like to be treated...We need to remember we're working in their home." Another staff member told us, "I always ask where people would prefer to have their personal care attended to, whether in their own room or bathroom. I always ensure I lock the door and cover their lap with a towel if they are sat on the commode."

Staff promoted people's independence in all aspects of their daily lives. People were supported with their mobility appropriately. They were encouraged by staff to do as much as possible for themselves, who then praised them about the progress they had made. Staff asked if people could manage alone or if they wanted support without simply assisting first. For example, staff patiently waited whilst one person manoeuvred their walking frame to sit down in the armchair, the process took several minutes, but the staff stood by the side of them, waited and gently encouraged the person. This showed people were empowered to retain their independence, for as long as possible

The registered manager told us, it was their aim for people to feel Burcot Grange was their home and be comfortable in their surroundings. We found the home to be furnished to a very high standard and very clean. The lounges benefited of large comfortable sofas with an open fire, which people said they enjoyed the cosy homely atmosphere created there. People's rooms were large and decorated to their personal taste. Staff encouraged people to move the furniture to where they preferred. For example, one person told us how they had moved the position of their bed with staff help, so they could enjoy the views over the garden and surrounding countryside.

The registered manager and staff offered a level of support to people's relatives also. We heard how talks on dementia had been offered to relatives, to help them understand the condition their relatives may be living with. When relatives visited the home they were given a warm welcome from staff offered refreshments and to stay for a meal if they wished to eat with their relative. One relative said "People and relatives get all they want here...I can't think of any criticisms at all."

At the time of our inspection the home was preparing for Christmas. Throughout the home were Christmas decorations on every level for everyone to see. We saw the registered manager had left a selection of Christmas crackers for everyone to decide which colour and design they preferred to decorate the Christmas meal table with. We heard staff talking with people about their memories of Christmas as a child, both parties appeared to equally value the conversation, laughing and joking with each other.

Information was readily available throughout the home and shared with people and staff via notice boards, on tables and in the reception area. In people's rooms they had a "Burcot News", which gave them information about the provider and how to access activities on offer. Photographs were included to promote people's memories of the occasions.

Is the service responsive?

Our findings

People and their relatives told us, the home was very responsive to their needs. One person said, "Treatment I get here is excellent. I couldn't ask for more." A relative told us, they thought, "It was the best home they had been to."

People and their relatives described the pre-admission process before they considered moving into Burcot Grange. Where possible, people or their relatives were invited to visit the home, to have a look at the facilities. They were offered to come for tea and to meet the staff team. A 'service user guide' was available to show prospective 'residents' in order to help them and their relatives make an informed choice. The registered manager told us, people were welcome to call in without prior appointment and spend time in the home to see if it was for them.

The assessment documents used by the provider ensured that a detailed overview of the person's care and support needs was gathered. The document covered the person's cognitive and physical abilities, their physical health and well-being, their prescribed medicines and dietary requirements. It also included the person's lifestyle history, choices and preferences.

The assessment was used to develop a person-centred care plan. Plans were well written, provided clear instructions for care staff to follow and had involved the person and their family where appropriate. People's wishes and preferences had been incorporated into the plans. Staff told us, this was an on-going process and reviewed at least monthly under the system they called "Resident of the day", where every aspect of the person's care and support was reviewed with them to ensure they were satisfied and whether any changes could be made. One person told us, "When my circumstances changed, I decided to move rooms. I was given the choice of two different rooms. I chose this one because I like the view."

One relative told us, "Although [person's name] prefers to stay in their bedroom, it is important for them to be helped to get their hair done at the hairdressers every week." They described how staff assisted the person's to access the hairdresser, this required them to use a wheelchair; they said, how pleased they were, when staff had done this. Another relative we spoke with said, "Staff were very responsive to their relative." They gave the example of how the home had used the person's art skills to paint and then print out cards of pictures of the home. These were then being sold for fund raising events. The person told us they felt valued and was delighted with the results.

The home employed two activities co-ordinators who ensured social events and pastimes were available seven days a week including day time and evenings. People told us there was a lot of entertainment and activities on offer. For example gardening clubs, films, pool, singers were invited to the home to entertain people. One person told us "I love to go to the pond and feed the fish." Another person told us how they enjoyed "Happy Hour", where alcoholic beverages were available.

On the day of our inspection we saw people taking part in a quiz, this was well attended. The activities co-ordinator leading it took care and attention to involve everyone in the room. When one person was not sure

of the English translation to name a fruit, they took out an i-pad and researched it for them. They then invited people to try to learn the name of it in a foreign language which stimulated conversation and made people laugh.

In the afternoon in the 'Fireside lounge' a Christmas carol service was being held, people and their relatives had been invited to celebrate with tea and mince pies. A relative told us, they were involved in many social events held throughout the year such as a garden party and cheese and wine evenings. The provider not only used these events for family get together but an opportunity to fund raise for the local school to restore their gargoyle. The registered manager told us, the provider took pride being actively involved with the local community. The provider had other community links with the local school pupils visited the home to join in activities such as scrabble and talk to people. The activities co-coordinator was also a "Dementia Friendly Ambassador" and had reached out to the local Scout group to support their badge work. They organised an evening with the understanding of dementia, which enabled the Scouts to be awarded their Dementia Friend Award. People living at the home had the opportunity to become Scouts for the day. People living at the home told us how important it was for them to remain part of the local community and so avoid becoming socially isolated.

On many occasions during the inspection day, people told us staff went the "extra mile for them". The registered manager told us, when people came to Burcot Grange for a short stay, they ensured when they left people were provided basic groceries such as milk for when they returned. If people had driven there using their own car, it was washed for them just before they left. People told us staff took time to get to know and understand what was important to them. One person told us how staff had supported them to attend beauty therapy sessions because "It was important to them to look good."

People told us, they felt comfortable raising concerns or complaints if they were unhappy about any aspect of their care and support. One person said, "I could approach all the staff if I had a concern". They gave us an example of when they had raised a concern over noise from the room above. The registered manager had spoken to both parties and resolved the matter. A relative told us, how the registered manager had responded to a concern they had raised. When a person requested the activities co-ordinator's not to wear uniforms when they went out with them into the community because it made them feel self-conscious. This was respected and a decision made they would no longer wear a uniform.

We saw and heard the registered manager was very visible in the home so people could approach them directly to discuss any concerns. One person said "I know [registered manager's name] will sort it out if I have a problem." We saw in the hallway, forms and a box for people to raise any complaints or concerns if they preferred. We saw the registered manager kept a record of all complaints and compliments and any actions taken so lessons could be learnt and prevent a similar occurrence happening.

Burcot Grange regularly received compliment cards and letters of thanks from people and their relatives. For example one person wrote, "I wish to thank you and all the staff in whatever capacity for all your kindness and professionalism." A relative wrote, "Thank you for your kind compassionate, caring and supportive care you gave [relative's name]. On receipt of these cards and letters they were displayed in the care office and staff notice board for all staff to see.

Is the service well-led?

Our findings

Everyone we spoke with praised the registered manager and their contribution to the running of the home. One person said, " [Registered manager's name] is a very sympathetic person". A relative told us "[Registered manager's name] is fantastic; she loves the people who live here." Throughout the inspection we found the staff team to be consistent and highly motivated. The registered manager told us people benefited from a stable staff team which included their own bank staff (they could be called in case of emergency or sickness). They did not use any agency staff. This enabled people to be cared and supported by staff who knew them well. People's care and support provided was highly personalised and helped people to stay as independent as they could be.

Staff told us, they felt supported by the registered manager and the provider. One staff member said "I love my job, working here feels like home." All of the staff we spoke with told us they felt valued and recognised they could make a difference to the people's lives. We heard how staff were preparing to put on their own pantomime as part of the home's Christmas entertainment.

Staff told us, they were aware of the provider's whistleblowing policy and felt assured any concerns would be dealt with promptly by the registered manager. Staff meetings were held regularly and they felt they could raise any issues and would be listened to. One member of staff gave us an example of this, when staff rotas were adjusted so weekend working patterns were adjusted to help staff achieve a better work life balance.

We saw regular audits designed to monitor the quality of care and identify areas where improvements could be made had been completed. Where issues or possible improvements were identified these were always addressed and resolved promptly and effectively. For example it had been decided to re decorate one of the lounges. We saw the registered manager had put together colour schemes on to boards and sought people's opinions. As a result of this, they had decided to go with a green and purple decor.

The registered manager told us, they were passionate about looking for continually looking for improvements. For example, the provider and registered manager had worked effectively with local health organisations, community groups, volunteers to ensure peoples' health, spiritual and recreational needs were met. People and their relatives were encouraged to give their views and feedback about the service they received. They were encouraged to do this through annual surveys, residents meeting and a variety of social events. We saw some of the feedback, nine people had responded. Comments included, "Any improvements, I can't think of any." Another person had written, "Staff are excellent...they go the extra mile." The registered manager told us, they had an 'open door policy' which meant people were free to discuss any concerns with them at any time. The registered manager also sent out an annual survey to seek external professional's views of the home. One person had written, "It is always a pleasure to visit Burcot Grange, staff are so welcoming and well organised."

We saw how the provider and the registered manager looked to develop the service. For example the provider had a vision of how they could respond to people if they developed dementia and required

specialist care. To assist people to stay within the 'Burcot Grange community' there were plans to build a specialised dementia care service within the grounds of the home. Building work had already started and was due for completion September 2017.

The registered manager understood their responsibilities under the Duty of Candour and had notified the Care Quality Commission (CQC) about a number of important events, which the provider is required to send us by law. This enabled us to effectively monitor the service or identify concerns.