

Burgess Care Limited

Burgess Care

Inspection report

Fosse Way
Leamington Spa
Warwickshire
CV31 1XH

Tel: 01926614048
Website: www.autismcareuk.com

Date of inspection visit:
06 June 2019

Date of publication:
10 July 2019

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Burgess Care is a residential care home that provides care for 20 people who have a primary diagnosis of a learning disability and may also have behaviour that challenges, or autism spectrum conditions, that require specialist care and support. There were 20 people living at the service at the time of our visit. One person was in hospital. This service was in a rural location and accommodation was provided across four houses. Burgess Care also provided the regulated activity of personal care to three people living in the community in other areas.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People did not always receive care which was responsive to their individual needs. Staff were matched with people and some staff had a good understanding of how to support them well, however this varied with other temporary staff.

There were enough staff to ensure people were safe, however at times staffing levels limited opportunities for people to engage in social activities. Staff turnover was high and there were challenges in relation to recruiting permanent staff.

Where risks associated with people's health and wellbeing had been identified, there were plans to manage those risks. Risk assessments ensured people could continue to be as safe as possible and maintain their independence.

Care records provide information in relation to people's backgrounds, interests and care needs however some information required updating.

Staff understood their responsibility to safeguard people from harm and knew how to report concerns. Staff told us there was a 'zero tolerance' policy in relation to this and any concerns would be addressed.

The provider ensured care was based upon good practice guidance to help ensure people received an effective service.

People were supported to maintain relationships with people important to them. Staff were caring in their approach and regular staff had good relationship with people.

Promoting independence was a part of the ethos of the service.

People were supported to have 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 received a suitable diet of their choosing and plenty of drinks. The provider and staff team worked closely with external healthcare professionals to ensure people's health and wellbeing was promoted and maintained.

People, relatives and staff had some opportunities to feedback about the running of the service.

Positive feedback was received in relation to the new manager and area manager. Quality checks were carried out to monitor the service. There had been a number of management changes recently and staff morale was low. Some staff felt less supported by the provider.

Rating at last inspection:
Good published in July 2017.

Why we inspected:

This inspection was brought forward due to some concerns we received about staff practices when supporting people. These concerns were not substantiated at our visit.

Follow up:

There will be ongoing monitoring and routine inspections of the location based on the rating of 'Requires improvement'.

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

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?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Burgess Care

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was completed by three inspectors and a specialist advisor who was a learning disability registered nurse.

Service and service type:

Burgess Care 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. Personal care is also provided to some people in their own homes.

The service did not have a manager registered with the Care Quality Commission. Registered managers and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been in post for six weeks and the process for their registration was underway.

Notice of inspection:

The inspection was unannounced.

What we did:

Prior to the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as suspicion of abuse and serious injuries. We sought feedback from the local authority who work with the service and they told us about some concerns in relation to staffing levels and the use of agency staff.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the provider an opportunity to provide this information to us.

During the inspection, we spoke with five people and seven relatives about their experience of the care provided. Some people were unable to tell us about their care. We spoke with seven members of care staff, a team leader, a home manager, the new manager and the area manager. We reviewed a range of records including all or part of seven people's care and medication records. A number of other records were reviewed in relation to the management of the service, including quality checks, staff training records and accidents and incidents. We looked at three staff files, including agency staff, to ensure they had been recruited safely.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt people were safe at Burgess Care. One told us, "I feel [Person] is very safe here, as much as you can be, as one or two of the people living here can be challenging." Another relative told us they were always well staffed at the service and they felt people were safe because of this.
- The provider's policies and procedures provided staff with guidance of how to keep people safe. Staff understood the signs of abuse and how to recognise and protect people from this. Staff gave us examples of when any concerns were raised. A whistleblowing hotline was available to staff if they had any concerns about care provided.
- All concerns had been recorded and reported to the manager or area manager for action, if needed. These demonstrated they had acted upon concerns raised by notifying the local authority.

Assessing risk, safety monitoring and management

- People were encouraged and supported to take positive risks to support their well-being and independence. Staff supported people to maintain their safety in managing those risks. For example, one person had been supported to increase the usage of an item of headwear, which helped them stay safe.
- People's identified risk had been recorded and documented, for example in relation to behaviour management. One person was at risk of leaving the service unsupervised and staff had plans in place to minimise this risk.
- Staff had been trained in the event of a fire. Personal emergency evacuation plans were in place for individuals which documented their support needs in this situation.
- An on - call system ensured that staff could contact managers for advice and support out of office hours. A continuity plan documented how people would be supported if there were any unplanned for events such as adverse weather.

Staffing and recruitment

- People were supported by enough staff to keep them safe and to meet their basic care needs. Hours were calculated based on people's assessed needs. People were either supported by one or two staff, however at times this was not provided as planned in assessments, which resulted in less opportunity for people to be involved in other activities. This was the case for one person on the day of our visit. Staff told us at times they had to 'borrow' staff from other homes, however felt a safe level of staffing was always maintained.
- There was a high level of staff vacancies currently and these hours were being covered by existing staff and temporary agency staff. Some of the temporary staff were going to be employed on a permanent basis. The area manager told us that they closely reviewed the number of agency staff working on each day to ensure enough regular staff were present that people were familiar with. They said agency staff did not work with people with very complex needs and staff also confirmed this.

- Staff recruitment files included relevant checks to ensure staff, including temporary staff were suitable to work with vulnerable adults.

Using medicines safely

- Medicines systems were organised, and people received their medicines as prescribed. The provider was following safe protocols for the storage and administration of medicines such as temperatures checks and photographs on people's records to ensure medicines were given correctly.
- Staff were trained to give medication and regular competency checks were carried out to ensure they remained safe to do this. Some medicine was given on an 'as required' basis and staff were confident when this might be needed.

Preventing and controlling infection

- Staff received training in relation to infection control. The environment and people's individual rooms were kept clean. Staff had access to protective equipment such as disposable gloves when these were required.
- Staff who prepared food observed good food hygiene practices to help reduce the risk of infection.
- There was a planned programme of maintenance and improvement to ensure that the environment remained safe for people living there.

Learning lessons when things go wrong

- Staff completed reports where a person had been involved in an incident or accident and reported this to the management team, for example a medication error. These were reviewed by the management team to consider if any actions could be taken to prevent reoccurrence. The manager identified how or why the incident may have occurred and whether any further action was 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

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

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

- People, relatives and professionals had shared people's needs and choices with the management team before moving to the service. This information was contained within people's assessments to support staff. One relative told us that staff were sensitive in relation to how they managed their family members transition to the service.
- People's needs were complex. Care and support was provided in line with current guidance.
- Hand over meetings took place between shifts, so relevant and important information could be shared amongst staff.

Staff support: induction, training, skills and experience

- Permanent and temporary staff received an induction when they first started working at Burgess Care. This involved training and working alongside experienced staff.
- Staff had completed the necessary training to enable them to carry out their roles, including epilepsy and challenging behaviour. One person had particularly complex needs and staff were trained in managing these effectively. For example, photographs were taken of people entering this house to ensure this helped the person prepare for visitors.
- One relative told us, "Staff know a lot about autism, they are quietly confident, the care is good, and they get a good level of training."
- Some staff training required updating, however the management team were aware of this, and action was being taken to address this.

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

- People were supported to access meals, snacks and drinks in line with their needs and choices. People told us they enjoyed the meals provided. Meal times were flexible to fit around what and when people wanted to eat. Staff ate with people to make this a sociable occasion.
- People were supported by staff if they had any specific dietary needs, for example needing to gain weight.

Staff working with other agencies to provide consistent, effective, timely care

- The management team communicated with other agencies such as the local authority and health professionals such as psychiatrists and community nurses when required.
- Care plans showed that advice given by professionals was followed. One person had recently been diagnosed with a health condition and staff were supporting them to ensure this was managed correctly. A relative told us how they were involved alongside staff in arranging some dental treatment and they felt this had been arranged well and in consultation with them.

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

- People had access to some communal and quiet areas. The service was well – maintained and homely displaying photographs and artwork of people who lived there. Pictorial daily activities were shown for individuals to remind them of plans for the day.

Supporting people to live healthier lives, access healthcare services and support

- Staff ensured that preventative checks were carried out such as well man and well women checks.
- Exercise equipment was available in the gardens for people to use, and one person particularly enjoyed using this.

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 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.

- Staff demonstrated their knowledge around mental capacity. Where people were unable to make decisions for themselves, mental capacity assessments had been completed and where necessary, decisions were made on behalf of people in consultation with appropriate others in people's best interests.
- DoLS applications had been made to the relevant local authority where it had been identified that some people were being deprived of their liberty and we had been notified when these had been authorised.

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

Good: 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

- People told us they liked living at the service. One person told us they were happy with the support they received, could eat what they liked and could choose how they spent their day. Another person described the staff as 'lovely'. One person indicated to us they were happy with the care provided. We observed staff supporting people patiently when they became upset and encouraging them. Staff were skilled at reading non-verbal queues which showed people were becoming anxious or had a change in mood, before any situations escalated.
- People were supported by staff to visit and stay in touch with those people who were important to them. Overall relatives were positive about the caring approach of the staff. One relative explained how they knew their family member was cared for well. They told us, "Staff are like the 'A team' for [Person's] needs, they are very caring, and they love them." They explained that they knew how the person was supported as they repeated back the way they were spoken to, and this indicated clearly the positive support they got. Another relative told us the care was 'first class' and they were highly delighted. They felt staff provided genuine care and concern about their family member, were 'wonderful' and were like surrogate parents. They told us their family member asked to go back to the house when they visited them, which reassured them and gave them peace of mind.
- Staff completed training in relation to equality and diversity. One person was supported around their religious needs and beliefs, also in relation to their diet.
- Previously a celebration day had been held to remember one person who had lived at the service before, and feedback was that people had really enjoyed this.

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

- People made decisions about their daily lives and care. An advocate supported some people in relation to making decisions about their finances.
- Staff understood the importance of people's views, wishes and choices being respected.
- People had been involved in recruitment of new staff in the past to ensure they were suitable to work at the service and plans were for this to continue.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff respectfully. One relative told us, "I know what good care is and staff are transparent and open, not artificial. They show respect and empathy to everyone. I have never had a bad experience they have integrity." They explained staff had said they did not need to announce when they were visiting their family member, and they felt very reassured to hear this.
- Staff promoted people's independence. One person had been reluctant to leave the service and gradually over time and with support from staff, their confidence had grown. Another person liked to keep a number

of items with them, which could be problematic for them at times. Staff had worked with them to gradually reduce these items and this had proved successful.

- People were encouraged and got involved in day to day activities such as helping in the kitchen and we observed staff encouraging people to make choices themselves.

Is the service responsive?

Our findings

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

Requires improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care which met their needs and kept them safe, however did not always reflect their preferences. Permanent staff knew people well as some had been working at Burgess Care for a long time. Temporary staff did not always know people in the same way to understand their behaviours, choices and needs.
- Relatives felt instability within the staff team impacted negatively on people's experiences at times. One relative told us there had been lots of staff changes over the last 12 months or so. Another relative said, "It's the staffing that is the issue I think. The changeover of staff. It is not good for [Person's] mental health. A few of the agency staff have been there for a few months, no one introduces themselves. It's gone down a bit. Sometimes they are understaffed and busy." A third relative told us the care was 'good' but everyone seemed to be leaving and they felt staff were overworked and could not cope.
- Relatives had mixed views about communication at the service and some felt this varied across the houses. One relative told us their family member had fallen, however they had not been made aware of this and they put this down to poor communication from new staff. Another relative explained the impact of the high turnover of staff was information about the person such as liking certain drinks or how to deal with certain behaviours well, was not passed on. For example, the person liked to walk but not too far, and new staff had not been aware of this. Relatives confirmed staff did send out a monthly key worker letter to keep them updated about what their family member had been doing however and this was appreciated.
- Some people's care and support plans had been reviewed regularly and updated to reflect any changes to people's needs. However, others had not been updated and there was conflicting information stored in paper records against computer records, for example with an epilepsy care plan. Staff told us they were more likely to follow the paper records, so this meant there was a risk the care would not be carried out correctly.
- Reviews of people's care had not always taken place, for example for one person after an unusual episode in relation to their health. The area manager confirmed some reviews were out of date, however this was also because they had not been able to get external professionals together to always attend these meetings.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person - centred care.

- Pen pictures enabled staff to have an understanding about people's like, dislikes and preferences. People had the opportunity to follow some of their interests, one person enjoyed going out in the mini bus, another person outside in the garden area and another person liked to use the computer. People enjoyed shopping, taking holidays and one person went horse riding. One person told us, "I go out with staff every few days, they listen to what I want to do, I am going on holiday with staff again in September." They told us they felt

the staff knew them well.

- Although people were able to follow some interests, some staff told us this was less than before due to the vacancies. One staff member told us, "We are not doing the 'beautiful stuff' – the really good stuff we cannot do, and this is due to resources (staff)."
- People's information and communication needs were assessed, and staff understood the Accessible Information Standard. Information was provided to people in a format that met their needs. Some staff were also support with their own individual learning needs to enable them to carry out their role effectively.

Improving care quality in response to complaints or concerns

- Where complaints had been received, they were followed up and information was used to make improvements if required. One relative said they had not made any complaints, however would do if they needed to. Another relative said the service would be the first to know if there were any issues, and they were confident the area manager would address this.
- The complaints policy was produced in a pictorial format to enable people who lived at Burgess Care to understand this.

End of life care and support

- No one at the service was receiving support with end of life care however the area manager told us they had previously supported one person at this time. During this period, they ensured support was provided in line with the person's wishes and staff would continue to do this where required.

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- We received mixed feedback about the management of Burgess Care. One relative told us, "We are happy with [Person]] being there, I can ring them, I have good connections with them and issues are resolved. [Area Manager] is brilliant and [Name], the new manager is very good. Some relatives told us they had not had the chance to meet the last manager and this was disappointing. One relative told us, "There might as well have not been a manager."
- There was no registered manager in post currently and there had not been since April 2018. An interim manager had left in January 2019. The management team consisted of the new manager, an area manager and the provider. The new manager was in the process of applying for registration. The area manager told us that since the new manager had been in post they had worked hard and there had been positive feedback. They told us there was a lot of work to do, but they felt they were catching up.
- People were positive about the new manager and that improvements were already being made. One relative joked, "I am known as the 'Mum on a broomstick,' (being so vocal about any concerns), I am hopeful the new manager will address the issues. It was really going downhill." The new manager had sent a letter of introduction to people's relatives to ensure they knew who to contact at the service now.
- Staff felt supported by the management team on a day to day basis, however staff told us morale was low and they did not always feel supported by the provider. One staff member told us that staff tried their best under difficult circumstances, they did not know the provider well and some staff felt stressed. They felt sickness levels were high and that was why staff were leaving. One staff member told us, "[Provider] has not been good to staff. They have got too big too quick and are now looking to change staff pay and conditions. Staff are not happy and most of the old staff have now gone. This will impact greatly on the people here who have autism and a need for consistency." Staff told us they tried to keep up with the changes, however the more people that left, the harder this got.
- Staff turnover was high, and the area manager and manager told us this was due to challenges in recruiting the right care staff and with the location there remained 19 staff vacancies. This led to use of agency staff and existing staff having to work longer hours to cover shifts. Some staff had expressed some concerns about this and about their work and benefits in comparison to agency staff and this had caused resentment. However, some other staff felt this was improving now. The area manager told us, "The biggest challenge is recruitment, it always has been, and it is difficult to get staff who can drive." They confirmed the provider had already tried several different ways to recruit staff.
- Staff had concerns about some care provision for a person living at the service with increased behaviours. We discussed this with the area manager who told us they were trying to identify an alternative suitable environment and would consider whether an advocate might support this person in considering options

further.

- The area manager understood their responsibilities in relation to duty of candour, that was being open and honest and accepting responsibility when things went wrong. Where any concerns had been raised, steps had been taken to investigate and resolve these.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The area manager understood the legal requirements of their role including submitting certain notifications to us and displaying their inspection ratings.
- Managers and senior staff checked the quality of the care provided, for example, checks in relation to medicine and people's finances. Checks were also carried out in relation to staff practice. On the day of our visit the new manager had completed a check in relation to night staff. Managers updated the provided once checks were completed.
- Some quality checks had not been completed for some time, for example, we found some care plans had not been updated. However, we were aware that this was something the new manager had identified as requiring some improvement.
- Staff supervision of performance was being completed now by the new manager. Monthly staff meetings were held which provided an opportunity for staff to feedback their views and suggestions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Views of people were gathered at monthly meetings. These had recently lapsed but were being restarted now. Satisfaction surveys were sent out to obtain views from people and relatives in 2018 however the area manager advised that they did not always receive a high response rate. Some positive comments were received such as that people were safe and looked well, however some other comments were there were too many staff changes which was confusing for people. Plans were in place for the new manager to develop a further meeting with families.

Continuous learning and improving care

- Learning from concerns and incidents contributed to continuous improvement.
- Plans were in place to improve the service environment and refurbish this. Also, to develop an outside area where there was a greenhouse for people, not currently being used.

Working in partnership with others

- Staff and the management team worked with social workers, commissioners and other professionals to support people's care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Personal care	Care of service users did not always meet their individual needs and reflect their preferences.