

Aims Care Limited

# Burgh Heath Care Centre

## 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

Burgh Heath Care Centre is a residential care home providing personal and nursing care to six people aged 18 and over at the time of the inspection. The service can support up to six people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home and fitted into the residential area. There were deliberately no identifying signs, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The service provided to people was safe. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. Risks posed to people had been assessed and suitable action had been taken to minimise the risk to people using the service. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service.

Staff had received training appropriate to their role. People could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities. People were supported to access support from a range of health professionals when required.

Staff were kind and caring and provided person centred care to people. The people and relatives we spoke with told us staff were caring and compassionate. The principles of respect, dignity, compassion and, equality and diversity were embedded in the service. People were treated as equals regardless of age, gender or personal beliefs.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide consistent, high quality care and support. Daily records evidenced people were receiving person-centred care. Staff had been trained to provide end of life care where required.

The service was well led. Everyone we spoke with praised the registered manager. Quality assurance checks were in place and were effective in identifying shortfalls within the service. We saw that where issues had been identified, appropriate action had been taken. The registered manager sought feedback from people and their relatives to improve the service. There was a positive culture throughout the service which focused on providing person centred care.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 30/11/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was first registered.

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 good.

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 ●

# Burgh Heath Care Centre

## 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

Burgh Heath Care Centre 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.

There was a registered manager working at Burgh Heath Care Centre. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since it had registered with the CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included three people's care and medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We analysed additional information provided by the registered manager.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with told us they felt safe. When asked if they felt safe, all three people we spoke with replied "Yes." The relatives we spoke with also told us they felt their family member was safe and well cared for by staff.
- Staff had been trained on safeguarding adults and were knowledgeable about the procedures to follow if concerns arose. One member of staff said, "If I have any concerns, I will speak with the manager."
- Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided guidance for staff on how to manage the risk and reduce the risk of harm to people. For example, where people were at risk of self-harm, the risk assessments provided clear guidance to staff on how to manage the risk and promote people's safety.
- Staff we spoke with were knowledgeable about the guidelines provided and could explain how they would support people in a safe manner. Staff had an excellent understanding of people's behaviour support plans and could confidently explain how they would support people to manage any distressing behaviours.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. We saw there were enough staff to ensure people received support in line with their assessed needs. Staff told us they had access to an on-call system for management support outside of office hours.
- People were supported by a consistent team of staff that knew their needs well. The staff we spoke with told us there was a consistent staff team who knew the people well and there were always sufficient staff working in the service at any time.
- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed. Checks had been made on relevant previous employment as well as identity and health checks. Disclosure and barring service (DBS) checks had also been carried out. DBS checks are a way that a provider can make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

Using medicines safely

- Staff were trained to administer medicines in a safe way. They completed a competency assessment every year to evidence they had maintained their knowledge and skills. The provider had a process of retraining

staff and reassessing staff competency in the event of a medicines error.

- Medicines were stored, administered and disposed of safely. Medication administration records (MAR) were accurately completed and showed people received their medicines as prescribed.
- People had a care plan in place regarding medicines. This gave details about how people liked to receive their medicines, what medicines they had been prescribed and what medical conditions these were for.
- Detailed guidance was in place to support staff when giving medicines prescribed on an 'as and when required' basis (PRN).

Preventing and controlling infection

- Staff completed training in infection control and food hygiene. This meant they could safely make people's food as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care.
- The service was clean and tidy and free from odour.

Learning lessons when things go wrong

- The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a central log for detailing these and there was a system to deal with each one as appropriate.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 received effective care based on current best practice as staff had sought advice from health care professionals in specialist areas to ensure their practices were current. For example, advice around managing epilepsy.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care records.

Staff support: induction, training, skills and experience

- Staff had received appropriate training to carry out their roles. Training topics included emergency first aid, safeguarding, fire safety, infection control, Positive Behavioural Support (PBS), safe use of restraint and moving and handling. Staff had received additional specialist training to meet people's specific needs such as Epilepsy training. Staff told us they had received training which was relevant to their role.
- It was evident from our observations that staff knew people well and were able to respond to their individual needs.
- Staff had received an induction when they first started working at the service. This included a number of 'shadow shifts' where new staff worked alongside senior staff. The staff we spoke with told us they had received a good induction which had prepared them well for their role and to meet people's needs.
- Staff felt supported by the management team. They told us they received regular one to one meetings with the manager to discuss work related issues and their development needs.

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

- People were supported to access ongoing healthcare. Staff did this by arranging appointments and attending them with people.
- Care records recorded referrals to healthcare professionals such as, Community Learning Disability Teams (CLDT), Speech and Language Therapist (SLT), Occupational Therapists and GP's. We saw that advice given by healthcare professionals was acted upon and included in people's care records.

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

- People's oral health care and preferred routines were known by staff. Staff assisted and prompted people to maintain good oral health care. Staff had received training on oral health care from a local dental practice. Staff had then shared this learning with the people using the service. Topics included areas such as effective brushing techniques which were demonstrated using models of teeth and gums. The registered manager and staff told us how this had resulted in a greater level of independence and confidence amongst the people using the service.

- People were supported to maintain a healthy, balanced diet which met their needs and preferences.
- Staff supported people to enable them to be involved in making choices about their meals and preparing their meals.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. When people were at risk of choking we saw staff followed the guidelines in place to support them to eat and drink safely.

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

- The service was clean, tidy and comfortable. People had access to a large garden at the rear of the property.
- Where required, adaptations had been made to ensure the service was accessible to people such as bathrooms being designed in a manner which were fully accessible for people.
- People's rooms had been adapted to their personal preferences and people were given the opportunity to bring personal belongings when they moved to the service.

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.

- Staff were knowledgeable about the principles of the MCA.
- Where people did not have capacity to make decisions, they 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.
- We saw evidence that where people lacked capacity to make decisions and were at risk of being deprived of their liberty, the registered manager had made an application to the relevant supervisory body. At the time of our inspection, one person living at the home was subject to a DoLS authorisation.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People told us staff were kind and caring towards them. When asked if staff were kind and caring, all three people we spoke with replied, "Yes." The relatives we spoke with told us staff were kind and caring towards their family member.
- We observed staff interacting with people and found they were supportive, kind and caring. It was evident that staff knew people's communication needs well and were able to engage effectively with them. We observed a light and friendly atmosphere in the home.
- People's needs in respect of their religious beliefs were recorded, known and understood. For example, people were supported to attend a place of worship if they indicated a preference to do so.
- It was evident from our observations that staff recognised the diverse needs of people and treated everyone as equals.
- The service had an Equality and Diversity policy in place to ensure reasonable adjustments were made so all the people using the service and staff were treated equally.

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

- Relatives told us the service involved them and their family member in developing and reviewing care plans and their views were respected.
- We observed staff supporting people in ways which took their choices and preferences into consideration. This included asking people how they wanted to spend their day, what they wanted for lunch and their plans for the weekend.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and ensured people's dignity and privacy was maintained. For example, staff ensured doors and curtains were closed when carrying out personal care.
- Staff requested permission from people before showing us their rooms.
- When people chose to speak with us, staff respected people's right to speak with us privately. Where people indicated they would like staff to be present when they spoke with us, they were supported by their preferred staff member.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Personalised care plans were developed from the knowledge gained during the assessment process and other information provided by relatives and health and social care professionals.
- The service had a process of ensuring care plans were accurate and up to date. The registered manager told us care plans would be reviewed routinely and when people's needs, or health, changed. They told us this ensured the care provided was always meeting the needs of people.
- People's care plans clearly explained how they liked to be supported. This ensured people received personalised care and support which met their needs. People's personal care plans clearly detailed their preference for how they would like to be supported with their personal care. People's care plans also identified their strengths and areas of independence.
- Staff we spoke with were able to provide a detailed account of people's preferred routines and, likes and dislikes. This demonstrated that staff had a high level of knowledge of people's needs.

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.

- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. Signs, posters and notices were situated around people's accommodation in a way so people had access to the information and could see and read items on display.
- People's care plans clearly recorded people's communication needs. If people experienced difficulties with communicating verbally with others, for example, due to language barriers this was recorded in their care plans. From observing and speaking with staff, it was evident they knew people well and were able to communicate effectively with them.
- Where people had difficulties with communicating verbally, staff used other methods to improve communication. One person was supported to access music therapy which improved their confidence when communicating and empowered them to express themselves. Staff also used pictorial forms of communication to ensure effective communication with people.

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 access a range of activities. These included activities such as going to the

beach, going into town, bowling, arts and crafts, swimming, meals out and supporting people to take part in their interests such as cooking and music. The relatives we spoke with told us people led an active and fulfilling life.

- The service had worked with people to maximise their independence and safety when taking part in activities outside the home. For example, people were given road safety awareness training to improve their safety in the community. Another person wanted to access a gym but lacked confidence using gym equipment which prevented them from accessing a gym. The service had converted a room into a home gym and the person was supported by staff to build their confidence and enable them to access a local gym in the future.
- People were supported to access learning opportunities to develop additional skills. One person had been supported to access a further education course in finance.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was displayed in the home. This provided a clear framework on how complaints would be managed and investigated. The provider's complaints policy was available in a variety of formats such as easy read for people who may have communication difficulties.
- There had been no complaints made since the service had opened in November 2018.
- Relatives told us that although they had no complaints, they knew how to raise any concerns, and these would be dealt with promptly.
- Meetings were also held with people who used the service to give them an opportunity to discuss any concerns they might have. Where people had communication or sensory difficulties, they received additional support from staff to maximise their involvement in these meetings and enable them to provide an opinion.

#### End of life care and support

- Staff had received training around end of life care and support.
- At the time of our inspection, nobody living at Burgh Heath Care Centre was receiving end of life care.
- The registered manager had developed plans to discuss end of life care planning with people and their representatives as part of the review process of their care plans.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- The staff we spoke with felt supported by the registered manager and told us they could raise any issues which would be dealt with effectively.
- The people, relatives and staff we spoke with praised the impact of the registered manager on the service. Staff told us the registered manager had an open-door policy and was available to support staff at any time.
- The registered manager and staff worked well together to ensure people received personalised care which met their needs and took their preferences into consideration. The staff we spoke with told us they felt the manager was hard working and a member of the team. They told us the registered manager was always willing to help staff with any care tasks.

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

- The provider had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). At the time of the inspection, there had been no incidents of this nature.

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

- The registered manager was clear on their responsibility to ensure the service provided to people met their needs but also met regulatory requirements.
- The registered manager understood their responsibilities to notify CQC and other authorities of certain events.
- The rating of the previous inspection was displayed as legally required

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

- People were supported to express their views on the quality of the service. This was achieved through several surveys. The service had introduced activity quality surveys, where people could provide feedback on each activity they took part in. We saw how, because of feedback provided, activities had been changed when indicated they did not like a specific activity. We spoke with the activities coordinator who told us these surveys were beneficial to them as it enabled them to ensure activities were fully person centred.
- Staff told us they had regular meetings with the registered manager. Staff told us this gave them

opportunities to understand what was happening across the provider's other locations as well as make suggestions relating to issues specific to Burgh Heath Care Centre.

#### Continuous learning and improving care

- Effective quality assurance checks were carried out by key staff members, the registered manager and the provider. These included checks on people's medicines, care plans, finances and monitoring of the care being delivered. Any issues identified in the audits were shared with the managers and actions were cascaded to the staff team.
- The provider had a business contingency plan to ensure the service provided to people was not impacted due to emergencies and unforeseen circumstances.
- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service.

#### Working in partnership with others

- The service had close working arrangements with local NHS hospitals and commissioners of health and social care. This helped people access and sustain the support they required.
- The service worked with a local charity to host social events for people using services. The registered manager told us this enabled people to build relationships with people from outside the home. The charity also provided additional training resources to staff such as talks on specific subjects.
- The service was a member of the Surrey Care Association. The aim of this was to support providers of health and social care in the Surrey area to achieve a high level of sustainable care in the region and improve outcomes for people using service.