Burnside Care Limited

Priory Westfield View

Inspection report

27 Holme Road
Market Weighton
York
North Yorkshire
YO43 3EQ

Tel: 01430879656

Date of inspection visit:
01 December 2016

Date of publication:
03 January 2017

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 took place on 1 December 2016 and was announced. The service was registered with the Care Quality Commission (CQC) in June 2015 and this was the first visit since its registration.

Priory Westfield View is registered for accommodation for people who require nursing or personal care. The service does not offer nursing care, but provides support for a maximum of three people over the age of 18 years who have a mental health condition or a learning disability. The service has disabled access and limited parking on the avenue leading up to the premises. It is located in the small town of Market Weighton and the local shops and amenities are only a short walk from the service. At the time of our inspection there was only one person using the service.

The registered provider is required to have a registered manager and the manager in post was registered with the Care Quality Commission (CQC) in September 2015. 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.

The person using the service told us that they felt confident about their safety. We found that the staff had a good knowledge of how to keep the individual safe from harm and the staff had been employed following robust recruitment and selection processes.

The staff received induction, training and supervision from the registered manager and we saw they had the necessary skills and knowledge to meet the person's needs.

The person received help from the staff with shopping for personal items and carrying out small household tasks. This ensured the person retained their independence as much as possible whilst learning essential life skills, such as budgeting, housekeeping and cooking.

Discussion with the person who used the service indicated that they recognised they needed support in some aspects of their care. We saw that there was a good working relationship between the person and the staff based on mutual respect and trust.

The person's comments and complaints were responded to appropriately and there were systems in place to seek feedback from the person and their relatives about the service provided. We saw that the registered manager met with the person on a regular basis to discuss their care and any concerns they might have. This meant the person was consulted about their care and treatment and was able to make their own choices and decisions.

Records about the person who used the service enabled the staff to plan appropriate care, treatment and support. The information needed for this was systematically recorded and kept safe and confidential. There

were clear processes in place for what should happen when the person moved to another service, such as a hospital, which ensured that the person's rights were protected and that their needs were met.

The person who used the service and the staff told us that the service was well managed. The registered manager monitored the quality of the service, supported the staff and ensured that the person who used the service was able to make suggestions and raise concerns.

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.

There were processes in place to help make sure the person who used the service was protected from the risk of abuse. Staff demonstrated a good understanding of safeguarding adult's procedures.

Assessments were undertaken of risks to the person who used the service and the staff. Written plans were in place to manage these risks.

There was sufficient staff on duty to meet the person's needs and the staff were recruited using robust policies and procedures.

Is the service effective?

Good

The service was effective.

The staff received relevant training, supervision and appraisal. This enabled them to feel confident in providing effective care for the person who used the service. Staff were aware of the requirements of the Mental Capacity Act 2005. We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards (DoLS).

Staff understood and supported the person's nutritional needs.

The person who used the service reported that the care provided was effective and they received appropriate healthcare support.

Is the service caring?

Good

The service was caring.

The person using the service had a good relationship with the staff, who showed patience and gave encouragement when supporting the person.

We saw that the person's privacy and dignity was respected by the staff and this was confirmed by the person who we spoke with.

The person who used the service was included in making decisions about their care whenever this was possible and we saw that they were consulted about their day to day needs.

Is the service responsive?

Good

The service was responsive.

Care plans were in place outlining the person's care and support needs.

Staff were knowledgeable about the person's support needs, their interests and preferences and provided a personalised service.

The person who used the service was able to make choices and decisions about their lives. This helped them to be in control and to be as independent as possible.

The person who used the service was able to make suggestions and raise concerns or complaints about the service. These were listened to and action was taken to address them.

Is the service well-led?

Good

The service was well led.

The person who used the service said they could chat to the registered manager and the staff said they were approachable.

The staff received input and direction from the registered manager. Staff said they felt comfortable discussing any concerns with the registered manager.

The registered manager regularly checked the quality of the service provided and made sure the person who used the service was happy with the service they received.

Priory Westfield View

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 registered 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 took place on 1 December 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small. People using the service and the registered manager were often out of the service and we needed to be sure that they would be in.

The inspection team consisted of an adult social care inspector.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. We also contacted the East Riding of Yorkshire Council (ERYC) safeguarding and commissioning teams who told us they had no concerns about the service. We asked the registered provider to submit a provider information return (PIR) and this was returned within the agreed timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection we spoke with the registered manager and the team leader (senior care staff). We also spoke with the person using the service and we observed the interactions between them and staff during the inspection. We contacted the person's family following our inspection to obtain their views of the service.

We spent time in the office looking at records, which included the care records for the person who used the service, the recruitment, induction, training and supervision records for two members of staff and other records relating to the management of the service.

Good

Is the service safe?

Our findings

The person using the service told us they felt safe in the service. They said, "The staff look after me when we go out to the shops and do lots of different things." An occupational therapist had carried out a road safety assessment with the person in September 2016. This recorded that the individual had good awareness, but needed support when in the community. We observed that staff accompanied the person when they went out for a walk and kept them company in the communal areas of the home. However, they did have times when they wanted to be alone within the service and this was respected by the staff.

The registered provider had policies and procedures in place to guide staff in safeguarding adults. The registered manager had completed safeguarding training and checks of two staff files indicated that the staff had completed safeguarding training during the last year. This training was refreshed on an annual basis. The members of staff on duty were able to clearly describe how they would escalate concerns, both internally through their organisation or externally should they identify possible abuse. Discussion with the local council's safeguarding and commissioning teams prior to our inspection indicated they had no concerns about the service. The provider information return (PIR) told us that safeguarding concerns were reviewed through staff supervisions and meetings and at weekly operations meetings.

We saw that the staff group working in this service was very small, because the service currently supported only one person. The registered manager was in charge of this service and another on the same site so split their time between the two. We looked at two months of staff rosters and saw that there was usually one member of care staff and a team leader on duty each day or one member of care staff and the registered manager. At night there was one staff member on duty who was awake at all times. An on-call system was in place should the night staff require any assistance.

The PIR indicated that safe staffing levels were monitored and maintained by the registered manager, through regular checks as part of the clinical governance of the service. Cover for annual leave or sickness was provided by the registered manager and there were other care workers at the 'sister service' who also knew the person well and who were available to cover shifts when necessary. This was confirmed to us by the staff on duty.

There were electronic care notes and risk assessments in place that recorded how identified risks should be managed by staff. These included falls, fragile skin, moving and handling and nutrition, the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond and minimise the risks. This helped to keep people safe, but also ensured they were able to make choices about aspects of their lives.

The registered manager monitored and assessed accidents within the service. This ensured people were kept safe and any health and safety risks were identified and actioned as needed. They recorded any accident information and within each form there was a 'lessons learnt' and a 'debriefing' record for staff. This showed that following any incident there was discussion amongst the staff group and improvements made to practice. Notifications were submitted to the Care Quality Commission.

We saw that there was no lift, hoists or slings within the service, as it was a single storey building and the person using the service was fully mobile. We looked at documents relating to the servicing of equipment used in the home. These records showed us that service contract agreements were in place which meant equipment was regularly checked, serviced at appropriate intervals and repaired when required. The equipment included alarm systems for fire safety, portable electrical items, electrical wiring and the gas system. We saw that there was risk assessment in place for Legionella, which is a water borne virus and this had last been completed in April 2016. Clear records were maintained of daily, weekly, monthly and annual health and safety checks carried out by the maintenance team and nominated contractors. These environmental checks helped to ensure the safety of people who used the service.

We saw that the fire risk assessment for the service was up to date and reviewed yearly. The person using the service had a personal emergency evacuation plan (PEEP) in place. A PEEP records what equipment and assistance a person would require when leaving the premises in the event of an emergency. Fire drills were part of the service's emergency plans and were held every six months. We saw that the last recorded drill was in November 2016 and involved both the staff and the person using the service. Staff had also completed fire marshal training in July 2016. These safety measures meant the risk of harm for people and staff was monitored and reduced as much as possible.

We looked at the registered provider's policies and procedures and found that they had a business continuity plan in place for emergency situations and major incidents such as flooding, fire or outbreak of an infectious disease. The plan identified the arrangements made to access other health or social care services or support in a time of crisis. This would ensure people were kept safe, warm and have their care, treatment and support needs met. It had been reviewed in the last year.

We looked at the recruitment files of two members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable people. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

We looked at how medicines were managed within the service and checked the person's medication administration records (MARs). We saw that medicines were stored safely, obtained in a timely way so that the person did not run out of them, administered on time, recorded correctly and disposed of appropriately. The care staff informed us that they had received training on the safe handling of medicines. This was confirmed by our checks of the staff training files. There were no controlled medicines kept within the service and no refrigerated items. The registered manager told us that appropriate storage facilities for both types of medicine would be obtained if needed. Medicines were checked each week and recorded on an audit sheet. There had been one medicine error in the last year with no adverse effect on the person using the service.

Good

Is the service effective?

Our findings

The person using the service told us they got on well with the staff and were able to talk about their care and support whenever they needed to. They said, "The staff go with me to the Doctor's and the hospital. I can do a lot of things myself, but they are around if I need any help." One family member told us, "I am satisfied that [Name] receives the care they require and they are being well cared for."

We looked at induction and training records for two members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed. We saw that the current staff employed by the service had all come over from the sister service (a private hospital) and were experienced in care work. The registered manager used the 'Care Certificate' induction that was introduced by Skills for Care in April 2015. Skills for Care is a nationally recognised training resource.

We were told by the registered manager that any new staff would spend two weeks shadowing [under the supervision of] senior care staff and covering both night and day shifts. Within these first two weeks the new staff would complete their on-line training in subjects that the registered provider deemed to be mandatory or essential to their role. This included safeguarding adults, health and safety, fire safety, complaint handling, Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS), equality and diversity, record keeping, moving and handling, incident management, communication, eating and drinking and infection prevention and control. As they gained new skills or were deemed competent in certain aspects of care, these were signed off on their induction paperwork.

We saw that the staff team had access to a range of training deemed by the registered provider as both mandatory and service specific. The staff training plans showed that they were up to date with their refresher courses and had access to specialist courses on the Mental Capacity Act 2005 (MCA), handling complaints, Asperger's syndrome, Autism Spectrum Disorder, Learning Disabilities, Managing violence and aggression: using restraint and Positive Behaviour Support. Staff also had access to training around mental health issues, including suicide prevention/self-harm, The Mental Health Act and The Recovery Approach in Mental Health.

Checks of the staff files showed us that staff received a yearly appraisal of their work practices and that medicine competency checks were completed on a regular basis. Supervisions were taking place, but the registered manager said they planned to hold these on a more regular and formal basis. At present, because the staff group was very small, there were a lot of informal face-to-face meetings that were not recorded. However, the staff said they felt well supported by the registered manager and there were plenty of opportunities to discuss any concerns or issues within the team or with the registered manager.

The person we spoke with told us that staff only carried out tasks or provided assistance with personal care when they had obtained consent or 'implied' consent. They also said they were encouraged by staff to make decisions about their care. We saw that the care plans were signed by the person to indicate these had been discussed and agreed with them. They told us, "The staff are great and they are here to help me. I like going out with them and you can do what you want to do, within reason."

Information in the care file indicated the person who used the service received input from health care professionals such as their GP, optician and chiropodist. We saw that the person received regular medical input and attended appointments twice a week. We saw that input from these professionals was used to develop the person's care plans and any changes to care were updated immediately. This meant people's health and wellbeing was monitored so they remained well and received appropriate care and support. The person using the service had a health care passport, which was produced in an appropriate format for them to read and understand. This was taken with them to hospital or medical appointments; it gave clear information to other health care professionals about the health and welfare abilities and needs of the person in the event that they had some difficulty communicating with the medical staff.

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. The application procedures for this in care homes 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. Documentation had been completed appropriately by the registered manager and we saw that a DoLS application had been submitted to the authorising body and had been approved. Staff told us they had received training on MCA, DoLS and equality and diversity. This was evidenced in their training files. They told us how they used this knowledge in their daily practice. We saw in care records that staff had taken appropriate steps to ensure people's capacity was assessed to record their ability to make complex decisions. The person using the service had few restrictions in their day-to-day life. They told us, "I can go out with my family or with the staff depending on what I want to do." Staff told us they did not use physical restraint with anyone using the service and this was confirmed by the person who spoke with us.

The person we spoke with said they were able to tell staff what they wanted for their meals each day. A menu was developed with them each week and the person pointed out their favourite meals. They told us they enjoyed having porridge most days for breakfast and then had a lighter lunch and a main meal in the evening. On the day of our inspection although they had chosen sandwiches and crisps at lunch time they changed their mind and had pasta in sauce instead. This showed that meal choices were flexible and tailored to suit the person's wishes. The person's activity sheet also indicated that they enjoyed going out for a coffee or a meal in the local town and we observed them going to the local coffee shop with the staff.

People were weighed on a regular basis according to their needs and we saw that the person using the service had a stable weight which was monitored on a monthly basis. They had no identified risks to do with their eating and drinking and were able to do this independently. The person was encouraged by staff to assist them in meal preparation as part of the development of their independent living skills, although the person said they would prefer the staff to do it all for them. The PIR told us that the person was able to access an annual health check facilitated through their community GP. Within the service there was promotion of a healthy diet and lifestyle, with visual aids to help recognition. The person had access to nutritional specialists including a diabetes clinic and healthy eating groups through their GP.

Good

Is the service caring?

Our findings

One family member of the person using the service told us, "We saw [Name] recently and we found them to be really well presented, with clean clothing, nails and hair. They were animated when talking to us about what they had been doing and the staff were interested in what we had to say and with [Name's] wellbeing. They took photographs for [Name] to put on their bedroom wall and it was lovely to see them so chatty and in good spirits."

People were supported in everyday activities of daily living. We saw staff offer gentle verbal prompts to assist the person to eat and drink well. We also observed the person going out to the local shop and café supported by staff. They told us, "I like shopping, especially for food and clothes. I can go out every day if I want to and I have the garden to sit in when it is nice weather." Staff told us, "We try to encourage [Name] to be as independent as possible. They enjoy baking, doing household tasks and going shopping for personal items, as it helps them gain important life skills."

Discussion with the person, the staff and the registered manager indicated that the care being provided was person centred and focused on providing the person with practical support and motivational prompts to help them maintain their independence. We were told that regular discussions about care and support were held with the person who used the service. They had a key worker and the staff wrote in the care notes to show where the person had been, activities they had attended and what issues had been discussed.

Observations of the interactions between the person and staff showed there was a good level of trust and friendship between them. The person was at ease in the service and the conversations being held between them and staff were friendly and relevant to the person's interests. The person spoke about what they were doing, what they were having for lunch and who they had seen that day. They told us that they got a bit lonely at times, but were looking forward to having a new person join the service user group in the near future.

Care plans included information about the person's lifestyle, including their hobbies and interests and the people who were important to them. This showed that the person and their relatives had been involved in assessments and plans of care. They had signed their care plans to show they agreed to the contents. For people who wished to have additional support whilst making decisions about their care, information on how to access an advocacy service was on display in the service. We saw that the person had an advocate from an external company who visited them on a regular basis. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

We observed that staff displayed kindness and empathy towards the person using the service. Staff spoke to them using their first name and they were not excluded from conversations. We saw that staff took time to explain to the person what was happening, when they carried out tasks and daily routines within the service. The staff spoke with them in a tone and manner demonstrating kindness and respect and the person responded positively towards the staff.

The person who lived in the service told us that staff were friendly and they felt staff really cared about them. They told us, "I like living here and the staff are alright. They are kind and they listen. I can make decisions about what to wear, when to get up and when to go to bed." They showed us their bedroom which was personalised with items that they had purchased themselves. Their room was set out how they wished it to be.

Staff respected the person's privacy and dignity. We observed how staff promoted the person's privacy and dignity during the day by knocking on their bedroom door prior to entering, ensuring toilet and bathroom doors were closed when in use and holding discussions with people in private when required. The person had their own private bedroom and en-suite facility and staff respected their wishes to be alone at times during the day and night.

The registered manager and care staff told us that the person who used the service understood pictorial information more than the written word. We saw that the majority of information in the service and in the person's care file that was relevant to the individual was provided in a picture format. This made it easier for them to read and understand and included information about the complaints policy and procedure, the menus, care plans, hospital passport, advocacy information and the service user guide.

Good

Is the service responsive?

Our findings

Discussion with the staff revealed the person living at the service had particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that they were discriminated against and no one told us anything to contradict this. The staff were knowledgeable about the person who used the service and displayed a good understanding of their preferences and interests, as well as their health and support needs. This enabled them to provide personalised care.

A needs assessment had been carried out to identify the person's support needs and care plans had been developed outlining how these needs were to be met. The person who used the service told us there were few restrictions on their daily life. We saw that risk assessments had been completed and behaviour management plans were in place to make sure they stayed safe and well. Evidence in the care file showed us that the person's views were sought and listened to, and that their family were also involved in reviews of their care.

We looked at the person's care file and saw there was a detailed pen picture [This is me] about the person's life including their family and people important to them. This also highlighted their likes and dislikes, behaviours, and daily routines. We saw that staff assisted the person to keep in touch with their family and friends through letters, cards, telephone calls and visits.

The care plans we looked at were written in a person centred way. We saw that the staff reviewed the care plans with the person who used the service and their input and views were at the centre of any decision making. This was confirmed when we spoke with the person who used the service.

They told us about their daily routine, what they liked to do each day and the places they liked to visit. They said they like to get out of the service each day and often walked to the local shops, or got on a bus with staff and visited the nearby town of Beverley. Discussion with the person who used the service and the staff indicated that staff assisted them with budgeting and managing their personal finances when they were out. This included food and personal shopping and social activities. We were informed by the person who used the service that they carried out a number of domestic tasks around their bedroom, helping to keep it clean and tidy.

The person using the service had their own weekly activity timetable devised by them and the staff team, which detailed the things the person liked to do. They enjoyed shopping, walking, going to the library and taking part in arts and craft sessions. One of the aims of the service was to enable the person to be as independent as possible and to enjoy their life. To this end the service helped the person gain independent living skills through supporting them with housekeeping tasks such as bed making, room cleaning, taking laundry to the washing machine and cooking simple meals.

The person who used the service was of Catholic faith and staff told us that in the past the person had enjoyed going to church each week. However, more recently the person went to service less frequently but

enjoyed watching the programme 'Songs of Praise' on television each Sunday.

Discussion with the person who used the service indicated that they had access to a copy of the complaints policy and procedure and we were told, "I talk with the registered manager or the staff if I have any problems." We saw that there was a complaints policy and procedure in place for the service and this had been reviewed in the last year. The policy was available in different formats including pictorial to help the person understand how to make their voice heard.

Checks of the records held by the service, and those held by CQC, indicated that there had been no complaints received in the last year. The PIR indicated that complaints were monitored by the registered provider through their Clinical Governance report which was collated annually.

Good

Is the service well-led?

Our findings

We found the service had a welcoming and friendly atmosphere and this was confirmed by the person using the service and staff who spoke with us. Staff said the culture of the service was open, transparent and the registered manager sought ideas and suggestions on how care and practice could be improved. The registered manager was described as being open and friendly and there was an open door policy as far as they were concerned.

Our observation of the service was that it was well run and that the person who used the service was treated with respect and in a professional manner. We asked the team leader what their view was on the culture of the service. They told us, "It is about enabling [person who used the service] to develop their independence and skills. It is my role to see that they achieve their goals and ambitions by offering them the right support and care."

There was a registered manager in post and they were supported by the team leader. The provider information return (PIR) contained information that indicated the registered provider monitored and reviewed the quality of care and support provided within the service on a regular basis. Risk assessments were in place for the person's care and treatment and decisions were made in consultation with them. The staff told us that any changes to the person's care were documented in their care file and audited by the registered manager. We saw evidence of this during the inspection. We saw that the team leader and registered manager carried out regular checks of care records. Reviews of the documentation were held monthly and care plans were updated when the person's needs changed.

Feedback from the person who used the service and staff was usually obtained through the use of satisfaction questionnaires, meetings and staff supervision sessions. This information was analysed by the registered provider and where necessary action was taken to make changes or improvements to the service. Each year the registered provider produced a clinical governance report for the company, however this did not distinguish between the different services within the company so was of little use for any person or family wishing to know about Priory Westfield View. The registered manager told us they would look at ways of teasing out the information for the individual service so it could be produced in an additional document to the main report.

We saw a simple pictorial questionnaire, about the staff, in the person's care file. Their responses to the questions indicated they were happy with the staff support and the way they were cared for. The registered manager told us that the person using the service had not wished to complete a more formal survey, so they used information gathered from one-to-one chats and their advocate's visits to obtain their viewpoint of the service.

We saw copies of the staff supervision sessions. The information within the records indicated that this gave the staff an opportunity to discuss their work, any concerns they might have and was also a time for them to be updated with any changes needed. The staff told us they felt well supported by the registered manager. Staff said that they were not asked to do tasks they were not confident about completing. The staff training

plan showed that all care staff completed essential training and then went on to undertake more specialist training and vocational training courses, such as diplomas in health and social care to further develop their knowledge. This demonstrated that the person was looked after by well trained and knowledgeable staff, who were confident and capable of meeting their needs.

We found that staff records were kept on-site in the sister service. Information within them was up to date and monitored by the registered provider's human resource department. We saw that there were policies and procedures in place with regard to confidentiality and these had been reviewed by the registered manager. Policies and procedures for practices such as medicine management, safeguarding of vulnerable adults, recruitment of staff and infection prevention and control were all up to date and reflected current legislation and guidance.

All care files and associated care records were stored securely by the service, both in paper and electronic formats. These documents were accessible to the staff and easily located when we asked to see them.