Norse Care (Services) Limited

Burman House

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 9 and 10 June 2015 and was unannounced. Burman House is a residential care home providing personal care and support for up to 32 older people, some of whom may live with dementia. On the day of our visit 32 people were living at the service.

The home had a registered manager who has been in post since January 2012, although they were not working in the position at the time of our inspection. An interim manager had been put in place to oversee the running of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe living at the home and staff supported them in a way that they liked. Staff were aware of safeguarding people from abuse and they knew how to report concerns to the relevant agencies. Individual risks

Summary of findings

to people were assessed by staff and reduced or removed. There was adequate servicing and maintenance checks to equipment and systems in the home to ensure people's safety.

There had been an increase to the number of staff members available and there were enough staff available to meet people's needs.

Medicines management had improved and these were safely stored and administered, and staff members who administered medicines had been trained to do so.

Staff members received other training, which provided them with the skills and knowledge to carry out their roles. Where they had not received training, they were given enough guidance and information to properly care for people. Staff received support from the manager, which they found helpful.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The service was meeting the requirements of DoLS. The manager had acted on the requirements of the safeguards to ensure that people were protected.

Staff members understood the MCA, they presumed people had the capacity to make decisions first and supported them to do this. However, where someone lacked capacity, records to show best interests decisions were not available.

People enjoyed their meals and were given choices about what they ate. Drinks were readily available to ensure people were hydrated. Staff members worked together with health professionals in the community to ensure suitable health provision was in place for people.

Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated. There was a friendly atmosphere and people lived in an entertaining environment where there was much laughter.

People's needs were responded to well and care tasks were carried out thoroughly by staff. Care plans contained enough information to support individual people with their needs. Records that supported the care given were completed properly.

A complaints procedure was available and people were happy that they did not need to make a complaint. The manager was supportive and approachable, and people or their relatives could speak with her at any time.

The home effectively monitored care and other records to assess the risks to people and ensure that these were reduced as much as possible.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported by enough staff to meet their needs and to keep them safe.

Risks had been assessed and acted on to protect people from harm, people felt safe and staff knew what actions to take if they had concerns.

Medicines management had improved and these were safely stored and administered to people.

Good

Is the service effective?
The service was effective.

Staff members received enough training to do the job required.

The manager had acted on recent updated guidance of the Deprivation of Liberty Safeguards and staff supported people who could not make decisions for themselves.

The home worked with health care professionals to ensure people's health care needs were met.

People were given a choice about what they ate and drinks were readily available to prevent people becoming dehydrated.

Good

Is the service caring?
The service was caring.

Staff members developed good relationships with people living at the home, which ensured people received the care they wanted in the way they preferred.

People were treated with dignity and respect.

People's friends and family were welcomed at the home and staff supported and encouraged these relationships.

Good

Is the service responsive?
The service was responsive.

People had their individual care needs properly planned for and staff responded quickly when people's needs changed.

People were given the opportunity to complain and these were investigated and responded to.

Good

Is the service well-led?
The service was well led.

Audits to monitor the quality of the service provided were completed and identified the areas that required improvement. Actions had been identified and addressed these issues.

Staff members and the manager worked with each other, visitors and people living at the home to ensure it was run in the way people wanted.

Good

Burman House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 and 10 June 2015 and was unannounced.

The inspection was carried out by two inspectors.

Before the inspection, we checked the information that we held about the service and the service provider. For example, notifications, which the provider is legally required to tell us about, advised us of any deaths, significant incidents and changes or events which had taken place within the service provided.

During our inspection we spoke with eight people who used the service and six visitors. We also spoke with 12 staff members, including care and housekeeping staff, the manager and the provider's representatives. We completed general observations and reviewed records. These included five people's care records, staff training records, 12 medication records and records relating to audit and quality monitoring processes.

Good

Is the service safe?

Our findings

At our last inspection on 18 March 2015 we found concerns in relation to medicines management. Medicines were not always obtained for people and inadequate records were kept for some 'as required' medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We served a warning notice to the provider about these concerns.

During this inspection our medicine management inspector looked at how information in medication administration records for people living in the service supported the safe handling of their medicines. We found that improvements had been made to the availability of medicines. There were no longer delays in administering people's medicines because medicines were obtained in time. Improvements had been made to written information about people's medicines that were prescribed for administration at the discretion of members of care staff. How members of staff use medicines prescribed in this way had also been changed and there were clear records showing why they had been used. For people living at the service who were managing and administering some of their own prescribed medicines we noted there were recorded risk assessments in place that were being reviewed frequently. The service had asked prescribers to review some people's medicines and there were records about this.

Medicines for oral administration were stored securely for the protection of people who used the service. Daily temperature monitoring and recording for the medicine refrigerator and room in which medicines were stored indicated that medicines were stored within the accepted temperature limits. Members of staff authorised to handle and administer people's medicines had received training and had been assessed as competent to undertake medicine related tasks.

People told us they felt safe living at the home and that it provided them with a safe environment to continue their lives. They told us that they would be able to speak with any of the staff if they were concerned about their welfare, although they had no reason to do this.

Staff members we spoke with understood what abuse was and how they should report any concerns that they had. They told us that they had received training in safeguarding people and records we examined confirmed this. There was a clear reporting structure with the manager and deputy manager responsible for safeguarding referrals, which staff members were all aware of. Staff were familiar with the home's whistle blowing policy and that they could also report concerns in this way. This meant we could be confident that staff members would be able to recognise and report safeguarding concerns correctly. The provider had also reported safeguarding incidents to the relevant authorities including us, the Care Quality Commission, as is required.

Risks to people's safety had been assessed and records of these assessments had been made. These were individual to each person and covered areas such as; malnutrition, behaviour, medicine management, moving and handling, and evacuation from the building in the event of an emergency. Each assessment had clear guidance for staff to follow to ensure that people remained safe. Our conversations with staff demonstrated that they were aware of these assessments and that the guidance had been followed. We observed one person who used oxygen and found that staff members were familiar with actions in the person's risk assessment that they should take to reduce risks when the person left the building to smoke.

Servicing and maintenance checks for equipment and systems around the home were carried out. Staff members confirmed that systems, such as for fire safety, were regularly checked and we looked at records that supported that this was completed. A fire risk assessment had been completed and identified that staff practice in fire drills and with extinguishers required improvement. Staff members confirmed that they received fire safety training and carried out fire drills on a regular basis, although they had not practiced with fire extinguishers.

People told us that there were usually enough staff available and most people said that they rarely had to wait for help. One person said that they occasionally had had to wait during busy periods, which had on one or two occasions made them uncomfortable. Staff members explained that although they felt there were enough staff, there were busy periods during the day when staff were not as easily available. They said that staffing levels had increased recently to provide an extra staff member who could respond to call bells throughout the home and was not responsible for any one area. We discussed staffing levels with the manager who confirmed that although core

Good

Is the service safe?

staffing hours were determined by the provider, there was no restriction on additional staff being used if this could be justified. People's needs were assessed on a daily basis and the manager also took into account staff members' opinions regarding how easily they had managed to respond to people's needs.

Good

Is the service effective?

Our findings

The staff we spoke with told us that they had received enough training to meet the needs of the people who lived at the service. One staff member told us that they had also received support to complete a nationally recognised qualification. We checked training records and saw that staff had received training in a variety of different subjects including; infection control, manual handling, safeguarding adults, first aid, and dementia care. Staff members had also gained a national qualification, such as a National Vocational Qualification or a Diploma, at level two or three.

Staff told us that they had supervision meetings with their line manager or a more senior staff member in which they could raise any issues they had and where their performance was discussed. They also told us that these were helpful and supportive. They told us that team meetings were held regularly and that they felt listened to and included in discussions about any changes to the way care was provided.

The manager provided us with an explanation of the Mental Capacity Act 2005 (MCA) and their role in ensuring people were able to continue making their own decisions for as long as possible. The quality of responses we received from staff members were good with staff being clear about what the MCA meant. Staff members told us that they had received training in this area. We saw evidence of these principles being applied during our inspection. All staff were seen supporting people to make decisions and asking for their consent. One person told us that staff members always asked their consent before helping them.

We saw that care records noted that the person was able to make their own decisions or whether they lacked capacity in some areas. Information was available to show other people who could be involved in the person's care, such as when a Lasting Power of Attorney was in place. Although staff members were able to clearly explain to us actions they needed to take to help one person make decisions, a mental capacity assessment and best interests decisions had also not been completed for this person,. The informal nature of these decisions meant that there was no written guidance for staff members who did not know the person well.

The provider was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). The staff and managers were aware of DoLS and what authorisation they needed to apply for if they had to deprive someone of their liberty. The manager was aware of changes following recent clarification of the DoLS legislation. In response to this, DoLS applications had been completed.

People were provided with a choice of nutritious food. We observed people enjoying the food that they ate. People told us their meals were lovely, they always had a choice and there was always plenty of food. One person said that due to a medical condition they chose to eat their evening meal later than other people and they had also seen people eating in the late evening, which reassured them that meals were always available. Staff offered people food that they liked and prompted them to eat and drink when necessary. We spent time observing the lunchtime meal and found that this was a pleasant experience for people, with lots of conversation, laughter and staff members to help if needed. Staff members sat with people and although they did not also eat, they joined people with drinks and in conversations.

Records showed that where the service had been concerned about people who had lost weight, they had been referred for specialist advice. The amount of food and drink being consumed by these people was being recorded to ensure they received as much food as they needed to maintain or increase their low weights. Staff members told us that very few people required their support to eat. However, we saw that when staff members sat with people who needed help they were attentive, they described the meal and the food that they had put onto the person's fork. People were able to eat at their own pace and move to or remain wherever they wanted to eat.

There was information within people's care records about their individual health needs and what staff needed to do to support people to maintain good health. People saw specialist healthcare professionals when they needed to. People's records showed that they had their care needs reviewed by a range of health care professionals, including the local GP, district nurse, dietician, speech and language therapist, and optician. We spoke with one visiting health care professional who told us that they had a good working relationship with staff at the home. They were contacted

Good

Is the service effective?

promptly if staff had any concerns about people, information was recorded in people's records appropriately and staff members followed instructions and advice that was provided.

Good

Is the service caring?

Our findings

All of the people we spoke with were happy with the staff members and the care that they received. One person said, "Staff are all very nice, kind and friendly. Very polite". Other people told us that they had a good relationship with staff who worked at the home, they staff were kind and helped them with everything they needed help with. All of the visitors that we spoke with told us that the staff were kind, caring and compassionate. They all said that staff did as much as possible in caring for their relatives.

During our inspection we heard and observed lots of laughter and people looked happy and contented. They looked well cared for and were relaxed with the staff who were supporting them. Staff engaged in meaningful conversations with people and we saw that they were treated as individuals. We saw that there was a great deal of banter or repartee between people and staff members. One interaction during the lunchtime meal had the staff member and all four people at the dining table laughing. Staff members encouraged conversations throughout the day that focused on people's lives and experiences. There were discussions about Woodbine cigarettes, two people's nationality and what it meant for them, holidays and the WI, which generated further discussion and what people remembered about them.

We saw that there were several communal areas around the home where people were able to spend time alone or with other people, in quiet where they could pursue their own pastimes or where there was more noise and interaction. In those areas where people preferred a quieter environment, staff members respected this and only disturbed people if they were called or when meals or drinks were available. We saw one staff member not only respect a person's decision to wait before going to the dining room but also spend time singing along to music with the person before going to attend to another person.

All of the staff were polite and respectful when they talked to people. They made good eye contact with the person and crouched down to speak to them at their level so not to intimidate them. We observed staff communicating with people well. They understood the requests of people who found it difficult to verbally communicate. When asked, staff members demonstrated a good knowledge about how people communicated different feelings such as being unhappy or in pain so that they were able to respond to these. One person's visitor told us, "The staff are polite, kind and respectful and treat everyone as friends".

We observed staff respecting people's dignity and privacy. They were seen quietly asking people whether they were comfortable, needed a drink or required personal care. They also ensured that curtains were pulled and doors were closed when providing personal care and they knocked on people's doors before entering their rooms.

There was information in relation to the people's individual life history, likes, dislikes and preferences. Staff were able to demonstrate a good knowledge of people's individual preferences. For example, care records for two people showed that they had different bedtime preferences, one at either end of the evening. Both people confirmed that staff members were aware of their preferences and they were assisted to go to bed when they wanted. From our conversations with staff it was clear that they regarded each person who lived at the service in a very positive, meaningful and individual way.

People were encouraged to be part of the community. They told us that they could leave when they wanted to visit local shops and amenities.

Staff involved people in their care. We observed them asking people what they wanted to do during the day and asking them for their consent. People were given choices about what to eat, drink and where to spend their time within the home. From our observations it was clear that people were consulted about their care at all times. There was information in care records about people's lives, their likes, dislikes and preferences and a staff member described how one person was consulted about the best way to manage their medical condition. Visitors told us that they were involved in their relatives care if this was what their relative wanted. One visitor told us that they were invited to take part in the review of their relative's care.

Good

Is the service responsive?

Our findings

People told us that staff members took care of them well and that they received the care they needed. All of the comments from people and their visitors were positive. One person said, "They [staff] cannot take enough care and I get all the attention I need". People told us that they were usually occupied during the day. One person told us that they liked to read and that there was a good supply of books available.

The care and support plans that we checked showed that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, medicines management, communication, nutrition and with mobility needs. There was information that detailed what was important to that person, their daily routine and what activities they enjoyed. We spoke with one person regarding their oxygen at night and they told us that they managed this without staff help. However, there was no information about this in the person's care records, which did not ensure there was adequate guidance if the person had become unwell and had not been able to manage this without help. Staff members told us who they would contact for advice should this situation arise. Staff members told us that care plans were a good resource in terms of giving enough information to help provide care.

We observed that staff were responsive to people's needs. They provided people with drinks when they indicated that they were thirsty, food when it was requested and provided personal care in a timely manner. We found records that detailed how people had been cared for were completed and showed that care had been provided at the intervals required. We saw that people received personal care when this was needed and that if help with this was initially declined, that assistance continued to be offered by staff and at intervals to ensure the person had the opportunity to change their mind.

People had access to some pursuits and interests, although this was not well organised. Events and entertainment had been organised and staff members spent time with people on an individual basis. A staff member told us that although a programme was available, activities were flexible, depending on how people were feeling and what they wanted to do. The manager told us that an additional staff member to work specifically in this area was in the process of being recruited.

Staff told us that they encouraged people to keep in touch with family and other individuals who were important to them. Records were kept that confirmed this and we saw that people regularly saw friends and relatives. One relative told us that they visited regularly and were always welcomed by staff.

People living in the home and the relatives we spoke with told us the manager and staff were approachable, listened to their concerns and tried to resolve them. They told us that they had no complaints and knew who to speak with if they had. One person told us of a comment they had made to the manager and found that the situation had been resolved within a few hours.

Staff members told us that information was available for people if they wanted to make a complaint. Staff members told us that complaints were immediately dealt with and the issue was discussed during staff handover so that it did not happen again.

A copy of the home's complaint procedure was available in the main reception area and provided appropriate guidance for people if they wanted to make a complaint. The service had received five complaints within the past 12 months. We saw that actions had been taken to resolve these complaints but that information was not always available to show that people had been written to in response to this. The manager confirmed that some complaint information was passed on to the provider's head office, who would then respond to the person raising the concern. We were satisfied that people's complaints were dealt with appropriately.

Good

Is the service well-led?

Our findings

The home has had a registered manager in post since January 2012. At the time of this inspection however the registered manager was not currently working at the home. An interim manager had been brought into place to oversee and monitor the service until a decision had been made.

People told us that they were happy living at the home and their visitors also expressed that they were glad their relatives lived at the home. People and their visitors told us that they would recommend the home to other people. They told us that there were regular meetings for them and their relatives and that they were asked for their views on the running of the home. This kept them up to date with proposed changes and one person told us that they had attended a meeting the day prior to our inspection where they were able to contribute their views. The person felt that their views would be acted upon.

During our observations, it was clear that the people who lived at the service knew who the manager was and all of the staff who were supporting them. People and visitors we spoke with told us that the service was well led, they spoke often with the manager and they were happy that staff members and the manager were approachable and that they could speak with them at any time. They felt that staff members were a happy and friendly group who got on well.

Staff spoke highly of the support provided by the whole staff team. One staff member told us that staff worked well together and were committed to providing a good service. People told us that staff members all got along with each other and that they never heard any disagreement amongst the staff. We also heard this reiterated by a health care professional visiting the home during our inspection. Staff members knew what they were accountable for and how to carry out their role. They told us the manager was very approachable and that they could rely on any of the staff team for support or advice.

Staff said that they were kept informed about matters that affected the service through supervisions, team meetings and talking to the manager regularly. They told us about staff meetings they attended and that the manager fed back information to staff who did not attend the meetings in the minutes and other staff meetings. This ensured that staff knew what was expected of them and felt supported.

Staff members told us that the manager had an open door policy, was visible around the home and very approachable. We observed this during our inspection when the manager visited each area in the home. People knew who he was and why he was there. Staff members told us that they could talk to the manager and he would sort things out. They were aware of the management structure within the provider's organisation and who they could contact if they needed to discuss any issues. A visitor to the home told us that since the manager had been in post there was a lighter atmosphere that enabled people to do what they wanted.

The manager completed audits that fed into the organisation's quality monitoring report. For example, we found that people's care records were regularly audited to ensure they had been completed correctly by staff and contained accurate and up to date information about people's needs. The provider had established a reporting system for accidents and incidents that compiled the information entered, looking at common themes or trends for such areas as times and locations where falls had occurred. Complaints received were looked at for themes and trends in a similar way and action had been taken by the manager to change a slight culture of promoting overenthusiastic independence. Staff members told us that learning from incidents was carried out during meetings when they were able to discuss what had happened and what needed to change to improve the situation. We saw records that confirmed these meetings took place and that staff members were involved in the improvement process.

The most recent survey for people's views was reported on in April 2015. This showed a very high level of satisfaction overall. The manager told us that the results would be discussed at the next 'residents and relatives' meeting. The level of monitoring and actions taken showed that there was an effective system in place to check the quality of the service provided on a regular basis.