

Burleigh House Limited

# Burleigh House

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Burleigh House is a residential care home providing personal and nursing care to 12 people aged 65 and over at the time of the inspection. The service can accommodate up to 15 people in one adapted building.

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

Improvements were needed to ensure there were effective governance systems at the service and the provider had a clear oversight. Feedback sought from people had not always been acted on to make changes to the service. People were at risk of infection and harm because risks associated with the environment had not been mitigated. Improvements were needed to the way staff were deployed to ensure people received direct care and domestic tasks were completed as required.

People were protected from abuse because staff and the registered manager understood their responsibilities to protect people. Medicines were managed safely. The provider used safe recruitment practices and people's individual risks were assessed and managed. Learning was taken from incidents and accidents to lower the risk of further occurrences.

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. People were supported with their nutritional needs, and advice was sought from healthcare professionals to maintain people's health and wellbeing.

People were supported by caring staff that supported people with patience. People's choices were respected in line with their individual communication needs to promote informed decision making. People's right to privacy was upheld and their independence was promoted.

People had the opportunity to be involved in interests and hobbies. People understood how to make a complaint and there was a system in place to investigate and respond to complaints received. People's end of life wishes had been gained to ensure their preferences were respected at this time of their lives.

People, relatives and staff found the registered manager was approachable and supportive. The registered manager worked with other professionals to ensure people's needs were met.

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

The last rating for this service was Good (published 25 May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to risks associated with the environment and governance of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor the provider's progress. We will 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Burleigh House

## 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

Burleigh House 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.

The service had two managers registered with the Care Quality Commission. One of the registered manager's was also the provider. 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

This inspection was unannounced.

#### What we did before the inspection

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. We used all of this information to plan our inspection.

#### During the inspection

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

workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas and the provider's response to the feedback at the inspection.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- The provider had not ensured the environment was adequately cleaned to protect people from the risk of infection.
- The shower room had not been cleaned adequately and mould had developed around the shower and flooring. There was rust developing around the bath seat, some carpets were stained, tables and chairs were not always clean, and the medicine cabinet was sticky and needed cleaning.
- The provider had not ensured people were protected from risks associated with the environment. Radiator covers were not used in people's bedrooms, which put people at risk of burns. For example; one person's bed was placed so their head was near the radiator with no cover. This placed this person at risk of harm.
- The provider told us they had recently replaced the boiler and the radiators had not been as hot before. However, they had not considered the potential risk of harm to people.
- Cleaning schedules were in place and the provider told us these were monitored by the registered manager. This had not been effective in identifying concerns with the cleanliness of the environment.

The above demonstrated that the failure to maintain a clean and safe environment had put people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe when staff supported them. One person said, "The staff help me if I am unsteady and I feel safe because they are there, so I don't fall."
- One relative said, "[Relatives name] is safe here, the staff look after them well and they have sensors in place to alert staff when they are moving so they can help them."
- There were risk management plans in place. This gave staff guidance on how to support people safely whilst promoting their independence. We saw staff followed this in practice.

Staffing and recruitment

- People and relatives told us there were enough staff available. One person said, "The staff are great and always around asking if I am okay and comfortable. I've never had to wait long for staff to help me." One relative said, "I've never seen anyone waiting for help as there are always staff about."
- Improvements were needed to ensure there were enough staff deployed effectively. Care staff were required to complete the cleaning and the laundry. One staff member was also allocated to the kitchen to prepare people's meals. Staff told us their priority was to provide direct care to people which at times impacted on their ability to carry out the cleaning, which we saw had impacted on the environment.
- The provider told us they assessed the staffing level on the needs of people. However, it was not clear to

how the provider ensured there were enough staff available to carry out domestic and kitchen duties as well as direct care to people.

- After the inspection the provider told us they felt staff needed a more structured approach to their deployment and they would implement a staff allocation system to ensure staff were organised more effectively.
- We will assess the effectiveness of this system at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse because staff understood how to recognise and report safeguarding concerns. One staff member said, "I have a duty of care to protect people and if I thought people were at risk I would inform the manager straight away. I know I can also report any concerns to the local authority too."
- The registered manager understood their responsibilities to safeguard people where suspected abuse had been identified. Where concerns had been raised the manager had made referrals to the local authority to investigate.

Using medicines safely

- People told us they were supported to take their medicines when they needed them.
- People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered. Staff who administered medicines were trained to ensure they knew how to do this safely.
- Staff had a good understanding of when people needed their 'as required' medicines and the records showed people received their medicines as prescribed

Learning lessons when things go wrong

- Incidents and accidents that had occurred at the service were recorded. Incidents were analysed by the registered manager to ensure actions had been taken to lower further occurrences.
- Staff were informed of changes to people's support through handovers, team meetings and supervisions, which ensured lessons were learnt when things went wrong.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Improvements were needed to the decoration of the service. We saw areas of the home where the wall paper was coming away and there were areas with large scuff marks and paint chipped from walls.
- The provider told us decoration had started to be completed in people's rooms and the process was ongoing. However, there was not a clear plan to show when the timescales for the re-decoration to be completed.
- The service had been adapted to ensure people remained safe. Equipment such as a shower seat, toilet seats and grabrails were in place to ensure people were safe whilst promoting their independence within the service.

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

- People's needs were assessed before they used the service. This information was developed in to care plans which ensured staff had guidance to support people effectively.
- Staff and the registered manager understood people's diverse needs and explained how they supported people in all aspects of their lives.

Staff support: induction, training, skills and experience

- Staff told us they had received an induction and training at the service before they provided support to people. One member of staff said, "I completed an induction and training before I provided care to people. The training has been really good and useful."
- Staff received specific training to meet the individual needs of people they supported. For example; staff had received training to ensure they understood how to support people with dementia. One staff member said, "It has really helped me to understand people's needs so I can support them better."
- Staff received supervision with the registered manager which gave them an opportunity to raise any concerns and discuss their development needs.

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

- People told us they enjoyed the food on offer and were given choices. One person said, "The food is very nice." Another person said, "All the food is good, but we all have a favourite. I like it when we have rice pudding."
- Staff asked people what they wanted for their lunch and the atmosphere at mealtimes was calm and relaxed. People who needed assistance to eat were supported in an unrushed way and staff chatted to people whilst they were eating.
- People's nutritional risks were managed and monitored. People were supported to drink enough.

Concerns with the amount people were eating and drinking were reported to health professionals for advice.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us staff supported them to access healthcare professionals when they felt unwell.
- The records we viewed confirmed staff worked with other agencies to ensure people's health and wellbeing was monitored and maintained.
- Staff attended a handover which highlighted changes in people's needs during each shift and any action taken to ensure people maintained their health and wellbeing. This ensured that people received a consistent level of support from staff.

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.

- People were encouraged to make decisions about their care. One person said, "The staff ask what I need. I can do somethings for myself you see."
- Where people lacked capacity to make specific decisions mental capacity assessments had been completed to ensure decisions were made in people's best interests.
- Referrals had been submitted to the local authority where people were being deprived of their liberty. Staff understood people's ability to make decisions and explained how they supported people in line with their authorised DoLS. This ensured people were supported in the least restrictive way possible.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 that staff treated them in a caring way. One person said, "The staff do their very best to make me feel comfortable. They [staff] are all very nice" Another person said, "The staff are very kind."
- Relatives we spoke with were reassured that their relatives were well looked after, and staff were caring towards their relatives. One relative said, "I feel grateful for the care my relative gets, the staff are all very kind and caring. Good staff means everything to me as I know my relative is looked after well."
- There were caring interactions between people and staff. Staff complimented people on their appearance and people responded by smiling. Staff comments included, "You look beautiful today" and "I really like what you are wearing today, it suits you."
- Staff showed patience when supporting people and ensured people were comfortable throughout the day. For example; we heard staff regularly asking people if they were okay and if they were warm enough.
- People received care from a staff group that understood the importance of respecting their diverse needs.

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

- People told us they were able to make choices in their care. One person said, "The staff ask me what I want to do, I choose my meals, clothes, everything really."
- Staff encouraged people to make choices about the way they received their care and people's choices were respected.
- Staff understood people's individual methods of communicating and support plans were in place to give staff guidance on the most effective way to help people express their views.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person said, "The staff always treat me with respect, that's what I like about them."
- We saw staff spoke with people in a polite and caring way and showed patience when people asked them for support. Where people wanted time alone, this was respected by staff.
- People had access to equipment to enable them to do things by themselves and staff encouraged people to maintain their independence. For example, one person's plate was fitted with a guard to enable them to eat independently. People who were unsteady on their feet were supplied with walking frames, so they were safe when mobilising.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People and their relatives told us they were involved in the planning and reviewing of their care. This ensured people received support in line with their wishes.
- People received personalised care because staff knew people well and there was a consistent staff group.
- The support plans reflected the knowledge staff had about people's needs and preferences in the way they wanted their care to be delivered.

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.

- Staff understood people's individual methods of communicating. We observed staff gave people time to answer questions and used short sentences to help people understand.
- Support plans were in place to give staff guidance on the most effective way of communicating to help people express their views.
- One person had a sensory impairment and staff explained how they supported this person to have access to information. One staff member said, "I am trained in sign language so would be able to use this if a person was deaf. We help [person who used the service] by talking to them and explaining things."

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 told us there were some activities provided at the service which they enjoyed. One person said, "I like the parties we have, we are always doing something."
- Activities were arranged in groups and individual activities with the activity worker and staff in line with people's preferences and incorporated their areas of interest. For example; staff had arranged for an RAF Officer to visit a person to talk about their past involvement. The person told us they had really enjoyed this and were keen for them to visit again.
- People were supported to maintain relationships. Relatives told us they were welcomed at the service at anytime to visit their relative and were involved in special events.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to raise any concerns. One person said, "I would speak to the staff or [registered manager's name if I was unhappy]." A relative said, "I have never needed to complain but I

would speak with [registered manager's name] if I had any issues."

- There had been no complaints received at the service since the last inspection. The registered manager showed us the procedure they would follow if they received a complaint.

#### End of life care and support

- There was no one receiving end of life care at the time of the inspection.
- The registered manager had sought the views of people and their relatives with regards to their preferences in the way they were supported at the end of their life.
- The registered manager told us how they had supported people to have a comfortable and pain free death by working with professionals to ensure pain relieving medicines were available.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the governance systems in place were not always effective in identifying and mitigating risks to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Feedback was gained from people through an annual questionnaires and resident/family meetings. However, the information gained had not always been acted on, which meant people's views were not always considered to make improvements. For example; the questionnaires received had scored low on the maintenance of the environment and swift action had not been taken.
- The systems in place to monitor the service were not always effective. For example; there was a cleaning schedule completed by staff, which was checked by the registered manager. However, the registered manager had not always identified the service had not been cleaned effectively. There was not an improvement plan in place to identify areas that needed improvement or when these improvements would be completed.
- Improvements were needed to ensure the staffing levels were assessed to ensure staff were deployed across the service effectively. For example; staff were carrying out domestic duties and cooking within the staffing numbers. Staff told us, and we saw this had impacted on the cleanliness of the environment. There was not a specific tool in place to assess the amount of staff needed to carry out the domestic duties in addition to providing direct care to people.
- The provider told us staffing levels were monitored daily by the registered manager and would be changed if needed. However, the provider confirmed they would implement a more structured way of allocating staff across the service.
- The provider did not have an effective system to ensure they had a clear oversight of the service. Although the provider visited the service regularly, they were unaware of some of the areas of concern we identified at the inspection. They told us they would implement an effective provider audit to ensure the registered manager was carrying out their responsibilities as required.
- We will assess the effectiveness of the proposed systems at our next inspection.

The provider had not ensured the governance systems in place were effective in mitigating risks to people. There was not a clear plan in place to ensure improvements were identified and acted on. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff all told us the registered manager was approachable. Comments included, "[Registered manager's name] is very good, listens to me and will make changes if needed" and, "They are an amazing manager and very knowledgeable."
- The registered manager promoted a person-centred approach to the way people received their support. They said, "Everything we do is focused around people, this is their home and I make sure staff understand the importance of people's individuality."
- Staff we spoke with shared the same values and followed them in practice. One staff member said, "We promote people's independence in a caring and dignified way and make sure we respect how they want to be supported. This is their home, their choices and by empowering people to do things, they feel valued."
- The registered manager understood their responsibilities to act in line with the duty of candour if things went wrong. They promoted an open and honest culture within the service.
- Notifications had been submitted to us (CQC) as required by law and the rating from our previous inspection was on display.

#### Continuous learning and improving care

- Staff told us the registered manager encouraged them to continually develop their skills. One staff member said, "[Registered manager's name] has really encouraged us to develop, we have had lots of training recently which helps me to understand my role and people's needs better."
- Staff had opportunities to provide feedback and make suggestions about people's care. Staff told us the registered manager listened to suggestions and acted on them to make improvements.

#### Working in partnership with others

- The registered manager maintained good links with other professionals to ensure that people received support in a consistent way and their changing needs were met.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to maintain a consistently clean and safe environment which had put people at risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had not ensured the governance systems in place were effective in mitigating risks to people. There was not a clear plan in place to ensure improvements were identified and acted on.