

Hampton (Burlington Court Care) Ltd

Burlington Court

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Burlington Court provides accommodation for people who require nursing or personal care for up to 102 people. At the time of our inspection there were 97 people living in the home.

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

People were at the heart of the service. People told us they felt safe, exceptionally well cared for and valued as individuals. Staff fully respected people's privacy and dignity.

People were supported by very kind, caring and compassionate staff who often went the extra mile to provide high quality care. This high standard of care improved people's quality of life and wellbeing.

Person centred care was evident throughout the service. Care plans were individualised, and people's desired outcomes were identified. The staff and the management team were passionate about providing people with support that was based on their individual needs and wishes.

Staff knew people very well and had good relationships. The registered manager matched staff and people based on skills, personalities and requests. 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.

The service was extremely well led by managers who were dedicated to providing a service which was responsive to needs. People were free to voice their opinions and felt listened to. Regular meetings and feedback took place to ensure people were treated with dignity and respect in a way that truly valued them as individuals.

People and staff told us, and procedures evidenced that the service worked meticulously to ensure people were cared for holistically.

Systems and processes were in place to ensure people were protected from abuse. Risks were well managed. Staff had been recruited safely and had completed comprehensive training. All staff were committed to non-discriminatory practices and providing high quality care.

People were fully supported with all aspects of their healthcare. The service had a very good relationships with healthcare professionals such as doctors, dentists, speech and language therapists and occupational therapists. Medicines were well managed, and staff followed best practice guidelines when administering.

Staff supported people extremely well during end of life care, and respected people's personal, cultural and religious beliefs and preferences. The home had adopted the Gold standards Framework for end of life care and all staff had received training. The Gold Standards Framework is a toolkit that aims to ensure that

people experience good quality care at the end of their life through partnership working with people's GP's, early identification of people who may be approaching the end of their life and advanced care planning to ensure that their preferences for their care at the end of their life are followed.

People were supported when required with eating and drinking. People told us the food was excellent and they also had choices. Nutrition and hydration stations were available throughout the building for people and relatives to get food and drink as they liked.

The environment was inviting and personalised and allowed people a choice of where to spend their time. People were supported to access a range of activities and events that were tailored to meet their needs. Staff supported people to visit places and people that were important to them.

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

Rating at last inspection

The last rating for this service was Outstanding (published 26 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Burlington Court

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, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Burlington Court 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 a manager registered with the Care Quality Commission. 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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eleven people who used the service and four relatives about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

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 remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People who were at risk had MUST records completed ('MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese). However, two records had incorrectly scored MUST records. These records were rectified immediately, and no harm occurred.
- Risk assessments were in place and staff were aware of people's risks and what strategies to complete to keep them safe. People and their relatives were involved in risk assessments and were supported to maintain their independence where appropriate. However, for one person who was unable to use a call bells to seek staff support, there was no risk assessment in place to identify what strategies were required to keep them safe. However, staff told us they regularly checked the person. The risk assessment was immediately completed, and staff documented the care given.
- Staff received training in moving and handling, records we looked at confirmed this.
- Plans were in place to ensure people were supported in the event of an emergency, these detailed the level of support people required. Staff had received training in fire safety.

Staffing and recruitment

- People were protected against the employment of unsuitable staff. The provider followed safe recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.
- Staffing levels ensured people's needs were met in the way they had chosen, and the registered manager told us, staffing was based on a mix of staff skills, to ensure people received support from the most appropriate staff.
- Some people told us they occasionally had to wait for a response to their call bells when staff were extremely busy, however most people stated that call bells were generally answered within a few minutes.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person said, "I feel safe, they are good to me." A relative told us, "I feel that [Person's name] is safe here."
- Staff were knowledgeable about the types of abuse and the actions they should take if they had any concerns that people were at risk.
- The provider had effective safeguarding and whistleblowing systems and policies in place.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Using medicines safely

- People told us they received their medicines on time and that staff told them what medicines they were being given.
- Medicines were managed safely, medicines were administered as prescribed. Medicine administration record's (MAR) were signed accurately to indicate medicine had been administered to people as prescribed.
- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and knew what action to take if they made an error.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection and people told us that staff always used PPE appropriately.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons, to enable them to reduce the risks of cross infection. These were readily available in all areas of the home.
- The home looked clean and tidy throughout. Domestic staff completed cleaning schedules to ensure the property was kept clean.

Learning lessons when things go wrong

- The provider had an accident and incident policy. This clearly set out the requirements for reporting people's, relatives and staff incidents and accidents.
- Accidents and incidents were regularly audited to check for trends or patterns and identify learning. These were shared with the staff team.

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

- The provider had an independent report completed regarding the environment and had put an action plan into place to make it more inviting. They had already completed some work which included making the hallways into streets and ensuring there were nicely decorated places for people to complete activities or meet with their friends and relatives.
- Signage was in place to help people navigate the building.
- People's bedrooms were personalised and decorated to individual preferences.
- The service provided equipment to support people's independence and to meet people's personal care needs.

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

- People's care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them.
- People and relatives told us they were involved in their care planning and we saw care files were individualised containing information on people's health and social care needs as well as their preferences.
- People's diverse needs were also detailed in their care plans. This included support required in relation to their culture, language, religion, lifestyle choices and diet.
- Care plans were reviewed regularly or when needs changed.
- Staff told us if they identified a change in a person's needs, they informed the management team who ensured care plans were updated.

Staff support: induction, training, skills and experience

- All staff completed an induction which included full training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities. Staff received regular supervisions and annual appraisals.
- The staff training records confirmed they received training appropriate to their roles and responsibilities. Additional training was offered to keep staff up to date with best practice guidelines.
- Staff were confident in their roles and the training provided covered all areas of their jobs.
- Staff we spoke to stated the training was 'good,' and that the support they received was 'excellent.'

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

- People's nutritional assessments stated the support they required from staff. For example, people who

were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks. However, not all fluid charts had the recommended fluid amount. The registered manager checked these daily and communicated actions required to staff. Therefore, people were not at risk.

- People's food and drink, likes and dislikes were recorded in their care plans.
- People told us the food was good. A person said, "The food is amazing, a good choice and plenty of it." Another person said, "The food and drinks are excellent, there are snacks everywhere."
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs and preferences such as vegetarian and any support people needed.
- When required, people were weighed regularly to ensure they remained healthy.

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

- The service continued to maintain good working relationships with health services across the area, a doctor visited the service weekly with the outcomes from visits being reviewed by staff.
- People received support from health care professionals as and when needed, such as dentists, speech and language therapists and occupational therapists. One person told us, "If I am feeling unwell I tell the staff and they will organise help for me."
- Management and staff knew people well and understood their responsibility to seek professional advice when they felt people's needs changed.
- Relevant health information regarding people was recorded in their care records.
- Staff knew what action to take in an event of an incident or emergency.

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 told us they were asked for their consent and tasks were explained by staff.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment.

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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People received outstanding care and support from staff who were dedicated to providing high standards of care. People told us the staff were 'fantastic,' 'wonderful' and 'superb'. Comments included "I couldn't ask for better staff to support me," and "the staff are so caring, they are the best, they spend time with me and really listen, not just nod and agree, they actually listen and know me."
- A member of staff came in early every day to take two people out for a walk before breakfast as this is what they wanted to do, and they enjoyed the staff member's company. This made people feel valued by staff.
- A person who used to be a night nurse was supported to return to the hospital they used to work at for a visit. The staff took photos of the wards and got photos of nurses who worked there at the same time as the person. Staff now support the person to remember their work days and reminisce about their history through the photos taken.
- Staff were committed to building up meaningful relationships with people. Staff were dedicated to the provision of exceptional care and support. Each person had a named keyworker. Keyworkers were chosen by the person. Skills and personality were considered, to ensure people were matched with the most appropriate person for them. For example, one person wanted a keyworker who loved Elvis as much as they did. This supported staff and people to build meaningful relationships and encouraged communication.
- The registered manager had arranged for monthly visits from the local catholic church, weekly holy communion sessions and monthly songs of praise, for any person that wanted to attend. The staff also supported people to attend their local services. This mean people could continue to actively practice their faith.

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

- People consistently told us that the service was extraordinarily caring.
- People who were able to, wrote their own care plans. For example, one person wrote the whole of their care plan and staff typed it up into the providers format. The care plan was completely individualised to the person including how they wanted staff to communicate with them.
- The registered manager had a 'You asked, we did' board that identified what people has asked for and how the service had met that need or want. This meant people could feedback on the service and feel confident that changes would be made.
- Staff spoke to every person and took time to listen to them. Interactions were not rushed, and all communication was specific to them.
- People who required support to communicate their views were supported in a variety of different ways.

For example, one person has individualised picture cards that are specific to them. All staff have been trained on how to use them for the person specifically. This ensured every person was able to communicate their needs and wants.

Respecting and promoting people's privacy, dignity and independence

- Relatives confirmed staff were respectful of people's privacy, dignity and independence. A relative told us, "[Person's name] had dementia but staff treated [them] as the person he was and helped maintain his dignity."
- People told us that they felt respected by staff, that staff took a genuine interest in getting to know them as people and that they felt they were valued.
- The service continually strived to enable people living in the home to remain as independent as possible and purchased equipment to support these needs. For example, floor beds, specialist chairs and medical devices. People were able to continue with their preferred tasks and activities due to these pieces of equipment.
- Staff involved people in tasks within the home such as laying tables, answering the phone, meeting and greeting visitors and supporting the maintenance person to complete jobs. All tasks were identified for a specific person and their wants and needs.
- A younger person who lived at Burlington Court enjoyed shopping but was no longer able to access the shops. The service provided laptops and tablets to support the person to complete internet shopping with staff support as they were aware that shopping was very important to the person and this promoted their independence.
- During the inspection we observed staff treating people as family. For example, if a person wanted physical contact such as a hug or holding hands, staff responded immediately and offered support and friendship to each person.

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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff provided people with meaningful and creative activities daily. Staff were very attentive to people's needs often pre-empting anxiety. For example, we saw staff interacting with a person during an activity, the person started to withdraw, the staff member immediately started to talk to them about a specific event. The person became animated and reengaged.
- One person was supported to attend cultural clubs and social evenings of their choice four times a week, two of which were evening clubs from 6pm until 10pm. This allowed the person to spend time with people from the same culture and supported their identity.
- Another person was supported to visit a place they used to live and work. Staff transported the person using only roads that were available at the time they lived there, to encourage memories. Staff took photos and visited places important to the person such as, the church, the local pub and the community hall. Staff arranged for them to meet up with old friends and they now remain in contact with each other.
- People who wanted celebrations with their family were able to use the activity room for parties and gatherings. Staff supported the person in arranging and organising the event.
- Married couple or partnerships were fully supported, people had the choice of sharing bedrooms and having an additional room to use as a private lounge.

End of life care and support

- People were supported in the way that they wished to be cared for as they approached the end of their life. All staff received training in end of life care.
- Memory folders were created by staff whilst people were living at Burlington Court, this contained photos of them completing activities and participating in events with their family. Staff turned these into books for the families after someone had passed away. These provided the family with memories of the person being happy and well cared for.
- The provider had systems in place to ensure where people needed end of life support staff were able to provide good care. People's care plan contained information for staff regarding stages of end of life care and what staff needed to look out for and what care would be required.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support specific to their needs and preferences. People's care plans were comprehensively detailed and were reflective of the needs and wishes of the person. People and

their relatives, when appropriate had been involved in designing care plans.

- People had a 'this is me' part to their care plan which detailed personal information that staff should know to be able to offer person centred support. Pictures, photos and a diary were included. People decided if they wanted to write in the diary to inform staff of their experiences of activities, events or to document their feelings.
- People's needs were assessed prior to them going to live at the service. Information from the need's assessment was used to develop a detailed care plan. This included preferences about how they wished to be supported, any gender, cultural or religious requirements. Staff knew people exceptionally well, and fully understood the care they wished to receive.
- One person who had a pet that was very important to them, had been supported by staff to care for their pet. This supported the person to feel valued and supported their emotional wellbeing, which reduced anxiety and the need for medication. Another person would only allow a specific member of staff to bathe them at 2pm on a Friday. The staff member's rota and duties were changed to meet this need.
- The registered manager identified that some people were awake during the night due to their health needs, so they started a 'Wide awake club', this meant people could get food and drinks and complete activities if they wanted to throughout the night.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was sensitive to people's communication requirements. For example, where it had been identified people had cognitive or visual problems, documents had been produced in larger font to support understanding. A person had been supported to buy and use an Amazon Echo, to support their communication.
- Another person had their own picture book that was designed by the person and their keyworker. It had pictures of every day wishes, likes/dislikes and choices.
- Staff took time to ensure the people they were speaking with understood and they had time to engage.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure, which was issued to people living at the home and was available in different formats for people's communication needs. People and relatives, we spoke with told us they knew how to complain and that they 'had faith in the registered manager' that they would deal with any issues quickly.
- The provider had a comments, grumbles and suggestion box in reception to support people to share their views. The registered manager actioned any points made within a timely manner and shared learning with staff and people living at the home.
- The registered manager kept records of complaints. All complaints made were fully responded to within the timescales specified in the providers policy. Action plans when required were completed and shared with staff to ensure improvements within the service.

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 outstanding. At this inspection this key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- The registered manager promoted a strong person-centred culture. The management team knew each individual person and were able to give people's backgrounds and support needs without the need to refer to care plans.
- Individual packages of care were developed which respected people's specific and diverse needs.
- People were placed at the centre of every decision made within the service. The registered manager told us that they were passionate about ensuring people had choice and control over their lives and that all staff supported this.
- The management team worked shifts alongside the staff team to ensure support could be offered as required and that all staff completed truly person-centred care.
- Everyone spoke highly of the management team. People, relatives and staff felt supported and respected and told us the registered manager was available at all time.

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

- Regular meetings took place with people and relatives and records showed suggestions and ideas were welcomed and acted upon. People and relatives were regularly asked about the care they received, Satisfaction surveys were completed, and we noted the responses were consistently high and positive.
- Burlington Court provided opportunities for people and staff to come together with regular coffee mornings and fundraising events and celebrated people and staff birthdays making everyone feel appreciated.
- A 'Forget me not' group had been set up to support relatives and friends of people living at the service who have dementia. The group offers training and support around areas of end of life care, processes regarding power of attorney or other legal concerns. It also supports families to get to know each other share experiences.
- A monthly newsletter 'Burlington Court Times' was sent out to people which kept them up to date with what was happening in the service, informed them about groups and activities, gave 'fun facts' as well as news and sporting information for that month.
- Staff were exceptionally motivated and enthusiastic. One staff told us, "I absolutely love it, I adore working here. It's like a family, the residents are amazing." We observed staff engaging people in every aspect of their day. Staff told us they felt truly valued and listened to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood, and acted on, their duty of candour responsibility.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns were not acted upon.

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

- Systems were in place to monitor care and drive improvements. The registered manager had a quality assurance system in place which ensured all aspects of the service were audited and improvements made if necessary.
- The provider had invested in the learning and development of the staff team, which helped people through having a stable, skilled and motivated staff team. Staff told us this made them feel valued and appreciated.

Continuous learning and improving care. Working in partnership with others

- All external professions we contacted during the inspection confirmed they found the service exceptionally caring and very supportive of people's needs. They told us the service was proactive and responsive to all advice given.
- The service liaised with local GPs, pharmacies and community health teams to coordinate better care for people.
- The registered manager kept up to date on improvements and training by attending seminars and forums and signing up to social care updates.
- Where changes in care were made we saw staff had good communication systems in place to share information about people's needs.