

Westwood Housing Association

Burrell Mead

Inspection report

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Ratings

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

Summary of findings

Overall summary

Burrell Mead is a care home that provides accommodation and personal care for up to 22 older people. It is located in West Wickham in the London borough of Bromley. At the time of this inspection 20 people were using the service.

At our inspection of this service on 5 and 7 May 2015 the service was rated Good. However a breach of a legal requirement was found. This was because although people's care and support needs were assessed there were no guidelines in place for staff on how they should support people to meet these needs. At our focused inspection on the 15 June 2016 we found that the provider had complied with this legal requirement.

At this inspection we found the service remained Good. The home demonstrated they continued to meet the regulations and fundamental standards.

People told us they felt safe living at the home. Training records confirmed that all staff had received training on safeguarding people from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. We observed a good staff presence at the home and staff were attentive to people's needs. Action was taken to assess any risks to people using the service. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Staff had the knowledge and skills required to meet people needs. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People using the service told us they enjoyed the meals provided to them and could choose what they wanted to eat. People were supported to maintain good health.

People had been consulted about their care and support needs. The home had a well-established staff team. Most of the staff team had worked at the home for a long time and knew people very well. People's privacy and dignity was respected.

People told us there were plenty of activities to partake in if they wished to do so. People's care and support needs were assessed before they moved into the home. Care plans and risk assessments included detailed information for staff about how people's needs should be met. The home had a complaints procedure in place and people said they were confident their complaints would be listened to and acted on.

The home had a registered manager in post. They had managed the service for nearly two years and they were knowledgeable about the requirements of their role. The provider recognised the importance of regularly monitoring the quality of the service. The provider sought the views of people using the service, their relatives and friends through residents and relatives meetings and satisfaction surveys.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

Burrell Mead

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 checked 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 was carried out on the 26 May 2017. The inspection was unannounced and carried out by one inspector. We spent time observing care and support being provided. We looked at records, including four people's care records, staff recruitment and training records and records relating to the management of the service. We spoke with three people who used the service and the friends and relatives of two people using the service. We also spoke with four members of staff, the deputy manager and the registered manager.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the information we held about the service including notifications they had sent us and the provider. We used this information to help inform our inspection planning.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I feel very safe here. There's nothing to be worried out. I think we are all well looked after here." There were safeguarding procedures in place and staff had a clear understanding of these procedures. Training records we saw confirmed that all of the staff had received training on safeguarding. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Two members of staff told us they would report any concerns to the senior staff on shift, the deputy manager or the registered manager. If they thought the issues had not been properly handled they would use the provider's whistleblowing procedure or report their concerns to social services and the CQC.

We observed a good staff presence and staff were attentive to people's needs. People using the service, their relatives and staff told us there was always enough staff on duty. The registered manager showed us a rota and told us that staffing levels were arranged according to the needs of the people using the service. If people's needs changed additional staff cover was arranged. The home employed a team of bank staff to cover vacancies, staff annual leave or sickness. We saw records which confirmed bank staff received the same training and supervision as regular staff.

Action was taken to assess any risks to people using the service. We saw that people's care files included risk assessments for example on medicines, eating and drinking and falls. Risk assessments included information for staff about action to be taken to minimise the chance of accidents occurring. Records seen confirmed that staff carried out regular checks on the safety of the environment. For example the fire alarm system and hot water temperatures were checked on a weekly basis.

Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals. One person said, "I get my medicines every day. The staff make sure of that." The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. They also included the names, signatures and initials of staff qualified to administer medicines. MAR records had been completed in full and there were no gaps in recording. We saw a report from a local pharmacist who visited to assess how medicines were being managed at the home. The pharmacist did not identify any areas for making improvements. Training records we saw confirmed that all staff responsible for administering medicine had received medicines training and they had been assessed as competent to administer medicines by the registered manager.

Is the service effective?

Our findings

People using the service and their relatives said staff knew them well and knew what they needed help with. One person said, "No problems with the staff here at all, they know what everybody needs." A relative told us, "My loved one is very well looked after and happy here. The staff know what they are doing."

Staff had the knowledge and skills required to meet people's needs. Training records seen confirmed that staff were up to date with training the provider considered mandatory. This training included health and safety, food safety, first aid, fire safety, safeguarding adults, infection control, moving and handling, and the administration of medicines. They had also completed training relevant to the needs of people using the service, for example, dementia awareness and the Mental Capacity Act 2005 (MCA). No new staff had started working at the home in the last twelve months. The registered manager told us that any new staff would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that none of the people currently using the service were subject to any restrictions of their liberty. They told us if they had any concerns regarding a person's ability to make specific decisions they would work with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. Throughout our inspection we observed that staff offered people choices and supported them to make decisions about what they wanted to do.

People using the service told us they enjoyed the meals provided to them and could choose what they wanted to eat. One person said, "The food is very edible. I like what they make for us, and it's always fresh." Another person said, "The food is lovely, there is good choice and we get ample portions if we want them." We observed how people were being supported and cared for at lunchtime. The atmosphere in the dining room was relaxed and not rushed and there were plenty of staff to assist people when required. Kitchen staff were able to tell us about people's specific dietary needs and were aware of those people who required a special diet. .

People were supported to maintain good health. People's files held records of visits from GP's and health care professionals. People's physical and mental health needs were monitored by staff and medical advice was sought when required. Staff knew people's health needs and gave us examples of how they were working with other healthcare professionals to meet these.

Is the service caring?

Our findings

People using the service and their relatives and friends spoke positively about the staff. One person said, "The staff are wonderful. We are all well cared for. I never thought I would end up in a care home but as care homes go, it's a very good place to be." Another person told us, "I couldn't imagine living alone again. I am here till the end of my days and that's alright with me. The property is clean and the staff are caring and polite." A third person said, "I came here on respite in 2013 and I always knew in my mind that I would like to come back to Burrell Mead if they would have me. I am happy to be here now."

The home had a well-established staff team. Most of the staff team had worked at the home for a long time and knew people using the service very well. One staff member told us they had worked there for over twenty five years; another member of staff said they had worked at the home for over seven years. The registered manager told us that many of the other staff had worked at the home for a long time too. One staff member said, "We are all very experienced staff, the low staff turnover means that people get consistent support from the team."

People using the service told us they had been consulted about their care and support needs. One person told us, "I have been able to maintain much of my own independence and the staff respect that. I can talk to the staff or the manager if I need anything." Another person said, "I live in the attached bungalow. I can come and go here whenever I please. I don't need much help from staff but they are there when I need them." A visiting friend said, "My friend and I are always involved in decision making about her care and treatment. We sometimes talk with her keyworker about what's in the care plan and if anything needs to be changed."

People using the service told us their privacy and dignity was respected. One person said, "The staff always knock on my door before they enter my room. They have always respected by privacy and my dignity." Another person told us, "If I want to spend time alone in my room there is no problem with that. I just let them know I want some privacy and I know they won't disturb me."

Is the service responsive?

Our findings

People spoke positively about the care and support they received from staff. One person using the service told us, "I have plenty of things to do here if I want to. I never get bored." Another person said, "There are plenty of activities. I like the keep fit class and the Sunday services. We also go out to parks and the local shops when we want to." We saw a monthly newsletter "The Bugle". The registered manager told us this was produced on a monthly basis. The Bugle edition for June 2017 contained news about the home, activities, a general knowledge quiz and a poem. Dates for the diary included Sunday services and activities such as visiting entertainers and pet therapists. One person using the service said of The Bugle, "It's a good read."

People's care and support needs were assessed before they moved into the home. Care plans and risk assessments were developed following the assessments. These included detailed information and guidance for staff about how people's needs should be met. Care plans and risk assessments were reviewed regularly and reflected any changes in people's needs. The provider used a computer system to assess, monitor and review people's care plans and risk assessment. A member of staff told us the care planning system was much better than the system the home used previously. They said, "It's easy to use and easy to keep on top of things. We are very lucky here because we get so much time to spend with the people who live here."

The home had a complaints procedure in place. People we spoke with told us they were confident their complaints would be listened to. One person said, "I have never made a complaint but I know if I did the registered manager would do something to work it out." The registered manager showed us a complaints file. The file included a copy of the provider's complaints procedure and forms for recording and responding to complaints. They showed us records from complaints made to the service. We saw that these complaints had been fully investigated and responded to appropriately. The registered manager told us there had been no complaints made to the home since our last inspection.

Is the service well-led?

Our findings

People using the service, their relatives and friends spoke positively about the leadership at the home. One person told us, "I think the home is very well run, the registered manager, deputy manager and all of the staff are well organised and know what they need to do." A visiting friend said, "My friend and I were over the moon and so lucky to find this place. It's very well managed, the staff are great and the place is very clean and comfortable."

The home had a registered manager in post. They had managed the service for over two years and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. A member of staff told us, "We have a very good management team in place. They listen to us and they treat everyone fairly." Another member of staff said, "There is great teamwork here. The managers are approachable and supportive. We have regular team meetings where we can discuss people's needs and talk about what the team needs too."

The provider recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular health and safety, fire safety, infection control, food hygiene, medicines and care file audits were being carried out at the home. We also saw reports from monthly quality visits carried out at the home on behalf of the provider. These indicated that the provider spoke with people using the service and staff about living and working in the home. They inspected the premises, reviewed records, incidents and accidents, complaints and activities. The registered manager told us that any issues identified at these visits were discussed at regular monthly management committee meetings.

The provider sought the views of people using the service, their relatives and friends through residents and relatives meetings and satisfaction surveys. We attended part of a residents meeting during our inspection. The meeting was facilitated by the registered manager and staff and people using the service were encouraged to discuss issues they put forward on the meeting agenda. Issues discussed at the meeting included arranging a movie night, planning a trip to a local park and laundry arrangements at the home. One person told us the meetings were useful as people using the service were able to discuss things they wanted to do and other things that were important to them. The registered manager showed us an action plan following the 2017 resident's survey. Actions included more physical exercise and not rushing meal times. We saw that physical exercise was included on a weekly activity planner for the home and the minutes from the May 2017 team meeting confirmed that people's meal times experience had been discussed.