

Burrow Down Support Services Limited

Burrow Down Residential Home

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

Burrow Down provides care and support for up to thirteen people. Burrow Down has nine permanent residents and operates a separate four bedded respite unit. Both units are for people with learning disability.

People were treated as individuals with respect and kindness.

People received 24 hour care and support tailored to their assessed individual need. The standard of service provided was based on peoples' views, close monitoring of peoples health and by audits.

Staff worked hard to ensure people were supported to maximise their engagement with the local community and to promote peoples choices.

Summary of findings

Each person had their own room and had access to either en-suite or shared bathroom facilities.

There were communal kitchen, lounge and dining room facilities, peoples' nutritional needs and preferences were catered for.

Burrow Down is set in large grounds which people have can access whenever they wish, with support as required.

One person was subject to a Deprivation of Liberty Restriction.

The home had a full time registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. As with registered providers they are registered persons and have legal responsibility for meeting the requirements of the Health and Social Care Act, and the associated regulations about how a service is run.

People were supported by a staff team who were clearly skilled in their work with people who have learning disabilities. A programme of induction and ongoing training was in place. Recruitment of staff was robust. Staff reported the staffing ratios on each shift meant there were enough staff to deliver the care required. They felt well supported by their manager.

Staff knew people well, showing kindness and respect when interacting with them. People had a full programme of activities and made full use of the local community resources.

The registered provider demonstrated that it was responsive to peoples changing requirements, with regular reviews and audits. There were regular meetings for staff and people, and quality audits involving families/ friends and advocates. Action from feedback obtained at these meetings was incorporated in ongoing care plans which were regularly reviewed.

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 protected from abuse and discrimination. Their legal rights were upheld by staff who understood their responsibilities.

Sufficient staff were available to ensure safe care. Staffing shortfalls were met through regular staff covering gaps in the rota or occasional use of agency carers. There was a robust recruitment process to ensure that any staff recruited were suitable for the role,

Peoples' medicines were managed effectively to promote health.

Good



Is the service effective?

The service was effective.

Management and staff at the home were aware of their responsibilities under the Mental Capacity Act to ensure that people who lacked capacity had their rights protected Consent to care and treatment was sought from the people. Where a person lacked capacity to consent, this was sought from next of kin or appropriate representative.

People received care and support tailored to their specific needs, promoting their physical and emotional health and well-being.

People had access to appropriate primary and secondary health care to ensure their health and well-being was optimised.

Good



Is the service caring?

The service was caring.

People were supported by staff who knew them well and who had built up trusting relationships with them.

Care was delivered in an individual way. People (or their representatives) had been involved in any decision making process.

People were treated with kindness and respect.

Good



Is the service responsive?

The service was responsive.

Care plans were produced identifying how support should be delivered to the people using the service. These plans were clear, individually tailored and regularly reviewed, to ensure that care being provided was meeting the peoples' needs and wishes. The plans included information on meeting physical and psychological needs, alongside information about social interaction to avoid social isolation. Educational/ Occupational opportunities were also considered

Burrow Down operated a clear complaints policy to ensure people could raise any issues affecting their lives and be assured that the home would aim to resolve the issue within a set time frame.

Good



Summary of findings

There was evidence of a wide range of activities which people had chosen themselves.

Burrow Down had an open visiting policy There was evidence that peoples relatives and friends were involved in the home, attending for social events and meals

Is the service well-led?

The service was well led.

A registered manager was in post. The registered manager had good relationships with the staff.

Regular meetings were held with the people, their representatives and staff to identify any issues, which were then acted on.

Staff described an open culture where they felt supported by the manager.

The registered manager had a good knowledge of all policies and procedures and was able to demonstrate good working relationships with local health providers /social services

Good



Burrow Down Residential Home

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 18th February 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed the information we hold about the provider and the incident notifications. Incident notifications are information about important events which the service is required to tell us about by law.

We spoke to four people who lived at Burrow Down residential home and with two peoples' families to obtain their views about the service. We spoke with three staff and the registered manager. We looked at the records relating to five people living at Burrow Down, including their medicine records. We also looked at records relating to the management of the home.

Following the inspection we talked to a social worker, a psychologist and a district nurse who visited the home, to gain their feedback about the service.

Is the service safe?

Our findings

People told us that they felt safe at Burrow Down with one saying “I always feel safe and looked after here”.

Staff demonstrated a good understanding of what might constitute abuse. They understood the policies and knew who to report to if they had any concerns, stating they would first talk to the registered manager, then external agencies such as the police or the local authority. The staff files showed that all staff were up to date with safeguarding and other mandatory training.

The registered manager demonstrated a clear knowledge of their safeguarding role and responsibilities. They gave examples of working with external agencies. They were able to describe strong and supportive relationships with colleagues in the NHS and local authorities.

The safeguarding policy was clear, explaining types of abuse, how to recognise the same, and was clear about the actions to be followed in the event of abuse being identified or suspected. Additionally, if staff had any concerns about any aspect of the peoples’ care, they could complete a form which went to managers to action. Staff members told us they had not had to use this system to date.

Risks to individuals were identified in risk assessments which were reviewed on a monthly basis. All staff were required to sign these to say they had read and understood them. One person had been identified as being at high risk of choking. The keyworker had referred the person to Speech and Language therapy who, in conjunction with the GP, had provided advice on minimising the risks. This was clearly demonstrated in the care plan and the details had been provided to the kitchen staff to ensure the person had the appropriate diet and support with their meals. .

Enough staff were on duty at all times to ensure that peoples’ needs were met. The two units have their own staff groups with sufficient staff available over 24 hours. The staffing rotas we checked confirmed this. Burrow Down tend not to use agency staff, any gaps in the rota are usually covered by regular staff providing cover. This benefited the people as they are being cared for by staff who knew them well.

One person said “the staff have always got time for me” and “they always help me when I need it”. We saw that the staff worked flexibly to fit in with the peoples’ requirements. For example one resident had ten hours of 1:1 support, to ensure this happened an additional worker was put on the rota additionally to the usual staffing levels.

Staffing levels in the respite unit were flexible to meet the needs of the people staying at the time. These were planned as far ahead as possible with a rolling three month programme for regular users of the service.

Burrow Down operated a robust recruitment process. Staff files included completed application forms and copies of the interview questions and responses. Pre-employment checks of, references and health screening were all complete, as were checks through the Disclosure and Barring service (DBS). Staff joining the organisation had a planned induction over a number of weeks which included the safe administration of medicines, moving and handling, and total communication techniques.

None of the people managed their own medication.

Peoples’ medicines were managed for them to ensure they received them safely

People told us that they received their medication on time and/or when needed. The home used a monitored dosage system for medicines, which was audited on a weekly basis by the manager to ensure that all prescribed medication had been given and signed for.

Each person in the respite unit had a lockable cabinet in their room. In the main house medicines were stored in a central locked cabinet.

Records showed that two staff signed for medication given. This was good practice to ensure medicines were given correctly. The supplying pharmacist provided an audit of the medicines and this was last carried out in March 2014, this audit did not identify any issues.

Incidents and accidents were recorded both for the people and the staff. These figures were audited by the home manager each month to identify any trends and to ensure all appropriate action had been taken.

Residents each had a personal evacuation plan identifying what help they would need to assist them in the event of fire.

Is the service effective?

Our findings

People, their families and healthcare professionals all spoke positively about the care being provided. One person told us “I like the way they ask you what you want to do” A social worker told us “The staff always seek appropriate advice and support if there is a problem” and “They are very good at giving the people positive encouragement”.

The registered manager and staff demonstrated a good understanding of the home’s ethos of promoting individuals choice and independence in the care being delivered. Over the course of our inspection we observed several situations where staff encouraged people to make choices in food, activities, what to wear and whether or not the people wanted to talk to us.

The registered manager had submitted one application for a Deprivation of Liberty (DoLS) authorisation under the Mental Capacity Act. The Mental Capacity Act provides a legal framework to ensure that individuals’ rights are upheld if they should lack the capacity to make specific decisions. An authorisation to deprive someone of their liberty is granted from the Local Authority following assessment by a specially trained social care professional.

There was one person who was the subject of an authorisation under the Act. This was in response to some behaviour which put them at risk. It was clear from the recordings that the persons’ family had been consulted at all stages of the assessment for the authorisation. Opinions had been sought from involved professionals Seeking the authorisation had ensured that the difficult behaviour was dealt with by the staff in a consistent manner, and that the planned interventions, (whilst depriving the individual of their liberty,) were necessary and proportionate.

The person’s care plan had been updated to include all the recommendations, specifically around the use of regular routines and communication methods. There was clear evidence of the staff explaining what they were doing as a result of this to the person in question.

Another person had a particular health problem. Staff had been made aware of the specific needs of the person through a training session, regular updates at team

meetings, and the provision of a leaflet which was also on display in the kitchen. A suitable menu had been arranged in consultation with the person and the support staff to accommodate dietary likes and dislikes as far as possible.

All staff received regular training updates. Alongside the mandatory training, such as moving and transferring and first aid. Staff told us they had benefitted from training in behaviours that challenge, signing and total communication techniques. They also had training in assisting people who had sensory problems. The home had arranged (with appropriate consents) for a video to be made demonstrating these techniques with the people concerned, with the aim of promoting better communication.

Staff confirmed they were encouraged to seek training to improve their knowledge and skill base. All had benefitted from an induction when they joined the organisation.

Staff reported they had regular supervision and records were kept of these discussions with actions identified and followed up. This ensured that the staff were supervised in the delivery of care so that the people received a quality service. All staff supervision sessions were up to date.

Each member of staff received an annual appraisal which was used to help identify gaps in learning / knowledge. This showed us that the service ensured all staff had appropriate knowledge to carry out their role.

People told us they were consulted about menu choices and where possible were included in shopping for and preparing food.

Mealtimes were flexible to fit in with people’s activities. For example, during our inspection, a lunch was being saved for someone who was at an appointment. Two people at the home needed a low sugar diet and provision was made for this. The menu plan we were shown was varied. People said the food was “really nice” and that there was “lots of it”.

People were encouraged to be as involved as possible in their money management. Staff supported people to make appropriate choices in their expenditure, for example we saw that one person was being supported to save some of their weekly allowance towards spending money for a

Is the service effective?

forthcoming holiday. The home operated an in/out system for recording money and the staff were responsible for ensuring receipts and money box contents correlate. This system was regularly audited by the manager.

We saw that where people had communication difficulties efforts are made to support and improve their abilities, for example one persons' care plan had photographic images to help them to choose activities. It was clear that this helped the person (whose vocabulary was limited) to choose between different types of activity and who they would like to help them with that activity. This persons' family reported that it had greatly added to their quality of life.

The manager and staff described good relationships with the local primary healthcare services, and we saw evidence of regular visits by social workers, District nurses and GPs and psychologists. One staff member told us "the GPs are really good" and another describing how they "could always get advice" from specialists in the local health trust. One person living in the service said "If I need to go to the Doctor the staff always help me" [make arrangements for a GP appointment]

We saw that people with particular health problems had been referred to, and were receiving ongoing support, from specialist healthcare workers.

Is the service caring?

Our findings

People and their families described staff as caring and said they felt staff worked hard to meet their needs. One parent told us “the carers are really kind – they would do anything to help”.

Staff clearly valued people’s privacy and dignity. They ensured we spoke in private, always asked people if they wanted to speak with us and if we could look in their rooms. Staff asked people what they wanted to do, and ensured they understood. The staff were seen to always knock before going into bedrooms.

One person was invited to tell us about all about their room and life at Burrow Down, and was very happy to do this. This person told us people decorated and furnished their rooms as they wished. Each of the rooms we saw was individual, reflecting people’s choices and interests.

We saw that the staff clearly put people’s needs and wishes first. For example, we saw that when helping a resident paint their nails, a staff member clearly explained what she was doing and enabled the person to choose the colour. Another person was being assisted to mobilise by a member of staff who was reassuring – saying ‘ no rush, no rush , you take your time’

Staff reported they always tried to include the people’s families in decision making if this was the person’s wish. One parent told us “ they always ring to let me know if anything has changed” and “they are really open and helpful”.

Is the service responsive?

Our findings

Peoples care files were comprehensive and presented in a format that was easy to read. Staff said these were used to inform the care given and were regularly updated. The care plans were detailed with information on care needs and how they should be met. Staff told us they had responsibility for updating the plans as “we know the clients best”. Any changes were agreed with the person and/or their representative.

People had chosen their own activities. A regular meeting was held to identify what people wanted to do. Staff researched what was available locally and further afield, for example – one person liked a particular singer. Staff supported the person to go on a cruise which was specifically related to this singer

A number of the people liked animals and the home had goats, pigs, hens, ducks, rabbits and guinea pigs. People were encouraged to participate in animal care and regularly collected the eggs for use in the kitchen.

During our visit we observed the staff interacting with the people in a positive way, involving people in the discussions about upcoming events. One person returned to Burrow Down having visited their family for a birthday. They told us they had had a party at Burrow Down and that it had been a “nice day”.

People had the opportunity to express their views about the service. People said they knew they could talk to the staff or the Registered Manager about any issues. Total communication techniques are used with those that required them.

The home kept a complaints file which was audited by the manager to ensure complaints and issues were responded to and any learning identified. Two family members told us they were aware of the complaints policy – “not that we can imagine ever having to use it”. One person had no family but was in touch with an advocate who coincidentally visited whilst we were on this inspection. The person said they would always contact their advocate if they had a problem,

There were regular staff meetings and house meetings. The agenda for the meetings was set by the people, with a wide range of issues being discussed including any group events or activities, any staff changes, and any business matters about the house. Minutes were taken and actions identified, which were then reviewed at the next meeting. This showed that the residents’ concerns were listened to and acted on in a timely fashion.

In the respite unit, the staff group were able to describe that new people coming into the service had an assessment before their stay. Burrow Down involved people, alongside their relatives/advocates/ social workers in this process to try get as much information as possible about the persons’ needs and wishes. Pictorial prompts were used to aid communication. One person at the home used social stories to help them to understand some medical treatment they were undergoing.

The respite unit was also used as an introduction for people to residential care – one person was staying on the respite unit in gradually increasing amounts of time to facilitate their transition into residential care.

Is the service well-led?

Our findings

Burrow Down has a strong culture of putting the person first whilst providing a homely and responsive service.

The registered manager had systems in place to ensure the expected standard of service was provided. Regular staff and house meetings were held to share knowledge, introduce any changes and identify any issues about life in Burrow Down. Feedback from families, by way of surveys and the complaints procedure, was regularly audited and acted upon.

An employee survey carried out in July 2014 showed that seven of the thirteen completed surveys agreed or strongly agreed with the statement “the line manager is approachable, knowledgeable and supportive”. The registered manager was devising a new system of satisfaction surveys, in the process of being rolled out, for completion by the residents, their families and professionals.

Staff told us they could raise any issue with the management either individually or in team meetings. They told us “we are always listened to” and “the management encourage good ideas”. One staff member said ‘I am well supported so in turn the clients are’. Staff told us if they ever felt unsure they were comfortable seeking management advice. One said ‘the management are brilliant, they always help you if you are stuck’.

The registered manager had records of staff meetings. For example, the meeting of 6th February 2015 included discussions on work allocation, cleaning and medication. A video about autism was shown and staff had an opportunity to discuss this. This demonstrated a strong learning culture within the home.

The home is up to date with fire, electrical and gas safety inspections. A fire officer visited in August 2014 and there were no remedial actions.

The home has a 5 star food hygiene rating. The registered manager undertook audits of medication, client finances, cleaning and maintenance activity, to ensure appropriate safety standards were maintained

We found that staff knew about confidentiality and their responsibilities under data protection. The home kept records securely but they could be easily accessed by the staff when necessary.

We spoke with a social worker and a District Nurse who both reported that they found the culture and ethos at Burrow Down to be very professional. They said “communication is always very clear”, “staff work very hard to meet peoples’ needs” and “staff are always willing to learn how best to meet the peoples’ needs”.