

Aspens Charities

# Burton Cottages

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
Is the service well-led?	Inspected but not rated

# Summary of findings

## Overall summary

### About the service

Burton Cottages residential care home provides accommodation and personal care for up to ten people who have learning disabilities and some associated physical and/or sensory disabilities. There were seven people using the service at the time of inspection. The building was split into two cottages that were joined in the middle by an office.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

### Right support:

- Although Burton Cottages is registered for 10 people, it can only accommodate nine people. The model of care and the layout of the setting maximised people's choice, control and independence. The building is divided into two units and both are run separately. Staff supported people to meet their individual needs and encouraged them to be as independent as possible.

### Right care:

- Care plans provided guidance to ensure staff could care for people in a way that suited their individual needs and wishes. We observed that staff were caring in their approach and people were very content in their surroundings.

### Right culture:

- The ethos, values, attitudes and behaviours of leaders and care staff ensured people led confident, inclusive and empowered lives. Day centres were closed due to the pandemic but activities were organised to ensure that people spent time doing things that made them happy. For example, people were encouraged to make choices about how they wanted to spend their time and this was arranged with them. Some people liked to spend time on computers, some liked to take walks or train trips.

People were kept safe by staff who had received training in how to safeguard people from abuse and who knew the actions they needed to take to protect people from the risk of harm.

Staff were seen to engage well with the people they were supporting. Care plans provided detailed advice and guidance to staff to ensure people's individual needs were met in a person-centred way.

Burton Cottages was clean and tidy. There were robust procedures to ensure infection prevention and

control (IPC) measures were fully implemented and government guidance and best practice followed.

Robust systems were in place to monitor the service and there was a focus on continuous development to improve quality outcomes for people. Management maintained good oversight of the service. Feedback from relatives was very positive and they appreciated the lengths staff had taken to keep them updated throughout the pandemic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Requires Improvement (published 21 December 2019).

We undertook this targeted inspection because we had some concerns about safeguarding notifications received since the last inspection and because there was no registered manager. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

CQC have introduced targeted inspections to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question. We found no evidence during this inspection that people were at risk of harm from these concerns.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

# Burton Cottages

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had appropriate measures in place to safeguard people from abuse and to check on management arrangements.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector.

Burton Cottages is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 however they were not registered with the Care Quality Commission. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure there would be someone in the office to support the inspection. It was also because of the COVID-19 pandemic. We wanted to know if anyone at the home was displaying any symptoms of the virus and needed to know about the provider's infection control procedures.

Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. Therefore, we had a discussion with a senior staff member before our visit to the home and discussed how we would safely manage the inspection.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We

looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all this information to plan our 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 observed staff interactions with four people who used the service. We spoke with the positive behavioural specialist and a staff member.

We reviewed two people's care records and some records related to cleaning of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two staff members and three relatives by phone. We also received feedback from two relatives by email.

We asked the provider to send some records for us to review. This included, a variety of records relating to the management of the service, including infection control policy, training records and staffing rotas.

# 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. We have not changed the rating of this key question as we have only looked at the part of the key question, we had specific concerns about.

Systems and processes to safeguard people from the risk of abuse

- People were unable to tell us they felt safe but we observed people to be relaxed and content in their surroundings.
- Staff had a good understanding of how to make sure people were protected from harm or abuse.
  - A staff member talked to us about different incidents that had occurred and how they had been managed. They felt supported by the manager and the positive behavioural support (PBS) specialist. They told us, "I'm a reflective worker and always think about what could have been done differently."
- Another staff member told us, "After all incidents we have a debrief, we are vigilant about this and look at ways to make sure similar incidents don't happen."
- Staff had received training in safeguarding of vulnerable adults. Where appropriate, matters had been referred to the local safeguarding team.
- A relative told us, "When we take our son out, he is always happy to go back to Burton Cottages." Another said their son was, "Safe and happy. I would know if he was not happy, he can tell you by his behaviour. He is always pleased to see us, but he makes his own judgements and choices about what he wants to do."

Assessing risk, safety monitoring and management

- There were guidelines in relation to the management of behaviours that challenged. People who displayed behaviours that challenged had positive behavioural support plans. Where there were known triggers to behaviours these were recorded. There was advice on early interventions that could be taken, how to deal with a crisis situation, how to empathise, reassure and redirect the person to calm and recover from situations.
- Systems were in place to help maintain people's safety. Staff were aware of the risks associated with supporting people and were able to tell us how these were managed. For example, they knew that agency staff should not work with some people.
- A staff member told us that care plans provided detailed information about people's needs and that, along with shadowing more experienced staff, ensured that people's needs could be met appropriately.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. All staff were wearing masks throughout our site visit. When we did a video call with the manager, we observed the same staff member enter the office twice not wearing a mask. There were mixed views from relatives, one said staff always wore masks, one said they thought sometimes they did not and another said that up to three weeks previous they did not always, but now always wear them. The manager confirmed that spot checks were now done to check compliance with masks.

- We were somewhat assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Although the building is divided into two units, the manager told us some staff worked 15-hour shifts and often swapped units halfway through their shift. We were told that this was to give staff a break from working with people whose behaviours challenged as this could be intense work. Whilst we recognise this to be an issue, we recommended the provider reviewed this in light of the ongoing pandemic.
- We were assured that the provider was preventing visitors from catching and spreading infections. Relatives were not permitted to enter the home. However, visits could be arranged at the organisation's day centre or in the home's garden and relatives could take their relative for a walk.
- We were assured that the provider was meeting shielding and social distancing rules. A staff member told us they had a risk assessment and they were grateful for the support the organisation had given in relation to their individual needs and wishes.
- We were assured that the provider was admitting people safely to the service. There had been no new admissions to the service since the start of the pandemic. The manager was clear about the procedure that would be followed if they were to admit a new person to the service.
- We were assured that the provider was accessing testing for staff. Risk assessments were being drawn up for people and training was being arranged for staff on carrying out tests for people.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The building is divided into two units and staff were able to socially distance. Staff were observed to use hand sanitiser regularly throughout our visit. There were systems to ensure regular cleaning of the building.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.



## Is the service well-led?

### Our findings

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

We will assess all of the key question at the next comprehensive inspection of the service.

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

- There was no registered manager in post. The last registered manager left their post in September 2020. The position had been advertised and an interim manager appointed, until a suitable person was recruited.
- There had been a high turnover in the staff team since the last inspection. At the time of this inspection there were a number of staff vacancies and these were covered with the use of staff overtime and consistent agency staff. Recruitment was ongoing.
- There were network systems to ensure that head office had remote access to a wide range of records including: accidents and incidents and health and safety checks. This meant it was possible for all these records to be monitored and reviewed from a distance. We saw audits in relation to infection control and health and safety.
- Staff completed training online. Face to face training had been stopped for a period of time but had been reintroduced in small socially distanced sessions. Only a small number of staff had completed PBS training, but the organisation's PBS specialist was working alongside staff on a daily basis, whilst the majority of staff had no formal qualification, staff were learning on the job.
- A staff member told us the, "Manager is very supportive, and the PBS specialist is very approachable and a very positive person." Another said, "I feel very well supported."
- Relatives told us they were kept informed. All confirmed their relative's keyworkers rang them at least once or twice weekly and felt confident they would be in touch if there were any concerns. One relative said, "We received pictures of the activities that our son has been doing, and photos of things we had requested to be done. This gave us reassurance. The place has improved out of all recognition. The manager has lots of energy and is working her way through things that need to be done."
- The manager told us that in August they had a socially distanced staff team day in the garden. This was because the staff team was relatively new in post and formed part of an exercise in team building. She told us staff worked very well together and were supportive of each other, doing extra shifts as needed. She described the atmosphere as "excellent."
- The organisation had a Covid response team. The various leads in the organisation met virtually to discuss and agree the organisation's response to the pandemic. There was also a central point online that all staff could refer to if they had any queries.
- The organisation also had 'all staff' calls that were arranged to keep staff informed and show appreciation for work done. In addition, guest speakers were invited both to keep staff up to date, but also motivational speakers were invited to speak to staff.