

Adara Healthcare Limited

Burlington Hall Care 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 ●

Summary of findings

Overall summary

Burlington Hall provides care for up to 53 older people and those who may be living with dementia. The home is purpose built over two floors. At the time of our inspection 49 people were using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good.

People using the service felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. People had risk assessments in place to enable them to be as independent as they could be in a safe manner. Staff knew how to manage risks to promote people's safety, and balanced these against people's rights to take risks and remain independent. There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service. Staff were not offered employment until satisfactory checks had been completed.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service.

Staff received an induction process and on-going training. They had attended a variety of training to ensure they were able to provide care based on current practice when supporting people. They were supported with regular supervisions.

People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff were knowledgeable of this guidance and correct processes were in place to protect people. Staff gained consent before supporting people. People were able to make choices about the food and drink they had, and staff gave support when required to enable people to access a balanced diet. Drinks and snacks were available throughout the day.

People were supported to access a variety of health professional when required, including opticians and doctors, to make sure they received continuing healthcare to meet their needs.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People were given choices about their day to day routines and about how they wanted their care to be delivered. People's privacy and dignity was maintained at all times.

People and relatives, where appropriate, were involved in the planning of their care and support. People were supported to follow their interests and join in meaningful activities. They knew how to make a complaint and there was a complaints procedure in place which was accessible to all.

There were effective management and leadership arrangements in place. Systems were also in place to

monitor the quality of the service provided. Action plans were in place and were updated after checks and audits, to help further develop the service. The registered manager also submitted statutory notifications to the CQC when required.

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.

Burlington Hall Care 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 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 comprehensive inspection took place on 08 June 2017 and was unannounced.

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 service.

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 checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised and the service met the regulations we inspected against at the last inspection.

During this inspection we observed how staff interacted with people who used the service. We observed lunch, medication administration and activities. 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 spoke with ten people who used the service, three relatives and two church volunteers. In addition we spoke with 14 staff that included the director, the care quality manager, the registered manager, the deputy manager and two senior care staff. We also had discussions with five support workers, two chefs and one member of the housekeeping staff.

We reviewed five people's care records, ten medication records, five staff files and other records relating to the management of the service, such as the complaints log, quality audits and staff training records.

Is the service safe?

Our findings

People continued to receive care from a dedicated and caring team of staff. One person said, "We have lovely people looking after us here – lovely and safe." A relative told us, "I always feel happy when I leave to know that [name of relative] is being looked after well. We've been to look at other homes, but none compare with this. It's good and it's safe". Staff told us, and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member said, "I would report any abuse to the manager. He is very good and would deal with it straight away."

People had individual risk assessments to enable them to be as independent as possible whilst keeping safe. These had been developed with input from the person, staff and other professionals if required. They covered a variety of subjects and were specific to people's needs. Risk assessments were used to promote and protect people's safety in a positive way. Staff told us, and records showed they were reviewed on a regular basis and updated when required.

The provider had a business continuity plan. This was to ensure people would still receive the care and protection they required in the event of evacuation.

Staff were recruited following a robust procedure. One staff member said, "I had to wait before my references and other checks came back before I started working here." Documentation showed this had been carried out for all staff before they started. Rotas we viewed and our observations showed there was enough staff with varying skills on duty to provide the care and support people who used the service required.

People's medicines were managed safely. We observed medication being administered. This was carried out correctly and records were completed. Medicines were stored correctly in locked trolleys.

Is the service effective?

Our findings

People continued to receive care and support from staff who were knowledgeable and had the required skills to carry out their roles. One staff member said, "My induction was very thorough and the training is very good. We have lots of training and I feel staff are well supported." Documentation we saw confirmed all staff had completed an induction to the service when they first started work and on-going training was up to date and appropriate to staff roles. Staff told us they were well supported by the registered manager. One said, "You can always go the manager. His door is always wide open." Another said, "I have regular supervision but I know I can always go to [name of registered manager] at any time if I need advice." We saw records that showed staff received regular supervisions and competency observations.

People were encouraged to make decisions about their care and their day to day routines and preferences. Staff had a good understanding of peoples' rights regarding choice. Detailed assessments had been completed to determine people's ability to make decisions about their care and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been obtained from the local authority. We observed staff gaining consent from people throughout the inspection.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. One person said, ""The food is lovely. It's much better with these new chefs. If there's nothing you like you can ask for an alternative, there's always something available. Breakfast can be anything, a full English if you want." There were two chefs who were very enthusiastic about providing the best food for people. They knew who required a specialist diet, who needed their meals fortifying and were aware of people's likes and dislikes.

People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals.

Is the service caring?

Our findings

People continued to receive care from staff who treated them with kindness and compassion. One person said, "They have a laugh with me, and they appear happy and they are all friendly which is nice". A relative told us, "The staff are fantastic, every single one. When I came in a few days ago I was upset and they hugged me, made me tea and sat with me. They don't just look after the people living here they look after the families as well."

Staff were able to tell us about each individual, for example their likes and dislikes, background and family. We saw that staff spent time with people, either sitting chatting or whilst carrying out tasks. We heard some meaningful conversations between people and staff during the day and observed some friendly arms round shoulders. One staff member was sitting in a person's room together with two other people who were living at the service and heard them all having a chat together, all about dogs. People clearly enjoyed it, and it seemed a usual event.

People told us they and their family members had been involved in planning how they wanted their care to be provided. Care records we viewed confirmed that people and their relatives, if appropriate, had been involved in the care planning process.

The provider told us that there was an advocacy service available for anyone who needed it.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office. We saw people's privacy and dignity was kept at all times, for example being spoken to appropriately and when being assisted with meals or care. Staff had an understanding of privacy and dignity. One staff member said, "Treat people just how you want to be treated, that's my motto."

Is the service responsive?

Our findings

People continued to receive care that was met their needs. One person told us, "They do everything right here. I want for nothing." Staff knew people very well; they understood their backgrounds and knew what care and support each person needed. A staff member said, "We do take the time to get to know people. It's important that people feel comfortable, happy and at home here." One relative told us, "My [name of relative] chose this home herself because everything was right."

Care plans we viewed showed a full assessment had been completed prior to admission. These had been followed by a complete care plan which showed people's strengths as well as the support required, life history completed with the person and family where appropriate and likes/dislikes. Care plans had been written in a personalised way for each individual and were reviewed regularly.

There was an activity coordinator who we saw undertaking activities on a one to one basis with people and also group activities. One person told us, "I join in with the entertainment and we have a laugh." Activities planned were displayed on a notice board and we saw meaningful activities taking place throughout the day of our inspection which we saw people enjoying.

There was a complaints procedure in place. Everyone we spoke with told us they had not had cause to complain but would do so if they thought it necessary. We saw past complaints had been responded to following the correct procedure.

The provider used annual questionnaires to gather people's views. We saw the results for the previous year. Where comments had been made the provider had responded.

Is the service well-led?

Our findings

We received very positive feedback from people about the management of the service. People, relatives and staff expressed confidence in how the service was run. One person told us, "I like the new manager. He is very good and will do a good job." "A relative said, ""The manager is always around and he's very approachable." The service had a positive ethos and an open culture. Staff members were passionate about their roles and the people they were supporting. One person said, "This is a lovely place to work. I really love it. There is no gossip and we all get on brilliantly as a team and are there for each other."

People and staff were positive about the registered manager and felt confident that they would always listen and take account of their views. One staff member said, "I've worked with the new manager for some years, and we have a very good working relationship." A second member of staff told us, "The manager is very supportive and does not put pressure on any of the staff. I'm fairly new to the home and I know I've made the right decision." Staff told us and records confirmed that one to one supervision sessions and staff meetings had been held on a regular basis. One staff member said, "We have regular meetings where we can raise issues. We are listened to." They also said they had very good handovers between shifts and worked in a supportive team environment.

Quality assurance systems were in place to help drive improvements. These included a number of internal checks and audits as well as a provider audit. These helped to highlight areas where the service was performing well and the areas which required development. This helped the registered manager and provider ensure the service was as effective for people as possible.