

Westwood Housing Association

Burrell Mead

Inspection report

47 Beckenham Road
West Wickham
Kent
BR4 0QS

Tel: 02087760455
Website: www.burrellmead.co.uk

Date of inspection visit:
16 December 2019

Date of publication:
24 January 2020

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 nursing care for up to 22 older people. At the time of the inspection 21 people were using the service.

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

The home had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections. People's medicines were managed safely.

People's care and support needs were assessed when they moved into the home. Staff were supported through induction, training, regular supervision and annual appraisals of their work performance. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them.

People and their relatives [where appropriate] had been consulted about their care and support needs. People were supported to take part in activities that met their needs. The home had a complaints procedure in place and people were confident their complaints would be listened to and acted on. People had access to end of life care and support when it was required.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people and their relatives views into account through satisfaction surveys and meetings. There were systems in place to monitor the quality and safety of the service. Staff enjoyed working at the home and said they received good support from the registered manager and deputy manager.

Rating at last inspection. The last rating for this service was Good (published 20 June 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?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was 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.

Burrell Mead

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

One inspector and an expert by experience carried out this inspection. 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

Burrell Mead 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.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

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 four members of staff including the registered manager, deputy manager, a senior care worker, a care worker and the chef. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training

and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

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

Systems and processes to safeguard people from the risk of abuse

- One person told us, "I feel safe, quite content." A relative told us, "I've got great peace of mind that my loved one is safe here."
- There were safeguarding adults' procedures in place. Staff told us they would report any concerns they had to the registered manager and to the local authorities safeguarding team and CQC if they needed to.
- Training records confirmed that staff had received up to date training on safeguarding adults from abuse.

Assessing risk, safety monitoring and management

- Risks were managed safely. People's care records included risk assessments, for example on choking, moving and handling and pressure sores. Risk assessments included information for staff about action to be taken to minimise accidents occurring.
- Where people had been assessed as being at risk of choking we saw advice had been received from appropriate health care professionals and their care plans recorded the support they needed from staff to ensure they could eat and drink safely.
- People had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely. Staff had received training in fire safety.
- We saw records confirming the fire alarm system was being tested weekly and fire drills were regularly being carried out at the home. There were also systems to manage portable appliances, electrical, gas and water safety.

Staffing and recruitment

- We observed that staffing levels at the home were meeting people's needs. People using the service, their relatives and staff told us there was always enough staff on duty. One person told us, "We see the staff. They're in and out all the time. We don't need more staff."
- Staffing levels were arranged according to people's needs. The deputy manager told us they used a dependency tool to assess the numbers of staff required to support people safely. If people's needs changed additional staff cover was arranged.
- Robust recruitment procedures were in place. Recruitment records included completed application forms, employment references, evidence that a criminal record checks had been carried out, health declarations and proof of identification.

Using medicines safely

- Medicines including controlled drugs were stored securely.
- People had individual medication administration records (MAR) that included their photographs, details

of their GP and any allergies they had. MAR records had been completed in full and there were no gaps in recording. There was guidance in place for staff on when to offer people 'as required' medicines or pain relief.

- Medicine audits were carried out on a regular basis. We saw evidence that the outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon.
- We saw reports from yearly visits from a local pharmacy that offered support and advice. Recommendations made by the pharmacist following these visits had been met.
- Training records confirmed that staff responsible for administering medicines had received training and they had been assessed as competent to administer medicines by the registered manager.

Preventing and controlling infection

- The home was clean, free from odours and had infection control procedures in place. One person told us, "The home is always very clean and tidy."
- We saw hand wash and paper towels in communal toilets and staff told us that personal protective equipment such as gloves and aprons were available to them when they needed them.
- Training records confirmed that staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong

- The registered manager and staff understood the importance of reporting and recording accidents and incidents.
- There were systems in place for investigating incidents and accidents. The registered manager told us that incidents and accidents were monitored to identify any trends. If any trends were identified they said they would take appropriate action to reduce the same things happening again. For example, where people had fallen we saw their risk assessments had been reviewed.

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.

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

- People's care records included information from family members, the placing local authority and in some cases health care professionals. This information was used to assess people's health care and support needs and draw-up care plans and risk assessments.
- A relative told us, "My loved one's care needs were assessed by the staff and by health professionals from Clinical Commissioning Group."
- Nationally recognised planning tools such as the Multi Universal Screening Tool [MUST] was being used to assess nutritional risk and the waterlow score were being used to assess the risk of people developing pressure sores.

Staff support: induction, training, skills and experience

- Staff told us they had completed an induction, they were up to date with training and they received regular supervision and an annual appraisal of their work performance. One member of staff told us, "The training I received on moving and handling was very helpful. As a team member I am very confident that we move people in a safe and comfortable way and we protect ourselves by using the correct lifting procedures."
- Staff had the knowledge and skills required to meet people's needs. Training records confirmed that staff had completed training relevant to people's needs. This included Parkinson's disease, dementia and diabetes awareness, oral health care, equality and diversity, health and safety, infection control, fire safety, first aid, food hygiene, safeguarding adults, moving and handling and The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).
- Records confirmed that staff were receiving regular supervision and an annual appraisal of their work performance from the registered manager and deputy manager.

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

- One person told us, "The food is quite good. They know what I like." Another person said "We get our fish from Billingsgate market – its fresh, beautiful. The staff come around after breakfast to ask what we want for lunch and supper and we get two choices. If you want something special, they do it."
- We observed how people were being supported and cared for at lunchtime. The atmosphere in the dining area was relaxed and there was plenty of staff to assist people when required. Staff supported people by giving them time and encouragement to eat their lunch.
- Where people needed their food to be prepared differently due to medical conditions this was catered for. The chef told us they worked with staff and health care professionals when required to make sure people could enjoy food and drinks that met their needs.

- We noted that the kitchen was well maintained. The home had been awarded a five-star Food Hygiene rating in May 2019.

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.

- The registered manager and deputy manager demonstrated a good understanding of the MCA and DoLS.
- They 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.
- Staff had completed MCA and DoLS training. They told us they sought consent from people when supporting them and they respected people's decisions.

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. One person told us, "The GP comes every two weeks and if you want to see them, you put your name down. If it's urgent, they ring the hospital." Another person said, "I have physio two-three times a week. People from the British Stroke Association visit regularly to help me with a little walk."
- Peoples care files included records of health care appointments and advice and support guidance for staff to follow, for example, from speech and language therapist's [SALT] and dietitians.

Adapting service, design, decoration to meet people's needs

- People had access to equipment that enabled their independence and ensured their physical and emotional needs were met, for example, hoists, walking aids and wheelchairs.
- Some people used adaptive plates and cutlery so that they could eat independently.
- We saw appropriate signage throughout the home for example signs to toilets and bathrooms. People's bedroom doors also included their names to aid them with orientation.
- The home had a bar where people could enjoy alcoholic and non-alcoholic cocktails, milkshakes and smoothies. One person told us, "We get a different smoothie every day. On Friday it's gin and tonic." The deputy manager told us this encouraged people with their fluid intake.

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 Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People's care plans included sections that referred to their cultural and religious needs and relationships that were important to them.
- The deputy manager and staff told us Church services were held at the home on Sundays and Thursdays. Some people attended a local Church with family members.
- The deputy manager told us the home celebrated people's cultures for example celebrations were held for the Chinese New Year, Christmas and Easter. The chef cooked meals specifically for people which reflected their cultural backgrounds.
- Training records confirmed staff had received training on equality and diversity. A member of staff said, "There are residents and staff here are from different cultures or they have different beliefs and ideas. We are always respectful to each other. As a team we support people no matter what their differences are because that makes them the person they are."

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

- People and their relatives expressed positive views about the care provided by staff. One person told us, "The staff are nice, we are very well looked after." Another person said, "The staff are very good. I feel happy living here." A relative told us, "The staff are genuinely very caring. I am more than happy with the care [my loved one] receives."
- People and their relatives, where appropriate, had been consulted about the care and support they received. One person told us, "I am on the interview committee. We interview potential new staff for the home." Another person said, "The staff are pleasant and caring. They listen to what you have to say." A relative commented, "If I need to discuss anything about my loved one's care needs the staff always have time to talk with me."
- We saw that care records were person centred and included people's views about how they wished to be supported.

Respecting and promoting people's privacy, dignity and independence

- One person told us their privacy and independence was respected, they said, "You are not tied down to anything. If one day you want to have a lay in, they [staff] will bring the breakfast to you in bed."
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. When providing people with personal care they explained to the person what they were doing as they went along and by asking if they were happy to continue. They maintained people's independence as much as possible by supporting them to manage as

many aspects of their own care that they could.

- Peoples information was always kept confidential. We saw that information about people was stored in locked cabinets in a locked office.

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 Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People had care plans that described their health care and support needs. For example, there was information for staff for supporting people with eating and drinking and moving and handling.
- People had oral health assessments and care plans in place. Care plans recorded people's daily routines and the support required from staff.
- Care plans contained information about people's likes and dislikes as well as their life stories.
- People and their relatives [where appropriate] told us their care and support needs had been discussed with them to help establish their preferences in the way they received support.
- Staff understood people's needs and they were able to describe their care and support needs in detail. For example, the deputy manager told us how staff supported a person to meet their cultural and religious needs. A staff member told us, "Most of the staff have worked at the home for a long time so people are receiving consistent support from staff that know them well."

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 registered manager and deputy manager understood the Accessible Information Standard.
- People's communication needs were identified, recorded and highlighted in their care plans.
- The registered manager told us where appropriate people had been provided with information in larger print. Information could also be provided in different formats to meet people's needs, for example different languages. We saw that information such as menus and activities plans included photographs.

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

- People were supported to partake in activities that met their needs. One person told us, "I try to stay as active as I can. Once a week I use the mini gym. We also have seated exercise sessions and a song a long." Another person said, "I have an iPad. I get the newspaper every day as I like to keep up with everything. The conservatory is very good. You can go there to read a book. If I want something from the shop my friend visits me and takes me out." A relative commented, "They [staff] provide activities for people all the time."
- We saw an activities plan was in place at the home. Activities for the week of the inspection included keep fit, quizzes, Christmas bingo, karaoke, a piano performance and singing, a Christmas lunch and a Christmas party with a visiting entertainer.

- During the morning of the inspection we observed a group of school children that regularly visited the home had come to sing Christmas Carols with people using the service. We also saw that a volunteer came to read festive stories to people after lunch.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was displayed in communal areas in the home.
- People and their relatives told us they were aware of the complaints procedure and they knew how to make a complaint. One person told us, "The complaints procedure is on the notice board. I can speak with the registered manager if I have any complaints. "A relative commented, "I would speak to the registered manager. I have had no need to complain so far."
- Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. When necessary, meetings were held with the complainant to ensure they were satisfied with how their complaint was handled.

End of life care and support

- Where people required support with care at the end of their lives, there were end of life care plans in place. People's next of kin were actively involved in planning care and expressing their wishes.
- The deputy manager said they worked with the GP and the local hospice to provide people with end of life care and support when it was required.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 service had a registered manager in post. They were knowledgeable regarding the Health and Social Care Act 2014. They were aware of the legal requirement to display their current CQC rating which we saw was displayed at the home.
- The registered manager was not able to attend the home on the day of the inspection however the deputy manager very ably supported the inspection process. The registered manager made themselves available on the telephone to support the deputy manager when required with advice and support.
- Staff spoke positively about the support they received from the registered manager and deputy manager. They told us management support was always available for them out of hours when they needed it. A staff member commented, "The registered manager is very supportive and considerate, and they understand the staff team and their needs. If staff are struggling they get the help they need. The registered manager and deputy manager always come out to help the staff. They are both very approachable and they listen to us."
- A relative told us, "The registered manager, the deputy manager and all of the staff are helpful and friendly. This place is very well managed."
- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. They told us they would routinely liaise with family members about any incidents, accidents or safeguarding concerns.

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

- The deputy manager told us the aim of the home was to provide people with high quality care and to maintain a Christian ethos. It was evident that staff knew of the provider's values and we saw they upheld these values when supporting people.
- Throughout the inspection, we observed very positive interactions between people using the service and staff. It was obvious that people appreciated the efforts of staff in supporting them.
- One person told us, "The staff are very good and if I need something I speak to the registered manager. She's also very good." A relative commented, "My loved one is very well cared for. The Christian ethos of the home is very important. There is always a nice atmosphere."
- A member of staff told us, "We get plenty of time to spend with people, so we have a good understanding of their needs. Team working is very good."

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

- The provider sought people and their relative's views about the home through regular surveys. Feedback from people in the May 2019 survey was positive. Following the survey, the registered manager produced an action plan. Action taken included improving activities and interaction with staff and tidying up the garden.
- Feedback from relatives in the survey was very positive. Comments included, "I couldn't be happier because my mum is living in such a lovely friendly and caring environment." And, "The staff are always courteous and listen to any concerns I have."
- The home held residents' meetings. Topics discussed at the November 2019 meeting included flu vaccinations, entertainment, keeping up with fluid intake, a Chinese celebration and planning events for Christmas.
- We saw a suggestions and compliments book at the entrance to the home. A relative had recently commented, "Lovely home, very welcoming, wonderful staff."
- Staff told us there were regular daily handover meetings. These were attended by managers, staff and the chef where they discussed people care and support needs for the day.

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. Regular audits for example on health and safety, infection control, medicines and care records were carried out at the home. We reviewed audits and saw they were up to date and actions were taken when necessary to ensure that care was provided in the right way.
- The provider undertook regular quality visits to the home to speak with people using the service, relatives and staff about the care being provided. During their last visit in November 2019 they also reviewed incidents and accidents and checked to see if there were any complaints.
- Regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting included peoples care needs, their meal time experience, medicines and team work.
- The deputy manager told us they and the registered manager regularly attended local authority run provider forums to learn about and introduce best practice to the home. For example, following a presentation from another care provider they had introduced a bar which encouraged people with their fluid intake.

Working in partnership with others

- The registered manager worked effectively with other organisations to ensure staff followed best practice. They said they had regular contact with health and social care professionals and they welcomed their views on service delivery.
- A visiting health care professional told us, "This is a well organised home. The staff follow any recommendations we give them. I have no concerns about the quality of care provided to the people living here."
- An officer from the local authority commissioning team told us they visited the home recently. They told us the registered manager was well established in the home, they retained their staff and used very few agency staff. They said during their visit people using the service were very positive in their feedback about the home.