

Burlington Care Homes plc

Burlington Court Care Home

Inspection report

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Ratings

Overall rating for this service

Outstanding



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Outstanding



Is the service well-led?

Outstanding



Overall summary

This was an unannounced inspection that took place on 16 and 23 November 2015. The service is registered to provide Accommodation for people who require nursing or personal care for up to 102 older people. At the time of our inspection there were 95 people living there.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were cared for in a safe way whilst being encouraged to maintain their independence. This was reflected in the staff's knowledge about safeguarding, the systems and processes to support their practice in this area.

The focus of care was on personalisation and independence. Staff worked with people to identify their health and personal care needs and were very creative and innovative in enabling people to maintain their personal interests and preferred lifestyles. People looked happy and well cared for and consistently commented about how kind and caring the staff were.

Summary of findings

Staff showed genuine concern and consideration towards the people they cared for, there was a strong focus on enabling people to feel cared for and this extended to people's family members who also felt that they mattered. The quality of people's lives was also enhanced through their relationships with staff who actively promoted their privacy and dignity.

The preadmission assessments took into account the person's own health and personal care needs. These assessments formed the basis of the individual's plans of care and the personalised support they subsequently experienced. People's personal routines and preferences were identified and were respected.

The management delivered individualised care and support for the people who used the service; this started with their philosophy of providing support tailored to people's individual needs and the 'managers pledge' which stated 'To support people with the same respect that you would want for yourself and a member of your family, to treat each person as an individual by offering a personalised service and to enable people to maintain their maximum independence, choice and control.' The vision and values were person-centred and ensured

people were at the heart of the service. The vision and values were integral to the service including the selection and training of staff and staff delivered them with enthusiasm and commitment.

There was an emphasis on continually striving to improve. The management recognised, promoted and established innovative ways to develop a high quality service. The service worked in partnership with other organisations to make sure they were following current best practice; worked towards the achievement of recognised accreditation schemes and continued to make improvements over time.

People were encouraged to express their views about how the service could be improved and developed; regular meetings were held with them to discuss what mattered to them.

Robust quality assurance systems had been established the service had conducted formal satisfaction surveys for people who used the service, relatives and staff. A range of regular audits were conducted to identify areas for improvements and action plans were used to ensure any improvements were completed within an appropriate time frame.

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.

There was a good level of understanding of the need to make sure people are safe; staff are trained and competent in safeguarding.

Staff were encouraged to raise any concerns they may have about people's safety; they were also able to develop positive and meaningful relationships with people to keep them safe and meet their needs.

People were protected against the risks associated with appointment of new staff by effective recruitment.

Effective systems were in place to enable people to receive their medicines as prescribed.

Good



Is the service effective?

The service was effective.

Staff had undertaken induction training and other formal training that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities.

The management worked alongside staff to ensure the service continued to meet the needs of people who used the service and staff received regular formal supervision.

People were supported to maintain their wellbeing, access appropriate health and social care services and their consent was sought before staff provided personal care and support.

Good



Is the service caring?

The service was caring.

Staff showed genuine concern and consideration towards the people they cared for and this extended to relatives who also felt that they were well supported as a family.

Staff interacted well with people and had excellent insight into people's individual needs and the challenges they faced.

Considerable emphasis was placed on supporting people to achieve their potential and maintain their quality of life.

People were supported to express their views about all aspects of their lives including the care and support that was provided.

Good



Is the service responsive?

The service was very responsive.

People had an enhanced sense of wellbeing and quality of life because staff knew how to meet their preferences and were innovative in enabling them to maintain their interests and contact with the local community.

Outstanding



Summary of findings

People's care and support was planned in partnership with them. Staff used individual ways of involving people so that they felt consulted, empowered, listened to and valued.

The service was flexible and responsive to people's individual needs and preferences, staff found creative ways to enable people to live as full a life as possible.

Is the service well-led?

The service was very well led

The service actively sought and acted upon the views of others and has sustained a positive culture in the service.

The management placed emphasis on continually striving to improve. Managers recognised, promoted and regularly implemented systems in order to provide a high-quality service.

The vision and values were imaginative and person-centred and made sure people are at the heart of the service.

The service worked in partnership with other organisations to make sure they followed current best practice and provided a high quality service.

Outstanding



Burlington Court 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 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 16 and 23 November 2015 and was unannounced. At the time of our inspection there were 95 people living at the home. The inspection was conducted by two CQC inspectors 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 care 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.

Before we visited the service we reviewed the information that we had received. For example, we looked at the

statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service. We also contacted Healthwatch Northamptonshire who help local people get the best out of their local health and social care services.

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. During the inspection we spoke with 13 people who used the service and nine relatives. We also spoke with nine care staff including; the manager, two lifestyle support coordinators, the chef and the housekeeper. We made observations about the interactions between people who used the service and the staff and we reviewed individual plans of care relating to four people. We also reviewed three staff files and records relating to the management of the home such as the outcome of satisfaction surveys and quality assurance audits.

Is the service safe?

Our findings

People and their relatives told us they felt safe living at the home. One person said “I am being very well looked after here; all the staff are very nice to me.” A relative told us “Things are one hundred percent, I’d live here happily, I visit every day and I have no concerns whatsoever about any aspects of care.” All of the staff we spoke with felt that people were safe in the home and they were supported to maintain this.

People who used the service were relaxed and happy in the company of staff. Appropriate safeguarding processes were in place; staff had undertaken training in safeguarding and were aware of the types of abuse; they were clear about the action they would take if they suspected that someone was at risk of harm. They knew the external agencies involved in safeguarding people and knew how to contact them if required.

When safeguarding allegations had been made the provider had cooperated fully with the local safeguarding team and when required had conducted internal investigations into allegations made. Following the outcome of the investigations the provider took appropriate action to ensure people were protected from harm.

One person said “It’s very pleasant, the care is the best thing, I’ve had no accidents and I feel very safe.” People were protected against the risks associated with their conditions; for example people had detailed risk assessments in place to reduce and manage the risks of falls and falls from the bed. Detailed risk assessments were in place to reduce the risks associated with the use of bedrails and regular checks were conducted to ensure people’s safety. Risk assessments were also in place to manage the risk of malnutrition and the effects of pressure on the body. Appropriate movement and handling risk assessments had been conducted; these provided staff with detailed instruction how people were to be supported to change their position in safety. Our observations confirmed that staff provided support to people within these guidelines and that movement and handling practices were safe.

People had personal emergency evacuation plans in place in case of an emergency; fire safety systems were in place

and appropriate checks were conducted; these included weekly fire alarm tests and regular fire drills. Fire safety equipment and other equipment were regularly checked to ensure it was maintained in good working order.

People were protected from the risks associated with the recruitment of new staff; effective recruitment systems had been established. Staff told us that they had been questioned about safeguarding during their interview and had also received training and undertaken competency checks. Staff files showed that all of the required checks, including references and Disclosure and Barring checks were obtained before staff started working in the home. A member of staff told us “I’ve only been in post for one week I’ve worked in other homes I’m still getting used to things but the manager is very good he’s very supportive.”

People were happy with the level of support offered by staff. They told us there were enough staff allocated to meet their needs. One person said “They usually respond fairly quickly when I press the bell, I have this pendant and a bell in the room which is very good; the staff come and do what I want.”

One staff member said “The manager understands the staffing needs well as he also works on the shifts and is very hands on in providing care.” Staff also told us that good staffing levels were maintained and that as well as the care staff people were supported by ‘lifestyle support’ staff, who supported people to maintain their interests and activities as well as other staff such as domestic and catering staff. Staff were attentive and anticipated people’s needs; we saw no occasions where people had to wait for their care and support to be provided.

The manager told us that they were mindful that people’s needs changed over time and they regularly reviewed staffing levels to ensure there were enough skilled staff to meet people’s needs. For example they had identified that more people required more assistance from staff to eat their meals; therefore additional staff had been recruited to support people during meal times.

All of the relatives we spoke with were happy with the way medicines were managed and said there had been no problems with this. Effective systems were in place to ensure the safe administration of medicines including; ordering, storage, administration, disposal and record

Is the service safe?

keeping. Staff told us that they liaised with the relevant GP to obtain prescriptions and that medicines were dispensed in a monitored dose system to assist in accurate and safe administration.

Where it was considered to be in people's best interests to have medicine added to their food or drink appropriate Mental Capacity Assessments (MCA) were in place and the associated Deprivation of Liberty (DoLS) authorisations had been sought from the local authority. Best interests decisions were made and reviewed on a regular basis and involved the person's relatives and GP.

Our observation of medicine administration confirmed that safe systems were established and records showed that people received their medicines as they were prescribed. Staff had received training in the safe administration of medicines and were aware of what the medicines were used for and possible side effects. The management regularly assessed staff for their competence in the administration of medicines.

Is the service effective?

Our findings

People told us that the staff had the right skills to support them in the way they wanted and staff were knowledgeable about the individual needs of the people they supported. One relative said "All the staff are brilliant and they know what they are doing."

All of the staff told us they had undertaken an induction training course that had equipped them with the skills and knowledge to enable them to fulfil their roles and responsibilities. The staff induction training comprised two weeks and included subjects such as personal care, privacy and dignity and confidentiality. A new member of staff told us "I've only worked here for four weeks I'm still training one day each week. I'm not allowed to work alone or use the hoists until I've done the moving and handling training."

New staff worked alongside senior staff to provide care to people during their induction training and before being allowed to work unsupervised. One senior member of staff told us "New staff have a probationary period of 24 weeks, we give them a lot of support; they have regular supervision and assessments at six, 12 and 24 weeks to ensure that they are able to provide people with good quality care."

All staff received formal training in subjects such as fire safety, safeguarding, movement and handling, nutrition, infection control and health and safety. Staff had also undertaken training specific to people's needs; for example supporting people who were living with dementia and other health conditions. One member of staff said "The training here is amazing" and another told us all senior care staff were completing leadership qualifications. Staff also had training in the Mental Capacity Act 2005 and had a good understanding of service users' rights regarding choice.

Staff had access to formal training enabling them to gain Qualifications and Credit Framework (QCF) qualifications in social care that was linked to their career progression. All staff had regular supervision with their manager to discuss their performance and development. Staff competencies were regularly assessed; for example senior staff told us that they had 'in house' qualified movement and handling trainers who assessed people's needs and ensured that

staff achieved and maintained appropriate movement and handling skills to meet people's needs. Staff who administered medicines were also regularly assessed to ensure their competence.

People told us that staff always asked for their consent before providing any support and that they respected their personal needs and preferences. Relatives also said they had observed that staff sought consent before providing care. Staff told us they always sought consent before providing any personal care or support and this was confirmed during our observations. Individual plans of care also contained examples where formal consent for the involvement of relatives in care planning and for staff to share information with relatives and other health and social care professionals had been obtained.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and we saw that they were. The management team and staff were aware of their responsibilities under the MCA and the DoLS Code of Practice.

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

Is the service effective?

People liked the food that was provided; one person said “You can’t beat it, it’s really good.” Another person said “The food here is excellent.” A relative said “The staff are very good in the restaurant and we’ve been down to see them in the kitchen and they have made sure [relative] has food she likes to eat.”

Care staff told us that the kitchen staff provided people with special diets to meet their nutritional and cultural needs and that they liaised with the chef about people’s dietary needs, including any allergies. Staff also told us the chef attended the resident’s meetings and people were encouraged to make suggestions for inclusion in the menu. Staffing levels had been increased at meal times so that they were able to provide additional support to people who needed assistance to eat. Staff were aware of who needed assistance and who needs prompting to eat; they explained how they regularly returned to people to offer food at different times if they declined to eat at meal times. A finger food buffet was provided for people who were living with dementia so that they could eat at the times they chose. Staff also routinely offered people alternatives if they had not eaten the food that had been served. One member of staff said “We had training on food and nutrition we were blindfolded and fed by others so we understood what it felt like to be fed. It really helped me.”

One relative said “They monitor my [relative’s] weight and make sure they eat enough” and another said “My [relative]

has enough to eat and staff help them; they even strain the soup for them.” People were able to make choices about the food that they ate; they were supported to select options from a seasonal menu that comprised main meals with fresh vegetables as well as vegetarian and light options. One person said “We didn’t want what was on the menu today so I went to see the chef; [name] and I have had sausage and mash instead; the chef’s very good and we can change things if we don’t like what’s on the menu.”

Information about people’s nutritional well-being was gathered during their pre-admission assessment and staff continued to monitor this on a regular basis; when any risks were identified people were referred to their GP and the dietitian for further guidance. We observed staff encouraging people to eat and drink by offering snacks to people throughout the day. Records showed that people were encouraged to maintain an adequate food and fluid intake.

People were supported to access appropriate healthcare services including hospital services, their GP, podiatrist, optician, dietitian and speech and language therapists. One person said “The GP comes in every Monday and we can see them if needed” another person told us “I have a medical condition but I have been seen by the GP.” People with limited mobility had been referred to the district nursing team and had received aids and equipment to promote their well-being and their independence.

Is the service caring?

Our findings

People who used the service and those that mattered to them were consistently positive about the caring attitude of the staff. One person said “I am sometimes anxious at night and I ask the staff to come and talk to me and they do, so I feel very safe.” Relatives felt that the staff provided person centred care that was caring and respected people’s choices and wishes. A member of staff said “It feels homely here and it’s all about individuals.”

People told us that the staff were consistently kind and caring towards them; One person told us “The staff are very nice, everybody is very caring.” Another person told us “The staff are so nice I can go and talk to them, it’s so lovely they are very attentive and kind.” Relatives also felt supported by the staff for example one person said “The care our relative has received here has exceeded all our expectations. We came here expecting that the care would be provided but we found an extended family; the staff have been so very caring and affectionate towards our relative and all the family.

Staff were continually striving to enable people to remain as independent and self-sufficient as they could be. People were enabled to have an active voice in all that happened to them and staff recognised the importance of understanding life from each individual’s perspective. Training programs were focused on providing the staff with vital insights into the life of a person living in the home. For example a member of staff told us how they had been trained to support people to eat, they said “We had training on how to support people to eat, the training was excellent; we were blindfolded and fed by others it really helped me understand it from their perspective.”

The management recognised the importance of enabling staff to spend time encouraging people to achieve their potential and enabling them to feel valued and are cared for; the way and the pace that people wanted was seen as a fundamental part of care delivery. All staff showed genuine concern and consideration towards the people they cared for and demonstrated a good understanding of the needs of people living with dementia. They understood the importance of finding the best way to communicate with each person and showed in depth insights and effective communication skills in all their interactions; by approaching people from a direction that they could be seen, by providing good eye contact and open body

language. Staff also used touch effectively to engage with people, to help reassure them and to offer warmth and human contact; for example we saw one member of staff was supporting someone who was distressed and they gave them a warm friendly hug which comforted and reassured them. Staff also understood that people living with dementia were often unable to recognise or communicate their needs and regularly checked on people’s well-being and comfort by asking if they would like something to eat or drink, if they wanted to have a rest or checking if they were warm enough.

Staff had taken great care to find out about people’s personal routines and preferences and these were well documented within their individual plans of care. Throughout our observations it was continually evident that staff knew people very well and that they continually sought to involve them in all decisions about the way their care was provided and about the way in which they spent their time. Staff were alert to changes in people behaviours or health and advice and support was proactively sought to help people keep people as well as they could be.

Staff interacted well with people who used the service and had a good insight into their needs, expectations and the challenges they faced. Every effort was made to support people to maintain and develop relationships with families and friends, we saw that visitors were made very welcome and one relative told us that they had gained ‘a caring extended family’ when their loved one moved into the home. Staff used innovative ways to enable people to maintain contact with relatives who lived a long distance away, for example people were supported to use computer software that facilitated video chat, voice calls and emails.

Staff always treated people with great respect and ensured that they were consistently enabled to maintain their privacy and dignity. Personal care was carried out in the person’s own rooms with discretion and care was taken to involve the person and to explain carefully what was happening and why. All of the people we spoke with were very positive about the care they or their relatives received and told us the staff were caring and respected their privacy and dignity. One person said “The staff are very caring and respectful.” A relative said “The staff always talk to the residents well.” People were supported to express their individuality through their appearance and were dressed according to their age, gender and the weather conditions. During our observations staff were respectful

Is the service caring?

towards the people they supported, for example staff referred to people by their preferred name and respected

their views and opinions; staff knocked on people's bedroom doors and waited to be invited in. All interactions were caring and demonstrated a good awareness of people's needs.



Is the service responsive?

Our findings

People felt valued and were supported to lead meaningful lives. One person said “I am sometimes anxious at night and I ask the staff to come and talk to me and they do, so I feel very safe.” Relatives told us “They [staff] are wonderful people, wonderful staff, we’ve got the right place.” and “We can go home knowing [name] is cared for well.”

People were assessed prior to moving into the home to ensure that the service was able to meet their needs. The assessments formed the basis of personalised individual plans of care which provided staff with detailed instruction about how people’s care and support needs were to be met; for example there was detailed instruction to staff about how to support people living with dementia if they became unsettled or distressed and people were able to choose the gender of the person providing their personal care.

Staff were knowledgeable about people’s individual needs and preferences; they provided care and support that was in line with their individual plans of care and risk assessments. Individual plans of care and were regularly reviewed on a monthly basis or more frequently if people’s needs changed. A relative told us “Nothing has been too much trouble for them [staff], any concerns have been swiftly addressed, and they have all been so kind to us.”

Each person had a detailed life history in place that provided staff with information about people’s previous lives. One member of staff said “These are really important to us; they help us to engage with people about the things that matter to them such as their preferences; past experiences and relationships.” And “It’s really important to us to find out about people’s earlier lives, we get to know them and their relatives. We like to find out what we can do to maintain the quality of their lives, there’s always something we can do for them once we get to know them.” For example staff told us how they had sourced a local Bridge group for someone who had enjoyed playing Bridge before coming to live at the home. Staff told us how they had enabled people to maintain their independence in accessing the community for a variety of activities; ranging from visiting local shops to buy their newspaper to attending local tea dances. They also described how they had developed arrangements with local cafes and pubs so that people could go there independently or with support from staff in a safe and accepting environment.

The staff had developed ‘My Daily Diary’; this was an award winning project designed to capture experiences that people had and the activities that they had engaged with in photographic format to provide a record for people living with dementia and their relatives. People’s interests were well documented and arrangements were in place to support people to attend social groups and leisure activities of their choice within their local community. One person said “I go out to a tea dance every fortnight, the activity staff take me and pick me up”.

People were also able to engage in light household tasks if they wished for example a relative said “[Name] is helping to fold up the washing just now” and we saw a person was sorting through a bowl of laundered socks to put them into pairs.

There was also a range of ‘in house’ activities available in which people could participate if they chose; for example there were arts and craft sessions, visits from external entertainers such as singers and musicians and visits from the PAT dogs, a local charity that enables people to engage with dogs. One person said “I’m waiting for the painting class to start I really enjoy the activities; we had a quiz this morning and that was good and I like it when we go to the pub on a Thursday afternoon, we have lunch there and I have a white wine and lemonade.”

A daily activity file was regularly updated for each resident containing photos and information about activities people had taken part in to enable these experiences to be remembered and shared with relatives. Staff told us that the service had won an award from the National Care Awards in 2013 for their diaries project. My Daily Diary comprised individual folders containing a record of the activities people engaged with and photographs; these were made available for visiting relatives to give them information about what their relative had been doing since they last visited.

All of the people we spoke with knew how to raise a complaint if they needed to; one person said “The manager comes round regularly, I’ve not had to complain but I feel the manager would respond and deal with things if I had.” One of the relatives said “The manager is very good, very hands on and you can speak to him at any time.” People had access to information that set out how to complain to the management and other agencies such as the local funding authority. Staff understood their roles and responsibilities in dealing with potential complaints and



Is the service responsive?

had access to appropriate policies and procedures. All of the people we spoke with told us the manager spent a lot of time on the units and had regular contact with people who used the service and their relatives. The manager said “It’s really important to me that I spend most of my time with people who use the service and the staff, it means I get to know people and I know what’s going on and people can talk to me about the things that matter to them.” We

reviewed the complaints file and found that when complaints were received appropriate investigations and responses had been made. The manager told us how they had used the content of complaints and other feedback to improve the service, for example staffing levels had been increased at meal times. We also saw that there were many thank you cards on file from people and their relatives expressing their appreciation of the service provided.



Is the service well-led?

Our findings

The provider had a clear vision and values that underpinned all aspects of the care and support offered to people and this was owned and understood by all staff. Staff demonstrated enthusiasm and commitment to providing person centred care which promoted people's independence and enhanced their quality of life. People were consistently supported in a personalised way and felt safe and well cared for.

The management ensured dementia care was led with the ethos of being person centred so that people were able to exercise choice and control of their care. The management have established a restaurant with flexible eating times so that people living with dementia could eat meals or snacks at a time they choose. The management also ensured people living with dementia received highly personalised care by investing in their staff; for example all staff including non-care staff received dementia awareness training. All care staff also undertook an advanced dementia training course which included subjects such as behaviours that may challenge; possible causes and distraction and prevention methods. Staff were taught and encouraged to use effective communication including verbal, non-verbal and listening skills. The importance of facial expression and body language was emphasised.

The management have developed the environment to ensure minimal restriction for people living with dementia; as well as a choice of three lounges, there is an activity centre and numerous alcove areas with seating throughout the home. The corridor leading to the restaurant is named 'The High Street' and has large murals of 'old style' fronts of shop windows, professionally painted in to give a real feel of walking along a street going to somewhere different to eat their meals. There is also clear large signing around the home to orientate and guide people to the different areas. Each floor also has their own same level, secure large garden area and this enables activities take place in these during the summer months with activities ranging from lawn bowls to ice cream tasting.

People told us they were actively encouraged to raise their concerns and there were systems in place to assist them to do this; the manager regularly visited all areas of the home and knew people well; there were also regular resident's meetings and comment forms were available in the reception area. All of the people and the relatives we spoke

with were positive about the quality of the care and management of the home; their comments included "The manager runs a good ship, he is sound", "This is the best home I've seen by far." And "The manager is very good, very hands on and you can speak to him at any time."

Staff were very positive about the quality of the management and leadership of the service. They felt supported and were empowered to raise any concerns with confidence that they would be listened to. Staff consistently commented on the family atmosphere that was fostered by the management. For example one member of staff said "We are like a family here, it's a warm place and the managers make sure we work as a team, another member of staff said "I have never worked anywhere where the manager is so hands on. He knows all the residents and all the staff; the support is incredible."

The manager told us they felt strongly that the service could only be well lead when it was run first and foremost for the people who used the service and that they always tried to look at the service from the point of view of the people who lived there. For example as well as maintaining regular contact with all of the people living there and regularly worked alongside the staff as part of the team, they also participated in some of the activities such as going on the scheduled outings.

There was a very open, transparent and accessible management culture in the home. People were supported to express their views about all aspects of their lives including the care and support that was provided. The manager was readily accessible to people who used the service and their relatives. They told us "It's really important that I regularly spend time on all of the units; I get to know people and they get to know me; so they feel able to talk to me and I can see what's going on."

The manager worked hard to motivate staff and encouraged a culture of continuous learning and had systems in place to focus on personal development and to help staff maximise opportunities for progression and promotion. One member of staff said "The manager understands about motivation and he knows what support people need." Other comments included "It's amazing to work here; I feel comfortable and have been able to progress." And "Your work is recognised and I have had



Is the service well-led?

letters praising me.” The management had established the Burlington Care Awards that involved all of the locations within the group where the achievements of staff were formally recognised and rewarded.

The management had embedded a culture of openness and willingness to learn and continually improve the way in which the service operated. The management held regular meetings for people who used the service and their relatives where they were able to contribute to the running of the home; for example they were involved in decisions about the menus and the range of activities available. They manager actively sought people’s views and feedback from staff and took action to improve things. They said “We are always looking for ways to improve, for example we don’t have a set menu anymore because people wanted to have more control and now they tell us what they want on the menu. The chef is very involved with people in seeking their views and attends the resident’s meetings.” One person said “The manager comes round regularly I’ve not had to complain, but I feel the manager would respond and deal with things if I did.” The manager was open and honest with us about an occasion when a serious incident had occurred; they had responded appropriately and had taken a range of significant actions to ensure reoccurrence was prevented.

Regular staff meetings were held where staff were updated about service developments and were encouraged to voice their opinions and make suggestions about the running of the home. One member of staff said “The managers are very responsive to our ideas and are very proactive.” For example staff told us how they had been involved with people who used the service in planning the décor of one of the corridors with art work to resemble a traditional high street.

The service is a member of carehome.co.uk; this provides a forum for people to provide feedback about their experiences of Burlington Court through the use of comment cards. The reviews of the service are then accessible to the general public and are carefully monitored for opportunities to improve the service and are reviewed at managers’ and staff meetings. All of the reviews for this service were highly positive and commented on the quality of the care people received and the kindness of the staff. For example one person commented “Mum lived at Burlington Court for the last 18 months of her life, passing away peacefully surrounded by a team of dedicated, loving

people who supported her and the family to the end. She was happy at Burlington Court, treated with dignity and came out of herself enjoying company and activities. I closely monitored her time and the care provided; watching and listening to staff interactions whenever I visited and I always felt she was treated as if she was a member of each of the staff’s family. I was treated as if mum was the only person they were caring for, they are an exceptional team.”

The management conducted annual satisfaction surveys for people who used the service, their relatives and the staff. We reviewed a sample of the responses; all indicated a high level of satisfaction with the service provided. 100% of relatives who responded rated the management of the home as good or excellent and 100% rated the overall satisfaction with the service as good or excellent. Relative’s comments included “The management can’t do enough to help” and “The managers have taken the time to get to know me and [Relative] and they support me as well’.

The service had links with the local community such as local venues that staff took people to, such as pubs and cafes. Staff explained that this enabled people to get out and about but also helped people in the local community to have a greater understanding of people’s needs. Local schools and colleges also visited the home on a regular basis to participate in activities and seasonal celebrations such as Easter and Christmas. The local college of music and performing arts also visited to perform music and drama.

Both the manager and the provider maintained links with external organisations for example through attendance at local provider forums and meetings with the local authority that provided guest speakers and CQC seminars relating to regulatory developments. The manager regularly attended meetings and training sessions at a local mental health hospital to learn about any new research, examples of best practice in mental health or legislation; this is then shared with staff and implemented. The management also maintained links with the local hospice and had achieved the ‘Gold standards Framework’ for end of life care; this enabled people to have access to current best practice and also for staff to maintain and develop their competence. They also maintained links with the Dignity in Care Initiative established by the NHS, Age UK, and the Local government Association the Partnership on Dignity in Care in July 2011, to help drive improvements in the level of care



Is the service well-led?

provided to older people in hospitals and care homes. The staff have subsequently won two awards, one for the best deputy care manager and the other for the 'My Daily Diary' project developed by staff.

The management had established links with the local university and provides placements for healthcare staff such as student nurses to gain practical experience. They had also liaised with a local college to develop a tailor-made one year course leading to a diploma for team leaders employed at Burlington Court which staff were working towards.

The manager understood their role and responsibility in relation to their CQC registration; they were clear about when notifications should be sent to us about things that happen in the service. They had a statement of purpose and service users guide in place that set out their aims and objectives for the service and their philosophy of providing support tailored to people's individual needs. Both documents contained the 'managers pledge' which included 'To support people with the same respect that you would want for yourself and a member of your family,

to treat each person as an individual by offering a personalised service and to enable people to maintain their maximum independence, choice and control.' Staff were knowledgeable and committed to the philosophy of care and understood their role in supporting people to maintain their independence and the best possible quality of life.

Effective quality assurance systems had been established. There was a staff training matrix in place to ensure that staff received the required training and timely updates. Monthly home audits were completed to assure systems within the home; for example medicine audits were conducted to ensure people received their medicines as prescribed. Individual plans of care and risk assessments were regularly reviewed and amended as people's needs changed. Health and safety audits were also conducted to identify any hazards in the environment and accidents and incidents were carefully monitored to identify any trends or risk factors. Action plans were put in place to address any areas for improvement.