

MGB Care Services Limited

Burlington Villa

Inspection report

Burlington Villa
Sherwood
Nottingham
Nottinghamshire
NG5 2GR
Tel: 0115 960 2738
Website: www.mgbcareservices.co.uk

Date of inspection visit: 28 August 2015
Date of publication: 30/09/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We performed the inspection on 25 August 2015. Burlington Villa is run and managed by MGB Care Services Limited. Burlington Villa is a care home which provides residential care for up to nine people who have a learning disability. Nursing care is not provided at the service. On the day of our inspection eight were using the service. The service is provided across three floors with a passenger lift connecting the floors.

The service had a registered manager in post at the time of our unannounced inspection. 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 and associated Regulations about how the service is run.

Summary of findings

People were protected from the risk of abuse as staff had a good understanding of their roles and responsibilities if they suspected abuse was happening. The registered manager shared information with the local authority when needed.

People received their medicines as prescribed and staff had received training to ensure the management of medicines was safe.

People were supported by a sufficient number of staff and the provider had ensured appropriate checks were carried out on staff before they started work.

People were encouraged to make independent decisions. Staff were aware of legislation to protect people who lacked capacity and decisions were made in their best interests. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had not deprived people of their liberty without applying for the required authorisation.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Positive and caring relationships had been developed between people and staff, and staff responded to people in a compassionate manner. People were supported to make day to day decisions and were treated with dignity and respect by staff.

People who used the service, or their representatives, were encouraged to be involved in decisions about the service and systems were in place to monitor the service provision. People said they felt they could report any concerns to the management team and felt they would be taken seriously.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

People received their medicines as prescribed and medicines were managed safely.

There were enough staff for them to be able to respond to people's needs when required.

Good



Is the service effective?

The service was effective.

People were supported by staff who had received training and supervision to ensure they could perform their roles and responsibilities effectively.

People were supported to make independent decisions and procedures were in place to protect people who lacked capacity to make decisions.

People were supported to maintain a nutritionally balanced dietary and fluid intake and their health was effectively monitored.

Good



Is the service caring?

The service was caring.

People's choices, likes and dislikes were respected and people were treated in a kind and caring manner.

People's privacy and dignity was supported and staff were aware of the importance of promoting this aspect of care.

Good



Is the service responsive?

The service was responsive.

People had access to health care professionals who were involved in people's care package when required.

People were supported to make complaints and concerns to the management team.

People residing at the home were involved in the planning of their care and were supported to pursue a varied range of social activities.

Good



Is the service well-led?

The service was well led.

People felt the management team were approachable and their opinions were taken into consideration.

Staff felt they received a good level of support and could contribute to the running of the service. There were systems in place to monitor the quality of the service.

Good



Burlington Villa

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 25 August 2015 and was unannounced. The inspection team consisted of one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. During the inspection we spoke with three people who were living at the service. We also spoke with three members of staff and the deputy manager.

We looked at the care records of two people who used the service, two staff files, as well as a range of records relating to the running of the service, which included audits carried out by the registered manager.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe. They told us that if they were concerned about any aspects of service provision they would talk to a member of staff or the registered manager. One person said, “I do feel safe here,” whilst another person told us, “I have been here a long time, I like it here, I am treated well and I always feel safe.”

The deputy manager told us that staff were given regular training in how to recognise and respond to abuse and felt assured that staff knew how to report any suspicion of abuse. We found staff had a good knowledge of how to recognise and respond to allegations or incidents of abuse. They also understood the process for reporting concerns and escalating them to external agencies if needed. One member of staff told us, “I would report any issues of concern to the person in charge or our head office. I would also consider contacting the local safeguarding adults team if needed.”

People could be assured that they would not be exposed to inappropriate methods of restraint as staff had attended training in the management of aggressive behaviour. Staff told us the training was designed to enable them to safely disengage from challenging situations by utilising distraction techniques to ensure the safety of the person receiving care. Throughout our inspection we did not observe any inappropriate restraint being used and staff interacted with people in a relaxed manner friendly manner.

People told us they were encouraged to take risks and staff supported and encouraged them to increase their independence in the home and the broader community. One person told us, “I am going to do some shopping which I enjoy.” We found comprehensive risk assessments had been undertaken. When potential risks had been identified an appropriate risk prevention strategy was in place. For example, monthly skin integrity assessments had been completed to identify those people who were at risk of developing pressure damage. We found that when the process had identified a potential risk pressure relieving equipment had been sourced and as was in use. We also observed staff were vigilant and supported people to reduce any risks on an informal basis. For example we saw

one person was not always using their walking frame correctly when mobilising in the home. Staff ensured this person was provided with guidance to ensure they used the equipment correctly.

We also found that Personal Emergency Evacuation Plans (PEEPS) were undertaken. These were in place to ensure staff could assist people to escape the environment in the event of an emergency such as a fire. The plans documented how people could be evacuated safely and highlighted the amount of staff required to perform the evacuation process together with the equipment needed. This showed that people’s independence and freedom was promoted and risks to people’s health and welfare were identified and addressed.

People felt there were sufficient staff to meet their needs. One person told us, “Most of the time there is enough staff.” Another person told us, “Staffing levels are good.”

On the day of our inspection eight people were residing at the home. These people were being supported by the deputy manager, five support staff and a cleaner. The deputy manager confirmed that these staffing levels were normal but also told us they could be increased if more people needed to access the community on their planned outings. A member of the support staff also told us they felt the staffing levels were appropriate and said, “It’s a really good staff ratio here, I really don’t have any concerns about the staffing levels.” Throughout our inspection we saw there were sufficient numbers of staff to maintain a constant presence in the communal areas. We also noted that staff were able to respond quickly when people needed support.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks were undertaken to assist employers in making safer recruitment decisions.

People who used the service told us they received their medicines when needed and could be assured that their medicines would be administered safely. Only senior care staff administered medicines. They confirmed they had received training in this area and had also been provided with additional supervision from senior staff to ensure they remained competent. We asked a member of staff how

Is the service safe?

they administered medicines and found they were aware of appropriate procedures to do this in a safe manner. We saw staff had signed medication administration records and staff told us these were only signed once they had personally witnessed people taking their medicines. We

also found medicines were stored securely in a treatment room which was in good order. Temperature monitored facilities were available if needed to ensure medicines remained effective.

Is the service effective?

Our findings

People felt they received care from sufficiently skilled and competent staff. One person told us, “All the staff are good at what they do.”

On commencing employment staff were required to undertake an induction process to welcome them to the service and prepare them for their new role. Staff told us they felt the induction was sufficient to meet their needs. One member of staff told us, “The induction was absolutely amazing. I was shown every aspect of people’s care needs. We also went through all the policies and procedures.” We also found the induction process included a period of ‘shadowing’ more experienced staff until the less experienced staff felt ready to work independently.

Staff also told us that ongoing training opportunities were provided to ensure staff could remain competent in performing their roles and responsibilities at the home. One member of staff told us, “We have a lot of training here, in fact it seems like it’s every other week.” This information was supported by records which verified that staff received regular training in a wide range of subjects which included moving and handling, food hygiene, the Mental Capacity Act (2005), epilepsy awareness and safeguarding vulnerable adults.

People were supported to make decisions about their care and to provide consent wherever possible. One person told us, “The staff always respect my wishes.” Another person told us, “All the staff are nice to me.” We found staff were appreciative of people’s rights to spend their time as they pleased and respected people’s day to day decisions. One member of staff told us, “Communication is the most effective tool a member of staff can have in finding out what people really want.” The member of staff went on to say that all the staff ensured people provided their consent before any interventions were undertaken. This information was confirmed through our observations as staff were seen to be asking people for their consent in all aspects of service provision.

People could be assured that staff followed the principles of the Mental Capacity Act (2005). The act is in place to protect people who lack capacity to make certain decisions because of illness or disability. We saw assessments had been undertaken to assess people’s capacity to make

specific decisions. Where people lacked the capacity to make a decision the provider followed the principles of the Act. Staff also understood the use of Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005. DoLS protects the rights of people by ensuring that if there are restrictions on their freedom these are assessed by professionals who are trained to decide if the restriction is lawful.

People were complimentary about the food and said they were given enough to eat and drink. One person said, “The food is lovely,” whilst another person told us, “The food is nice and we have a good choice.”

All of the staff we spoke with felt people received a good dietary and fluid intake. Comments included, “We ensure people always have a choice, it’s left to them to say what they would like to eat. For breakfast they can have cereal or a full English breakfast.” We found that staff had ensured people’s weight was monitored on a monthly basis. Where concerns had been identified in relation to people maintaining a healthy Body Mass Index (BMI) these concerns had been managed effectively. We found people received special diets when needed. For example soft or pureed food or low sugar diets. We also found that meals for people who chose to adopt a meat free diet such as vegetarians and vegans, or people who required meals determined by their culture could be catered for. We also saw a variety of drinks were made available throughout the day to ensure people remained hydrated.

People’s health needs were monitored and their changing needs responded to. People told us they were supported to see a doctor when they needed to. One person told us, “I am going to see the doctor later today,” whilst another said, “When I have been poorly they (staff) have really looked after me and called my doctor.”

Staff confirmed they ensured health care professionals were involved in people’s care package when required. One member of staff told us, “If people feel unwell we call their GP and arrange an appointment for them. This information was supported by entries in people’s care plans. They showed that staff had not only sought advice from people’s GPs but also ensured a range of external professionals were involved in people’s care packages, which included dieticians, chiropodists, speech and language therapists and psychotherapists.

Is the service caring?

Our findings

People felt happy living at the service and felt the staff were caring and compassionate. One person told us, “I really like it here, the staff are very caring,” whilst another person said, “The staff always respect me.”

We found the provider had a dignity champion. A dignity champion is a person who is willing to stand up and challenge disrespectful behaviour, they act as a good role model to their peers and influence and inform them to ensure people are treated with respect and dignity at all times. We found this person to be very passionate about this role and they had a good knowledge of how to promote people’s respect and dignity within a care home setting. They told us they attended staff meetings to ensure any issues relating to this area could be discussed with staff. Records supported this information.

We saw that staff interacted with people in a relaxed and caring manner and it was evident that positive relationships had been developed. We saw staff spoke with people in an individualised way and were patient when people required support and reassurance. For example we saw one person appeared to be somewhat unsettled prior to lunch, a member of staff approached this person and held their hand. They reassured the person by conversing with them in a low tone to promote their respect and confidentiality. It was evident that the person gained reassurance and comfort from the interaction.

We found systems were in place to monitor staff to ensure they provided a caring and respectful service to people. The deputy manager told us the management team observed staff interactions on a regular basis to determine if staff were treating people with respect and dignity. Furthermore they told us that if any issues of concern were identified at those times they would be discussed within formal staff supervision sessions so additional training and guidance could be provided when needed.

We found people’s diverse needs were catered for by staff. For example, people attended local religious organisations of their choice. This showed that staff were aware of the importance of respecting people’s religious and cultural beliefs.

People felt they were encouraged to express their views and felt their opinions were valued and respected. People told us they had access to and were involved in the planning and review of their care package and said they felt their views were respected. One person told us, “We sit down and discuss my care plans quiet often. They listen to what I say.” People’s relatives were also involved in making decisions if they were authorised to do so. We also found that people had access to advocacy services when needed. (An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up).

We saw that people were provided with choices such as where they wished to spend their time and what activities they wished to participate in. We found staff clearly understood the importance of ensuring people’s wishes were at the centre of the care they provided and throughout our inspection we saw staff empowered people to make day to day decisions. For example we found one person preferred to walk around the communal areas within the home and staff supported their choice to do this in a way that did not impact other people in a negative manner. This showed that people could express their views and were involved in decisions about their care.

People told us that staff respected their privacy and dignity. They told us they had access to private areas within the home such as their bedrooms which they could use if they wished. People also told us that personal care and treatment was always provided to them in their bedrooms in order to maintain their privacy and dignity.

We found members of staff were appreciative of the importance of maintaining people’s privacy and knew the appropriate values in relation to this. Throughout our inspection we observed staff respecting people’s privacy and dignity when supporting them. For example speaking to people discreetly about matters of a personal nature and knocking on bedroom doors and waiting for an answer prior to entering.

Is the service responsive?

Our findings

People felt their individual preferences were known by staff and felt they were encouraged to make independent decisions in relation to their daily routines. One person told us, "The staff know I like to go shopping and I go often."

We found people's preferences were known by staff. For example we observed staff serving hot and cold drinks throughout the day and although it was evident they were aware of people preferences staff also ensure they asked people if they were happy with the type of drink provided.

Staff told us effective communication systems were in place to ensure they were aware of people's individual preferences. For example individualised care plans were in place for all the people residing at the home which described in detail how people were to be supported. These were reviewed on a regular basis to ensure people's changing needs could be identified and responded to in a timely manner.

We found staff had access to people's care planning records which provided additional information relating to people's preference. One member of staff told us they valued the care plans and felt they were crucial in ensuring a responsive service could be provided. They told us, "I think the care plans are excellent and comprehensive and we are encouraged to read them on a monthly basis. They are reviewed each month and people are involved in the review process." Staff also told us that daily handovers were performed to provide a forum for staff to discuss people's needs. This meant people were involved in planning their own care and their changing needs could be identified and responded to in a timely manner.

People could be assured that staff could be responsive to potential risks which could compromise their health and wellbeing. People's care plans incorporated risk assessments for all activities undertaken within the home and the broader community for example horse riding or attending the local swimming baths. We found the documentation would be effective in managing the risk as they were sufficiently detailed to fully inform staff of effective risk reduction strategies. We also found that staff were fully aware of the content of the risk assessments which were reviewed on a monthly basis to ensure they remained pertinent to people's changing needs.

We saw evidence that people's social activities and interests had been assessed and recorded in their personal care plans. People told us they had the opportunity to get out and about and pursue their interests and hobbies. One person told us, "I like to go horse riding, it's something I have done since I was a child and I am going riding later today," another person told us, "I'm going into Nottingham and then going to my aerobics class which I enjoy as it relaxes me and makes me feel better."

We found staff were also aware of people's individual preferences in relation to social activities. They told us they worked hard to make sure that people did the things they enjoyed in the community, but felt that more variety of entertainment equipment would enhance the activities provided within the home environment. They told us this issue had been discussed with the registered manager who told us they were in the process of addressing this issue. This showed that people social needs were considered and met.

People felt they could speak with staff and tell them if they were unhappy with the service. Whilst they told us they did not currently have any concerns they said they would feel comfortable telling a member of staff or registered manager if they did. One person told us, "I have no concern at all but if I did the manager would listen." Staff also felt confident that, should a concern be raised with them, they could discuss it with the management team and felt complaints would be responded to appropriately and taken seriously.

The organisation's complaints procedure was on display the home and was available in a format to aid people with impaired communicative abilities. The contact details of the service were also available via a web site which provided an additional facility for people who used the service, or those acting on their behalf, to report any concerns they might have in relation to the quality of the service.

We saw a complaints procedure was available as were forms for recording and investigating complaints. Whilst there had not been any complaints made since our previous inspection on 26 April 2013, the deputy manager told us they would take any complaints seriously and use them as an opportunity to improve the service provision.

Is the service well-led?

Our findings

People told us they felt confident in approaching the registered manager if they wanted to discuss anything with them. They also told us the registered manager interacted with people on a regular basis and had a high profile in the home. One person told us, “Our manager is brilliant; in fact I think they are the best one we have ever had. She is always out and about talking to us,” whilst another person said, “The manager has an open door policy, I like her.”

Staff also told us they felt the registered manager was approachable and felt comfortable making any suggestions to improve the quality of service provision. One member of staff told us, “Our manager is open and very receptive to new ideas. She has a sense of humour but professional as well.”

Staff told us they enjoyed working at the service and felt the registered manager had developed a good team spirit. One member of staff said, “When I come to work it feels like we are one big family, I wouldn’t want to work anywhere else.” Throughout our inspection we observed staff working well together and supporting each other to meet the aims and objectives on the home.

We found staff were aware of the organisation’s whistleblowing and complaints procedures and felt confident in initiating the procedures without fear of recrimination. They also felt that any issues of concern in relation to the performance of one of their peers would be managed effectively.

We found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC). Our records showed that when incidents had happened in the home such as minor altercations these issues had been reported and managed effectively.

People benefited from staff that were effectively supported and supervised by senior colleagues on a regular basis. One member of staff said, “We have supervision every couple of months, I am due mine now. We are very well

supported, we also have staff meetings where we can discuss the residents’ needs, staffing issues and any training needs.” We also found the staff meeting provided the opportunity for the management team to discuss the responsibilities of staff to ensure they understood their role and what they were accountable for. This had enhanced the efficient running of the service as it also aided in the development of an open inclusive culture.

People were supported to attend residents’ meetings, and records showed that topics of conversation included the provision of meals and social activities. One person told us, “I go to the meetings and we discuss things like the food we want,” We found that where people had made suggestions these had been actioned. For example one person requested, and had been provided with, their own individual kitchen cupboard to store their food in.

People residing at the home and their relations were given the opportunity to have a say in what they thought about the quality of the service. This was done by sending out annual surveys. The information from the surveys was correlated and a report was formulated. The deputy manager told us the report was used to identify where improvements to service provision could be made and determine if the quality of the service was continuing to improve. On examination of the survey results from 2014 it was evident that people had a high degree of satisfaction with the quality of service provision.

Internal systems were in place to monitor the quality of the service provided. These included audits of the environment, care plans and medicines management. They were undertaken by the registered manager on a monthly basis. Systems were also in place to record and analyse adverse incidents, such as falls, with the aim of identifying strategies for minimising the risk of similar incidents happening again. Unannounced visits were also undertaken by the management team in the evenings to satisfy themselves that the aim and objectives of the organisation were being met. This showed that the registered manager was proactive in developing the quality of the service.