

Linfield Care Limited

Burley Heights

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Burley Heights is a care home. People in care homes receive accommodation and or nursing care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

Burley Heights accommodate up to seven people in one two storey building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

At the time of this inspection the service supported seven people with autism.

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways, promotion of choice and control, independence, inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include choice, control and independence.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People's experience of using this service: Staff knew how to safeguard people from abuse and were confident any concerns they may have would be addressed by the management team. Relatives told us they were very happy with the support people received. Lessons were learnt when incidents had occurred. Staff received the training they needed to carry out their roles including specialist training to meet people's individual needs. Staff had been trained to manage medicines safely.

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. However, we identified that record keeping regarding best interest decisions made on people's behalf required improving. We have made a recommendation about record keeping in this area.

The service was very flexible in meeting people's needs in an individualised way. The registered manager and provider carried out checks and audits and sought feedback to make sure that the service was of a high standard.

A system was in place for managing complaints however none had been received. The management team worked with other agencies and professionals to support people fully.

Rating at last inspection: The service was rated Good at its last inspection (23 November 2016). Since then the provider had re-registered the service under a different name. We spoke to the provider about this who told us there had been no operational changes to the service since the last inspection.

Why we inspected: This was a planned inspection based on when the service first registered with CQC.

Follow up: We will monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly. For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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.

Burley Heights

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: This inspection was carried out by one inspector.

Service and service type: Burley Heights is a care home for people with learning disabilities/autism. It specialises in providing support for people with autism. People in care homes receive accommodation and nursing or personal care under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced. This meant the provider and staff did not know we would be visiting.

What we did: We reviewed information we had received about the service to plan the inspection. This included details of incidents the provider must notify us about, such as abuse. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We sought feedback from the local authority and external professionals who worked with the service.

During the inspection: We spoke with one person and two relatives. We spoke with the registered manager, the deputy manager, a team leader and three support workers. We reviewed a range of records. This included two people's care records, various records related to recruitment, staff training and supervision and the management of the service.

Following this inspection, the provider sent us additional information. We took this into consideration when making our judgements.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the potential signs of abuse. They knew how to safeguard people and report any concerns they may have.
- Staff told us they felt confident that the management team would address any safeguarding issues they raised.

Assessing risk, safety monitoring and management.

- Support plans contained clear guidance for staff to follow to help keep people safe. Risks to people had been assessed and actions put in place to reduce the risk. Risk assessments covered areas such as road safety, medicines and continence. People had positive behaviour support plans which helped staff support them when they became anxious.
- Contingency plans were in place to help ensure that the service could continue to meet people's needs in the event of an unforeseen incident taking place such as staff shortages.
- People had personal evacuation plans so that staff had guidance on how to assist them to leave the building in an emergency situation.
- A range of checks had been made on the premises and equipment to help keep people safe. Where further checks and tests were required these had been scheduled.

Staffing and recruitment

- We looked at rotas which showed staffing levels were sufficient. Staff confirmed this.
- The suitability of care staff was checked during recruitment to make sure, as far as possible, they were safe to work with people.

Using medicines safely

- Staff had received training in medicine management and had been assessed as competent to manage medicines safely.
- Where people had medicines prescribed 'as required' staff did not always have protocols in place to guide them as to when to administer the medicines. We discussed this with the registered manager who told us that this would be addressed.

Preventing and controlling infection

- Personal protective equipment such as gloves and aprons were available for staff when needed.
- Staff knew how to reduce the risk of the spread of infection and had received training in this area.

Learning lessons when things go wrong

- The provider reviewed incidents to identify how lessons could be learnt. For example, the registered

manager told us that following a medicine error, administration records were now numbered and colour coded.

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. People's outcomes were consistently good, and people's feedback confirmed this.

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 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- DoLS applications were made appropriately and conditions were met. We found however that whilst staff made decisions in the best interests of people and consulted with relevant others, record keeping in this area required improvement. We recommend that the service consult current best practice guidance and review their documentation in this area.

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

- People were assessed to ensure their needs could be met before they received support from the service.

We received very positive feedback from other professionals about transition work the service had undertaken. One professional said, "I have been very impressed with the planning and quality of care that I have observed to date."

- People had support plans which reflected their current needs, such as personal care, eating and drinking, medicines and community access.

Staff support, induction, training, skills and experience

- People were supported by staff who were trained in key topics such as fire safety and moving and handling. Specialist training was also provided to meet people's needs. A staff member told us, "The training is very, very good."

- Staff received an induction when they first started work which included working alongside more experienced staff until they felt confident enough to work unsupervised.

- Staff felt supported through supervision meetings with the management team where they could discuss their personal development, any issues they may have and the people they supported.

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

- People were encouraged to be as independent as they could be with menu planning, eating and drinking.
- Staff supported people with their nutritional needs and meal preparation as required.

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

- The building had been adapted to help reduce anxiety in people with a diagnosis of autism. For example using non-reflective paint and reduced lighting. One professional told us that the service had been very responsive in ensuring the building was adapted to meet the needs of the individual they had been working with. They told us that the service welcomed input and were keen to adapt the environment to best meet the person's needs. Staff told us they felt the building met people's needs well.
- Some areas of the building required redecoration and replacement of furniture. We discussed this with the provider who shared their environmental improvement plan with us.

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

- The service worked well with a range of other health professionals such as GP's and consultants. One professional said, "I have no hesitation in recommending Burley Heights as a service provision. They have always been approachable, professional and flexible in how they have met the needs [of people]."
- People had hospital passports which provided medical staff with information about them should they be admitted into hospital.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The person we spoke with told us they got on well with staff.
- Relatives said they found staff were kind and caring. A relative told us, "They are not like staff, they are like friends as well. They make you feel welcome. You can visit whenever you want."
- We observed staff treating people with respect, they took time to ensure people fully understood any questions asked and had time to think and respond. A staff member told us, "Just because people can't talk, it doesn't mean that they can't listen."
- Staff knew the people they were supporting very well. Staff and people communicated effectively. In a support plan of a person who could not communicate verbally, there were photos of when they were in a good mood and another when they were unamused so that staff knew the difference.
- Where appropriate staff interacted in a light-hearted manner with people which we saw they enjoyed.

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

- Staff knew people's communication needs very well. Information regarding this was recorded clearly in people's support plans. Tablet computers were used as a communication aid as well as for people's entertainment. The provider produced information and explanations for people, including an easy read complaints information leaflet and pictorial menus.
- Meetings for people were held monthly covering topics such as activities, meal ideas, celebrations and good news.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain the privacy and dignity of the people they cared for and were aware that this was an important part of their role. The registered manager told us that staff were encouraged to sign up as dignity champions to promote good practice in this area.
- Staff promoted people's independence supporting them to do as much for themselves as possible. People were supported to build up their confidence and skills, for example in completing household tasks.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff identified people's needs and preferences by assessing them prior to providing support. These were regularly reviewed and adjusted if needed. People's cultural and spiritual needs were considered as part of the initial assessment process.
- Staff received a handover of information about the people they were supporting when starting their shift. This meant they had the up to date information needed to support people effectively.
- The service was flexible in meeting people's changing needs. People had individual behaviour support plans which gave staff signs of the various stages of anxiety they may go through and the actions that should be taken to de-escalate any potential crisis. A staff member told us about one person they were supporting having difficulties communicating. They said, "I'm trying to get pictures involved to help [person] express themselves better, this will hopefully result in less (anxiety)."
- Staff worked in a very person-centred way with people. They were aware of people's preferences. A professional told us, "Always had a very person-centred approach to care planning and support."
- Support plans contained information which promoted people's independence.
- The registered manager was aware of the need to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. T
- People had daily access the local community. We saw one person going to the train station as they liked to go there, other people were going to a sensory room, swimming and to get a haircut. The service had transport available to take people out.

Improving care quality in response to complaints or concerns

- Systems were in place to ensure complaints were managed appropriately, however the service had not received any complaints.
- Relatives told us that they knew how to make a complaint.
- The service had received lots of compliments.

End of life care and support

- No one using the service was receiving end of life care.
- An end of life care policy was in place to guide staff should this type of care need to be provided.

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.

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; Continuous learning and improving care

- The registered manager had a visible presence within the service and clearly knew the people supported extremely well. A staff member told us, "the manager is really approachable."
- Governance systems were in place to check the quality of service provision. These were carried out by the registered manager and were monitored by the provider. Checks included audits of people's medicines and finances.
- The provider understood their responsibilities and legal requirements in providing a service to people
- The provider and registered manager analysed incidents and worked towards a programme of continual improvement.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- The registered manager actively promoted a culture where the people supported were put at the heart of service delivery. The management team were aware of duty of candour requirements.

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

- People, relatives and staff had been given the opportunity to feedback on their experience of the service.

Easy read survey forms were used to gather people's views.

- Staff felt listened to by the management team. A staff member said, "I thoroughly enjoy working here." Another said, "I'm proud to work here."

- Staff felt supported through team meetings. They felt able to discuss any concerns or issues they may have as well as celebrate achievements.

Working in partnership with others

- The service worked well in partnership with a range of other agencies and professionals such as social workers, speech and language therapists and occupational therapists to meet people's needs. A professional said that the service, "Always makes me aware of things I need to be aware of and are fantastic at information sharing and communicating."