

Aspens Charities

Burton Cottages

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Burton Cottages is a residential care service providing personal care and accommodation for eight autistic people. The service can support up to nine people. The building was split into two cottages that were joined in the middle by an office. Four people can live in one cottage and five in the other.

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

A new manager had been appointed in January 2021 and was recently registered with CQC. He told us there was a lot of work required to improve the service. There were staff vacancies, sickness and a high use of agency staff. There were often not enough staff on duty in the afternoons to meet people's needs. The building needed refurbishment. There was limited assessment of people's ability to make decisions around their care needs.

The organisation had systems to monitor the service and they held regular meetings with the registered manager and the regional area manager to monitor progress with their action plan. However, we found that when areas were signed off as having been addressed, there was a lack of monitoring to ensure that progress had been maintained.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right support:

The model of care and the layout of the setting had been maximised to ensure people had a choice in where to spend their time. However, some areas lacked personalisation and the building was in need of redecoration. There was a lack of dignity in that there was a mixture of ceramic and melamine crockery and no assessment of who needed each so people had no choice and were given melamine when they could use ceramic. There was a lack of clear guidance to ensure some people's needs were met in a person-centred way. The registered manager told us following the inspection that a referral had been made for one person to assess their capacity to understand an aspect of their care needs. We were reassured there was a programme of redecoration in place.

Right care:

There were staff vacancies, staff sickness and a high use of agency staff. The service tried to ensure that people received support from staff who knew them well as individuals. Most of the agency staff used were staff who had worked at the service regularly and knew people well. People's care and support needs were assessed and reviewed regularly. Improvements were being made to ensure that care was more person-centred but further work was required to achieve this.

Right culture:

People were supported to pursue their own interests. Some attended day centres throughout the week. Staff supported others to take part in activities of their choice to meet their individual needs and wishes. This included swimming, using the local shops, walking trips and drives to places of interest. It was not evident people had as many choices in the afternoons or evenings for activities due to staff levels.

Surveys completed by the organisation following our inspection showed a mixed response. Staff were unhappy with the sickness and shortage of staff but very happy with the support they received from the registered manager. Relatives also raised issues with the use of agency staff and with the phone not being answered at weekends. However, relatives also felt that communications with their relatives' keyworkers was good, and they were very thankful for the support and care provided during the pandemic.

The service was clean and tidy throughout. Enhanced cleaning had been instigated as a result of the pandemic, staff had received additional training and the service had a visiting procedure that complied with government guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 20 December 2019). There were no breaches of regulation. At this inspection the service remains requires improvement and we found multiple breaches of regulation. This is the third time the service has been rated requires improvement.

Why we inspected

This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. This enabled us to review the previous ratings.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Burton Cottages

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focussed inspection. It was completed to check whether the provider had met the requirements of the last inspection.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Burton Cottages is a 'care service'. People in care services receive accommodation and nursing or personal 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.

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

We gave the service 72 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the information we held about the service and the service provider, including the previous inspection report and the action plan supplied by the provider. We looked at notifications we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

Most people were not able to share their views of the service due to their complex communication and support needs. Therefore, we observed their experiences living at Burton Cottages and staff interactions with them. We spoke with the registered manager, and three staff members.

We reviewed a range of records. This included two people's care records and everyone's medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits, health and safety files and policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas, training data, surveys and quality assurance records. We were in contact with the organisation's recruitment team and estates team. We received feedback from six people's relatives and two health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Since the last inspection we also carried out a targeted inspection on 15 December 2020 to check whether the provider had appropriate measures in place to safeguard people from abuse and to check on management arrangements. At that time, we also checked infection control procedures. We did not assess the rating at that inspection as we only looked at specific areas of the key question.

Staffing

- There were not enough staff on duty in the afternoons who were suitably qualified to meet people's needs. Staff vacancies were covered through the use of overtime and agency staff. However, there were times when rotas showed only four or five staff on duty in the afternoons rather than the seven staff the provider had identified they needed. Staff told us and the registered manager confirmed that sickness levels were a problem. This left the potential for people to be placed at risk and for their choices in activities to be impacted on.
- One person needed to be supported by permanent trained staff. An incident had occurred when this person was supported by agency staff who were not suitably qualified. The lack of suitably qualified staff placed the person and others at serious risk of harm.
- Staff told us people did not always get their one to one support in the afternoons. Records were vague so it was often difficult to assess how people spent their time. One relative told us they thought their relative could do with more activities and another said that agency staff were, "Not always prepped enough and didn't engage with people in activities as well as permanent staff."
- It is the organisation's policy that all staff receive Non-Abusive Psychological & Physical Intervention (NAPPI) training, Positive Behavioural Support (PBS) and active support. Not all staff (permanent and agency) had received this training which meant that should an incident occur; this could leave people and staff vulnerable and at risk of harm.
- We looked at two staff files in relation to recruitment and there was a range of information missing from these. Following the inspection, this information was sent to us for one staff member but there was a discrepancy in the information provided on the application form and one reference. This had not been explored. In relation to the second file, there were no references or identification records. We asked that these to be sent to us, but we only received one reference. The registered manager agreed to follow this up as this is an area for improvement.

The failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced staff is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were on call procedures for staff to gain advice and support if needed outside of office hours and at weekends.

Assessing risk, safety monitoring and management

- Risks to people were not always well managed. Positive behaviour support (PBS) plans guided staff on how to support people who displayed behaviours that challenged. Records referred to using NAPPI strategies and appeared to indicate there may be 'restrictive interventions,' but no advice was provided on what they were, and staff were not able to tell us.
- We asked one of the staff how they would support a person away from an area if the person was insistent, or if a person was trying to hurt or behave inappropriately towards another. They said they would encourage the person verbally and if necessary, stand between two people. However, in relation to how to guide a person away from an area, they were not able to provide specific advice about how this could be achieved. We discussed this with the registered manager who agreed care plans lacked this specific advice and guidance.
- Following the inspection, we clarified with the organisation's PBS specialist that no one had restrictive interventions, and this would be clarified in people's plans. They said the issue of supporting people when displaying behaviours that challenge would be addressed through further training.
- People's bath time experience had been impacted by a lack of hot water. Records showed, and staff confirmed that hot water had been a problem in the evenings. Whilst records showed people had baths, one staff member said, "It is sometimes too cold for people to take a bath, so it is a very quick bath." The matter had been reported to their maintenance team but was an ongoing issue which could impact on people's personal care needs. After the inspection the provider confirmed water temperatures had been adjusted and were now at normal levels
- Following the inspection, the registered manager told us that water thermostats had been readjusted and water was now running at a safe temperature. We were told there were plans to replace the boilers to ensure the problem was addressed fully.

Care and treatment was not provided in a safe way. The provider had failed to assess risks and did not do all that was reasonably practicable to mitigate any such risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed.
- Fire drills were held regularly to ensure staff and people knew what to do in the event of a fire.
- Portable appliance testing was carried out three-yearly.

Systems and processes to safeguard people from the risk of abuse

- We could not be assured that people were always safeguarded. The reregistered manager put protective measures in place following a safeguarding incident. These were reliant on always having permanent, trained staff who knew people well. The rotas did not demonstrate that this was always achieved in the afternoons and this left people at risk of harm. The registered manager said they would ensure permanent trained staff were available when needed to reduce the risk.
- All staff (permanent and agency) had received online training in safeguarding. An incident had occurred and staff recorded the issue. Despite making a record of the incident it was not highlighted in handovers to other staff and was not seen by management for a few days. Once the registered manager was made aware, the issue was reported to the local authority for investigation. The area manager visited the service on the day of the inspection to join with the registered manager in reiterating to staff the importance of reporting safeguarding matters as soon as possible.

- We received mixed feedback from professionals and relatives on safeguarding. A social care professional told us, "We continue to have concerns about the service's ability to manage risk. We asked relatives if they felt their loved ones were safe. All said yes, one said, "I think so, it does worry us, but they have the right things in place to make it safe." They also told us they would know if their relative was unhappy and they were not displaying any signs of unhappiness.
- Whilst there were measures to protect people from risk and harm, the measures were reliant on having staff who knew people well, who were suitably trained and who followed people's care plans, at all times. Staff levels and use of agency staff increased the potential risks of harm occurring.

The provider had not done all that was reasonably practicable to ensure people were safeguarded from abuse and this is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were unable to tell us they felt safe, but we observed people to be relaxed and content in their surroundings.

Using medicines safely

- There were safe procedures to ensure medicines were correctly ordered, stored, given and recorded appropriately. There were always two staff, one to give the medicines and a second to witness the correct procedures were followed.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were protocols in use that described when they should be used.
- There was very detailed information to guide staff on how each person liked to receive their medicines. For example, some liked to take their medicines in their hand, others took them with a spoon of yogurt.
- Staff had received both online and face to face training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the service in accordance with the

current guidance.

Learning lessons when things go wrong

- There was evidence that some lessons were learned when things went wrong. As a result of a recent safeguarding incident it had been decided night staff should carry walkie talkies so they could call for help and support in an emergency. The registered manager told us this had been a big improvement and staff felt more secure with this.
- A staff member told us, "I always like to reflect on what I could do differently. One person doesn't like the word 'no' or to be kept waiting. If we say we will do something in a minute they will expect it in a minute, but they can process information so if we explain what will happen and when they will understand."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care services, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Decision specific assessments were not always carried out to determine people's individual ability to make decisions about their care or how they lived. At the last inspection plastic crockery was in use in one of the cottages and we were assured this would be reviewed as the use had mainly been in response to one person's needs. At this inspection, there was a mixture of melamine and ceramic crockery in both cottages. Whilst it was evident that some people needed to have melamine crockery, there was no person-centred assessment approach to determine people's individual needs and wishes, so people were given melamine cups and plates when they may have preferred and be able to use every day ceramic. People had not consented to using this type of crockery.
- Following our last inspection, we were advised there was a desensitisation plan for one person who refused chiropody. Staff did not know when chiropody had last been provided. No progress had been made at this inspection and no assessment carried out to determine the person's capacity to continue to refuse the required treatment. The above areas need to improve.
- Following our inspection, the registered manager confirmed that photos had been taken, treatment was needed, and a referral had been sent to the person's GP for chiropody. A referral was also made to the learning disability team for advice and support regarding desensitisation to chiropody. If thought appropriate, a best interests meeting would be arranged to agree a way forward.
- One person had a dental appointment arranged with sedation. The dentist had liaised with the person's relatives and staff to make a best interest decision due to the person's lack of capacity to consent.

- Decision specific assessments had been carried out in relation to people's ability to understand medicines, mask wearing, testing and vaccines. Where appropriate, best interest discussions had been held. In relation to people's ability to make decisions in other areas, it was evident the initial assessment stage was still missing.
- Where appropriate, DoLS applications had been made and some were awaiting processing. Two had recently been approved and staff were aware of and were following any conditions.

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

- Burton Cottages was in need of painting and redecoration. There was a lack of personalisation in most areas. We were told redecoration of the service was scheduled for this year. Work was underway with one shower room as the shower was broken. One person had only one wardrobe door, the other door was missing.
- Three staff told us they felt the building was in a poor state of repair and needed redecoration. We saw in relative surveys that some raised the issue of decoration internally and externally and feedback we received from relatives either by phone or email also confirmed this. The above areas require improvement.
- There were two cottages known as cottage one and cottage two. Both areas had been adapted to meet people's needs and so that some people could spend time apart from others as needed.
- Some people had a door alarm fitted so that staff could assist with support at night if needed. The alarms had been fitted with people's agreement or in their best interest as the least restrictive option to keep them safe.
- One person liked to spend time in the lounge in cottage two, but they often displayed signs of anxiety when others were present or if it became noisy. Using social stories staff encouraged the person to consider moving their armchair to a second lounge area where they could be alone. Staff told us this worked well, and the person now enjoyed spending their time in this area. The area has been personalised and periods of anxiety had reduced.

Following the inspection, we received confirmation that there was a plan for the redecoration of the building, and this was to be implemented in a staged way. The shower room was now in working order and doors had been repainted.

Staff support: induction, training, skills and experience

- Supervision had not been provided in line with the organisation's procedures, but all staff had attended a supervision meeting in March 2021. The registered manager told us supervisions planned for May had not taken place. This is an area for improvement.
- Despite the lack of formal supervision, staff told us they felt well supported by the registered manager. One staff member told us they had welcomed support and guidance to help them develop their skills in managing staff. Another told us, "Things are being done now that should have been done a long time ago."
- The provider had a detailed induction process for all new staff. Each staff member completed a five-day in-house induction and if they were new to care they went on to complete the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.
- Staff received a programme of training to ensure they could meet people's needs effectively. This was divided into a mixture of e-Learning and classroom-based training. During the pandemic it had not been possible to complete classroom training, but this had recently been started again with small groups meeting for training. Essential training included safeguarding, moving and handling, health and safety and infection control.
- Specialist training was also provided that reflected the complex needs of people who lived at Burton Cottages. This included training on epilepsy, autism awareness, NAPPI training and PBS and active support

(see safe key question as not all staff had received NAPPI and PBS training).

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

- Most people had lived at the service several years. Their needs and wishes had been assessed and reviewed to ensure they received the support they needed. The assessments were used to develop individual care plans that detailed people's needs, people were involved in this as much as possible.
- Since our last inspection one person had been admitted to the service. A full assessment of their needs and wishes had been carried out in advance of the move. We asked this person if they liked living at Burton Cottages and they indicated yes.
- The person's relative told us, "A full assessment was carried out, staff listened to me. My (relative) was anxious in their last placement and behaviours have now stopped. (Name) has gained weight and I know they are safe and secure. I have good communication with their keyworker."

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

- People had enough to eat and drink. We observed staff regularly offering and making drinks for people throughout the day.
- Menus were decided weekly and there were records of what people ate recorded within daily records. A staff member told us they were devising a pictorial menu board to help people with choosing meals and to let them know what would be on the menu each day.
- Staff had received training on nutrition and hydration and knew about people's needs.
- A relative told us staff listened to them when they requested their relative be encouraged to choose healthy snacks when using the local shops.

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

- People had the right support to manage their health needs. Staff showed knowledge and understanding of the support people needed.
- Referrals had been made for specialist advice and support when needed. Records were kept of visits to professionals and any changes in support and care were discussed with the staff team.
- A health professional told us whilst they were, "Impressed with the service. The staff were friendly and very considerate to the users." They also said the registered manager seemed very efficient and organised.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last two inspections the provider needed to improve the systems to assess the quality of the service and mitigate risks to people. In both inspections there had been some improvements in how the service was assessing quality and new systems had not been fully implemented and embedded into practice.

At this inspection, we assessed that although there had been improvements in some areas, there were other areas where standards had not been sustained, and improvements were needed.

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

- There had been a poor culture at the service with a lack of direction and leadership. The provider had acted and appointed a new manager who had since registered with CQC. They were aware that there was a lot of work to do and felt confident that time was all that was needed to address the shortfalls. Whilst progress is being made in terms of culture, further work is required to ensure that people receive good outcomes.
- At our last inspection we raised issues related to one person's continued refusal of chiropody. This continued to be the case and the impact of this had not been assessed. In addition, recruitment records were identified as incomplete and this was still the case. Work was required in relation to assessing people's capacity to make decisions about their care and support and there was a need for more person-centred records for daily activities. These areas had not been addressed fully and there was a lack of appropriate oversight to ensure that where progress was made, this was sustained.
- There was a lack of timely action to address some matters. Records showed that water temperatures were lower than they should be, and this continued over a period of time.
- There was a shortage of staff, vacant hours were covered by staff working overtime and using agency staff. We were told sickness levels were high and records seen did not accurately show sickness. Staff levels had an impact on the support people received and impacted on staff morale and the culture.
- Whilst staff felt supported by the registered manager, they did not feel listened to by the organisation, this was evident in the staff surveys and in our conversations with staff. Concerns related to staffing numbers, deployment, décor of the service and water temperatures. Staff told us these issues caused them stress.
- There were systems to monitor the running of the service, but these were not effective, they had not identified many of the shortfalls we found on inspection. Whilst it was evident that several areas of the provider's action plan had been addressed, there was a lack of monitoring to ensure progress made had

been sustained. A senior manager was supporting the registered manager to improve the service and to address the issues raised.

The failure to fully assess, monitor and mitigate risks to the quality and safety of the service and to individual people using the service is a breach of Regulation 17 of the Health & Social care Act 2008 (Regulated Activities) Regulations 2014.

- Social stories were used to explain to people changes to routines or to help people to understand what was happening in the service. These were used for things like COVID 19 testing and vaccines. They were also used to help understanding of appropriate social behaviours and changes to the house.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There has been no consistent management or sustained leadership at the service. The registered manager recognised this had impacted on the running of the service and agreed this was slowly changing but a lot of work was still required. A staff member told us, "Morale is ok now, there have been quite a few issues. It can seem tense, awkward, some staff are stressed, and we are often understaffed, there is sickness on a regular basis." Another staff member told us, "I would like for all staff to be focussed on giving people the best quality of life. Some need more enthusiasm." Another said, "Sometimes it is easier to do a job yourself rather than keep chasing staff."
- In the staff survey a staff member said, 'the levels of sickness make work stressful.' Another said, there was a 'need to create a staff team who support each other and what the (registered manager) is trying to achieve.'
- However, staff also said that the service was in the process of hiring more staff and rotas were changing in July to be more flexible in fitting in with people's needs. All staff spoke positively about the registered manager, one said, "He is amazing, when he asks for something to be done, he checks it and if it is not done properly he will show you how it needs to be done. He is very supportive of staff, firm but fair."
- It was noted that a staff member from another service had just started working in the service part time on a temporary basis to give guidance and support to the senior staff on clarifying their roles and responsibilities. The registered manager had been in post for five months and was clear about the challenges they faced. They felt confident that with more time they could turn the service around.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents and once matters were made known to them, they had been submitted promptly.
- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required. This was demonstrated through the inspection process, they offered additional information to clarify and support inspection findings.
- The registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support. The Duty of Candour is to be open and honest when untoward events occurred.

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

- House meetings were not held, as people preferred to meet with staff individually rather than as a group. Records showed staff talked to people about matters that affected them.
- We saw records of a range of meetings with two people using widget symbols. Records showed the

options available to them in relation to food and activities, to check if people had any concerns and to see if they were happy. One person had indicated the symbol for 'sad' at two meetings, but it was not clear this had been explored. Records also showed the staff member did not feel this person understood the question on complaints but had not considered how to present the question in a different way.

- The registered manager was not sure if staff and relative surveys had been completed so we asked that if they had, the outcome be sent to us. Following the inspection, we received copies of seven staff surveys and four relatives' surveys. All had been completed since our site visit and therefore had yet to be analysed. They included areas that required improvement. Staff said they felt very well supported now, but wanted issues related to staff deployment, staff hours, communication and redecoration of the service addressed.
- In the relative's survey, one relative requested a monthly newsletter, two asked for photos to be sent occasionally showing what people had been doing. Two said they often had no response when they tried to phone the service particularly at weekends. Despite this, the overall response was positive, with comments like, '(Name) is clearly happy and content at Burton Cottages.' Another said, 'Overall care is exceptional and please extend my thanks to the manager, keyworker and staff for their outstanding level of care and consideration.'

Continuous learning and improving care; Working in partnership with others

- Following anonymous complaints received by CQC about incidents in the garden and driveway of the home, the provider said CCTV would be installed to monitor the driveway. This had not been done but we were told following our inspection that this had been agreed and would be installed.
- An interim deputy manager from another service had come across to Burton Cottages to work alongside the registered manager and to support seniors in their roles. This had been planned in response to an identified need for additional support. They started working in the service on the day of inspection.
- Training was being introduced for all staff on 'active support' in June 2021. (Active Support training changes the style of support from 'caring for' to 'working with', it promotes independence and supports people to take an active part in their own lives.)
- The registered manager told us they had weekly phone calls from their GP surgery which enabled health reviews to be done and was an opportunity to monitor people's medicines and answer any queries they had.
- The organisation had their own positive behavioural specialist who provided advice and support where needed for staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to assess risks and did not do all that was reasonably practicable to mitigate any such risks. 12(1)(2)(a)(b)(c)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had failed to ensure that people were always protected from abuse and improper treatment. 13(1)(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not assured appropriate systems and processes were in place to fully assess, monitor and improve the quality and safety of the service provided. 17(1)(2)(a)(b)(c)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there were

always enough staff to meet people's assessed needs.

18(1)