

Burlington Care Limited

The Elms

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This was an unannounced inspection undertaken on 7 and 8 April 2015. The inspection was undertaken by one adult social care inspector.

The service was last inspected June 2013 and was found to be compliant with the regulations inspected at that time.

The Elms is located in Sutton on the outskirts of Hull and is registered with the Care Quality Commission (CQC) to provide care and accommodation for a maximum of 37 older people who may be living with dementia. At the time of the inspection there were 34 people living at the

service. It has good access to local facilities and amenities. The majority of bedrooms are single en-suite and people can bring items of their own furniture with them when they move into the service.

The environment has been adapted to ease the lives of those people who are living with dementia; there were signs and different colours used to help identify toilets, bedrooms and bathrooms. There was an outside enclosed court yard which was on one level, making access easier for people who needed support with mobility to this area.

Summary of findings

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

Staff understood the importance of keeping people safe from harm and knew how to recognise and report abuse. Staff were recruited safely and the registered provider had systems in place to make sure people were not exposed to staff who had been barred from working with vulnerable adults. Staff were provided in enough numbers to meet the needs of the people who used the service. They had received training about how to effectively meet people's needs including those people who were living with dementia. People's medicines were administered safely and staff had received training for this. We found more hand washing facilities were needed for staff to use to lessen the risk of cross infection; we have made a recommendation about this.

People were provided with a wholesome and nutritional diet which was of their choosing. Staff understood the dietary needs of the people who used the service and ensured they received food which met these. People who needed assistance to eat their meals were helped by sensitive and caring staff who supported them discreetly and at their own pace. Referrals were made to the necessary health care professionals and people were supported to access their GPs when they needed. People's human rights were protected by staff who had received training in the Mental Capacity Act 2005.

People had good relationships with staff who understood their needs and knew how these should be met. People or their representatives were involved in their care planning decisions and their goals and wishes were recorded. People's choices were respected and staff understood the importance of respecting people's dignity, rights and supporting people to lead their chosen lifestyle.

The registered provider had a complaints procedure in place which was displayed around the service for people or visitors to access if they felt the need. All complaints were recorded and wherever possible investigated to the complainant's satisfaction; information was provided so people could take their complaints to an outside body if they wished. People were provided with a range of activities to choose from and staff effectively engaged those people living with dementia in their chosen pastimes.

The registered manager undertook audits of the building to make sure it was safe for people to live in. They also undertook audits of the service provided to ensure it was effective at meeting the needs of the people who used it. The registered manager consulted with the people who used the service to ascertain their views about how the service was run and to see if there were any improvements needed. They also sought the views of people's relatives and health care professionals who were involved with people's care and welfare about how the service was run.

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?

Not all areas of the service were safe

Staff knew how to recognise abuse and received training about how to report this to keep people safe.

Staff were recruited safely and provided in enough numbers to meet people's needs.

Staff handled people's medicines safely and had received training about this.

The environment was clean and free from unpleasant odours, however, more hand washing facilities were needed for staff to use, this would reduce the risk of cross infection.

Requires improvement



Is the service effective?

The service was effective.

Staff had received training in how to meet the needs of the people who used the service.

People were supported to make decision about their lives where needed.

People were provided with a wholesome and nutritious diet.

Good



Is the service caring?

The service was caring

Staff understood the needs of the people they cared for.

Staff respected people's choices and wishes.

People were involved with their care plans and reviews.

Good



Is the service responsive?

The service was responsive.

Activities were provided for people to choose from.

People were supported to access health care professionals when needed.

A complaints procedure was in place which informed people who they could complain to if they felt the need.

Good



Is the service well-led?

The service was well led

The registered manager consulted with people and other stakeholders about the running of the service.

Good



Summary of findings

Audits were undertaken to ensure people lived in a well maintained and safe environment.

The registered manager held meetings with the people who used the service, their relatives and staff to gain their views about the service provided.

The Elms

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 registered provider was 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 was unannounced and took place on the 7 and 8 April 2015. The inspection was undertaken by one adult social care inspector.

The service was last inspected June 2013 and was found to be compliant with the regulations inspected at that time.

The local authority safeguarding and quality teams and the local NHS were contacted as part of the inspection, to ask them for their views on the service and whether they had any ongoing concerns. We also looked at the information we hold about the registered provider.

During our inspection we observed how the staff interacted with people who used the service. We used the Short Observational Framework for Inspection (SOFI) in the dining room and the lounge. SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spoke with seven people who used the service and five staff; this included care staff and the cook. We also spoke with the registered manager and the registered provider.

We looked at four care files which belonged to people who used the service, four staff recruitment files, training records and other documentation pertaining to the management and running of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe living at the service, comments included, “I like here, I like all the staff, they make sure I’m safe”, “There are staff on 24 hours a day” and “They make me feel safe.” People who used the service told us they felt there was enough staff on duty to meet their needs, comments included, “Staff are on all the time if you need them”, “I just have to ask them and they’ll do it for me” and “They make me feel wanted.” People who used the service told us they received their medicines on time, they said, “I get my tablets in the morning and on a night, they never miss it” and “I like having the staff do my tablets it saves me the bother.”

Visitors told us they felt their relatives were safe, comments included “She is very safe, I trust all the staff” and “The staff make sure he is safe and they care for him, which gives me peace of mind.”

While the building was clean and free from unpleasant odours there was a lack of hand washing facilities for staff to use; this could increase the risk of cross infection. **It is recommended the registered provider refers to good practise guidelines issued by a reputable source with regard to the provision of hand washing facilities and the control of infection.**

All staff we spoke with were able to describe the registered provider’s policy and procedure for the reporting of any abuse they may become aware of or witness. They told us they received training about what abuse is and how to recognise the signs of abuse, for example bruising or an unexplained change in mood. Staff were aware they could approach other agencies to report any abuse, this include the local authority and the CQC. We looked at training records which confirmed staff received training about how to safeguard adults from abuse and this was updated annually. There was a record of all safeguarding incidents and the outcome. We spoke with the local authority safeguarding team and they told us the registered manager co-operated with them; they had no concerns about the service and there were no outstanding safeguarding investigations being carried out at the time of the inspection. Staff told us they were mindful of the need not to discriminate people due their gender, religion or sexual orientation. The registered provider had policies and procedures for staff to follow which reminded them of this.

Staff understood their responsibility to report any abuse they may witness or any concerns about colleagues practise and knew they would be protected by the registered provider’s whistleblowing policy. They told us they found the registered manager approachable and felt they could go to them with any concerns and trusted them to undertake the appropriate investigation and keep people safe. We saw all accidents and incidents had been recorded and action taken where needed, for example seeking medical attention following falls or visits to the local A&E department.

The registered manager undertook audits of the environment which identified areas which needed attention to keep people who used the service safe. Staff reported any maintenance issues to the registered manager and had access to maintenance personnel who undertook any daily repairs. The registered manager had devised emergency evacuation plans if the service was affected by floods or any other emergency situations. They also had contingency plans in place should the service be effected by a disruption in essential services, for example, water, gas or electrical failure.

The registered provider had systems in place which the staff were expected to use for the recording of any accidents or incidents. These were also detailed in people’s care files with detailed accounts written by the staff. The registered manager had systems in place which evaluated all incidents and accidents on a regular basis to establish if there were any patterns or if people’s needs might be changing due to deterioration in their health.

Staff were provided in enough numbers to meet the needs of the people who used the service, we saw rotas were in place which covered the 24 hour period. Staff told us they never felt rushed and had time to sit and talk to the people who used the service, we saw this during the inspection. The registered provider had a system in place which evaluated the staffing levels according to the needs of the people who used the service; they had recently increased the staffing levels based on people’s needs.

We looked at the recruitment files of recently recruited staff and saw these contained references from previous employers, an application form which covered gaps in employment and asked the applicant to give a summary of their experience and any qualifications, a check with the Disclosure and Barring Service (DBS), a job description and terms and conditions of employment. The registered

Is the service safe?

provider had policies and produces in place based on employment legislation which guided the registered manager with any disciplinary action which they might have to take, this included referring care staff to the DBS if circumstances dictated this.

We saw people's medicines were stored and administered safely. Records we looked at were accurate and provided a good audit trail of the medicines administered, any unused or refused medicines were returned to the pharmacist.

Controlled medicines were recorded, stored and administered in line with current legislation and good practise guidelines. The supplying pharmacist undertook audits of the medicines system, as did the registered manager. Records were kept of the temperature of the room the medicines were stored in and the refrigeration storage facilities. Staff received training about the safe handling of medicines and this was updated annually.

Is the service effective?

Our findings

People who used the service told us they were happy with the food provided, comments included, “The food is excellent, you could not wish for better”, “They give me what I like, I like the fish and chips on a Friday” and “The cook is marvellous, she makes proper homemade food.” People also thought the staff were trained to meet their needs, comments included, “I think the staff are very well trained”, “They seem to do a lot of training, which I think is a good thing” and “They certainly know how to look after me.” People told us they could access their doctor when they wanted, comments included, “I was ill the other week and they got the doctor straight away”, “They take me to see my doctor” and “I go to the hospital for treatment and they always come with me.”

Visitors we spoke with told us they thought their relatives received good food, they said, “The food always looks good and smells nice”, “[Person’s name] has put on weight since she came in here” and “I can smell the food cooking when I walk in.” Visitors were also satisfied with the level of support their relatives received with regard to their health and wellbeing, comments included, “They always tell me if anything’s wrong”, “They take her to the doctors and for hospital appointments” and “I know she’s in good hands they look after her well.”

People were provided with a wholesome and nutritious diet which was of their choosing. People’s preferences had been recorded in their care plans as to what they enjoyed eating. The cook told us they had a good knowledge of people’s likes and dislikes and made every effort to accommodate these within the menu. They were aware of the need to provide some people with a high calorific diet and how to fortify meals to achieve this. There was a choice of meals at both lunch and tea time. The meal provided on the day of inspection looked appetising and well presented. People’s weight was monitored and referrals were made to dieticians when required. Referrals were also made to the speech and language therapy services (SALTS) when required if people had difficulty swallowing.

Instructions had been written in people’s care plans for staff to follow about how support them to eat and what supplements needed to be added to their meals and drinks to aid swallowing. We observed the lunch time experience and saw people were served food promptly, while it was

hot. Staff assisted people sensitively and sat with them providing support and gentle encouragement. The dining room was bright, well laid out and background music was playing while people ate their meals.

The registered provider had set up their own training department and provided regular training for the staff either at their training facility or in house at the service. There was a system in place which alerted the registered manager when staff needed their training updating. The registered provider had identified training which they thought was essential for the staff to undertake to meet the needs of the people who used the service, this included, safeguarding adults from abuse, fire evacuation, moving and handling, health and safety, first aid and dementia.

Staff told us they had regular supervision sessions where they could discuss any aspects of their practise and any other concerns they may have. They also told us they had annual appraisals where they set objectives for the next 12 months with regard to their development and learning. Staff told us they were encouraged to gain nationally recognised qualifications and develop their practise; they thought the training provided equipped them to meet the need of the people who used the service. We saw training records which showed staff received training which was relevant to their role and this was updated on a regular basis.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The principles of MCA are to protect people through the use of legislation who need important decisions making on their behalf. The registered manager told us they were in the process of making a DoLS application for one of the people who used the service who needed constant supervision. Meetings had been held to ensure the decisions made were in the person’s best interest and the restrictions placed on them were the least restrictive in the circumstances. Both the registered manager and the staff displayed a good working knowledge of the principles of MCA and the use of DoLS.

People’s care plans showed they had access to health care professionals when needed and people were supported to attend appointments with their GP and at hospital when required. The outcome of any appointments were recorded in people’s care plans and changes made where necessary.

Is the service effective?

The service was dementia friendly and adaptations had been made in line with good practise guidelines. There were signs and colours used to indicate different areas of the building, for example, toilets and bathroom. People's bedroom doors had their names on and bathrooms were

being refurbished to make them look more welcoming and less clinical. There was use of sensory items around the service for people to look at and touch to help generate memories and stimulate conversations, for example pictures, clothing and household items.

Is the service caring?

Our findings

People told us they were happy with the care and support they received, comments included, “The girls are really good”, “The staff are very kind, they make sure I’m well cared for” and “They help me to stay independent and help me to do the things I can still do for myself, that makes me feel well cared for.” People who used the service told us they were involved with their reviews, one person said, “We have meetings all the time, they ask me if I’m well and I say ‘Yes thank you’ and they write down ‘no change’.”

Visitors told us they felt their relatives were well cared for, comments included, “I think this place gives the best care there is”, “I trust the staff they keep me well informed” and “I come to meetings about [person’s name], they make sure she’s well cared for.”

We heard and saw staff had good relationships with the people who used the service. They responded to people’s requests for help promptly and professionally. We saw staff taking time to talk to people, asking them if they had enjoyed the Easter bonnet parade and about their wellbeing. There was a lot of laughter and general conversation in the main lounge. Every time staff passed through the lounge they made sure they spoke with people and acknowledged them.

When we spoke with staff they had a good understanding of people’s needs and could describe how to best meet these, they also told us how they would respect people’s dignity and privacy. We saw and heard staff knocking on people’s doors and waiting to be invited in. While we were being shown around the service the registered manager asked people if it was ok to show us in to meet them and view their room. Staff told us they would uphold people’s dignity by covering them over whilst undertaking personal care and ensuring they had closed their doors and curtains

at night. They told us they would ask people if they were happy with the way they were supported and if they understood what was happening. During our observation we heard staff doing this in the lounge, it was done discreetly and sensitively. Staff also told us they gave people time to complete any tasks they could undertake for themselves to help promote their independence.

The registered provider had policies in place which reminded staff of their obligation to respect people’s human rights, preferences and wishes. Staff told us they never judged anyone for their chosen life style and treated everyone as individuals, for example, using their preferred form address.

People’s wellbeing was monitored closely by the staff and daily notes made in people’s care plans showed what care had been provided and how the person had spent their day. The notes also showed if the staff had contacted any health care professionals and the outcome of visits to hospital or the person’s GP. Staff kept people’s relatives informed of any changes to people’s needs or if they had become ill. People’s care plans were changed accordingly if their needs changed in any significant way, for example, following a stay in hospital or deterioration in their general wellbeing.

People’s care plans showed they, or their representative had been involved with its formulation and had been involved with reviews and their comments and wishes had been recorded. This ensured the person received the care they need and it was of their preference and choice.

Staff told us they kept all information about people who used the service confidential and only discussed their needs with other staff and health care professionals. The registered provider had policies and procedures for staff to follow and refer to about confidentiality and it formed part of the staff’s terms of employment.

Is the service responsive?

Our findings

People told us they enjoyed the activities which were on offer at the service, comments included, “They always let me know when something’s going on”, “We had an Easter bonnet parade at the weekend, we had such a laugh” and “We go out to the seaside, I really enjoy getting out and about.” People told us they knew they could raise concerns and complaints and who they should talk to, they said, “I know I can complain if I want to and I’m sure [registered manager’s name] would listen to me”, “I don’t have any complaints, but I would see the manager if I had” and “I can talk to the staff and they would sort it out for me, they are very kind.”

Visitors told us they knew they could raise concerns and who they should direct them to, comments included, “The manager is very good and she listens if I have any niggles, like the laundry” and “I would see the manager, she’s always here and she always listens.”

People’s care plans showed how they preferred to spend their days and what daily tasks they could complete for themselves, for example, certain aspects of personal care. The care plans described the person and what they had done during their lives; this helped the staff to better understand the person and their background. Information was recorded in people’s care plans about what they did for living, when and if they were married and if they had any children or grandchildren or great grandchildren. Things that were important to the person were also recorded, for example, hobbies and interests, significant anniversaries, what time they liked to get up and go to bed and what food they enjoyed eating.

Care plans also contained assessments which had been done by the placing authority and senior staff at the service. These described what areas of daily living the person needed support with and how staff should achieve this with the person. Assessments were in place for those areas of daily life which posed a risk to the person and what staff needed to monitor, for example, nutrition, mobility, the development of pressure sores and behaviours which put the person or others at risk and challenged the service. We saw people’s care plans were reviewed regularly and changes made when needed. Care plans were also changed and reviewed as people’s needs changed

There was a range of activities for people to choose from and during the inspection we saw staff engaging people in quizzes and reminiscence sessions. The service had arranged an Easter bonnet parade over the Easter weekend and people had enjoyed this. There was a lot of discussion about who had won and what the bonnets were like; people had made their own bonnets for the parade. We also saw staff painting people’s nails and giving people hand massages; people were also having their hair done. Some people spent time in their room watching TV or listening to music.

Staff were aware of the need to engage those people who spent time in their rooms to alleviate the feeling of isolation. We saw staff spending time with people in their rooms making sure they were happy and safe. Staff were also aware of the need to engage those people who were living with dementia in low level activities based on their needs and abilities, this included sitting and talking with the person, looking at old photographs to stimulate conversation or sitting holding hands and singing familiar songs with the person. The activities undertaken with people were recorded on a daily basis in their care plans, these ranged from crafts to listening to their favourite music in their rooms. People were also supported to attend activities outside of the service, for example, trips to the local shops or the seaside.

The registered provider had a complaints procedure which people could access if they felt they needed to make a complaint. This was displayed around the service and provided to people as part of the service user guide. The registered manager told us they could supply the complaint procedure in other formats which were appropriate for people’s needs, for example, another language, large print or pictorial. They told us they would read and explain the procedure to those people who had difficulty understanding it. The registered manager told us they received very few official complaints.

We saw there was a system of recording all complaints which included what the complaint was, how it was investigated and whether the complainant was satisfied with the investigation. Information was provided to the complainant about who they could contact if they were not happy with the way the investigation had been carried out by the service; this included the local authority and the Local Government Ombudsman.

Is the service well-led?

Our findings

People told us they were consulted about how the service was run, comments included, “Yes, we have meetings and the manager listens to us”, “We have done questionnaires” and “They ask us how we are doing and if we want anything changed.”

Visitors told us they felt confident approaching the manager and had been asked their opinion about how the service was run, comments included, “I have been to meetings about the home and if there are going to be any changes they tell me”, “I have been to meetings and they asked us if there was anything we would like to change” and “The manager keeps us informed of any changes, they regularly ask us what we think of the home.”

The registered manager showed us records which indicated they undertook regular audits of the service provided. These included audits of people’s care plans, the environment, medicines, health and safety, staff training and staff recruitment. The registered manager was supported by an administrative assistant, a deputy manager and senior staff. Staff told us they found the management team approachable, they told us they could see the registered manager anytime and ask for clarification and advice. They told us the management team showed good leadership and were always there when they needed them; they found the deputy manager was on hand also if needed during the day. Out of hours support was provided and phone numbers were available for staff to ring if needed.

The management style was inclusive and we saw staff discussing aspects of the care provided with the registered manager during the inspection; the management team were knowledgeable and supportive of the staff. The registered manager was a dementia ambassador and member of staff had been nominated as the dignity champion. This ensured staff were up to date and any learning was cascaded to other staff with regard to developments in dementia practice and people’s dignity.

Staff told us they had regular staff meeting where the registered manager provided them with up to date information on aspects of the service and good practice guidelines, for example, updates on dementia. We spoke with the placing authority and they told us they had a good relationship with the management team and found them supportive and approachable.

The registered manager told us they consulted with the people who used the service and asked them if they had any suggestions for improvements. They showed us examples of surveys which had been used to gain the views of people who used the service, their relatives, staff and visiting health care professionals. The registered manager told us the surveys could be provided in formats which better suited people’s needs, for example, large print or pictorial, we saw examples of these had been used to gain people’s views. This information was collated and areas for improvement identified. Information was published in a report which provided an action plan with time scales to address any shortfalls in the service or areas for improvement. The registered manager also held meetings with people who used the service and their relatives which ended with tea and biscuits.

The registered manager undertook audits of the environment and made sure equipment used was serviced and maintained as per the manufacturers’ recommendations. The fire alarm system was checked regularly and all fire fighting equipment maintained and serviced.

An analysis was made of all incidents and accidents by the registered manager to establish any learning points. If anything was developed because of this learning, or changes made, this was shared with the staff and policies and procedures changed where and when required. The registered manager sent the CQC notification of all events which were required by virtue of the legalisation.