

# Leading Lives Limited Burgess House

## 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 

### Overall summary

This inspection took place on 23 June 2015 and was unannounced.

Burgess House provides respite care for up to eight adults with learning difficulties. On the day of our inspection there were eight people using the service.

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

People were supported well and their needs met. All of the people we spoke with told us they felt safe, satisfied and happy with the respite service they received.

Staff were kind, respectful and promoted people's dignity, autonomy and independence.

There were suitable arrangements for the safe storage, management and disposal of medicines. People received their medicines as prescribed.

# Summary of findings

The provider was meeting the requirements of the Mental Capacity Act (2005). People's best interests had been assessed. Where people lacked capacity to make their own decisions, consent had been obtained.

People's needs were met and they were supported to take part in a wide range of personalised activities which catered for their individual needs and wishes.

Systems, audits and surveys were used to good effect in monitoring performance, managing risks and planning for continuous improvement of the service.

Staff received the support and training and opportunities for professional development which enabled them to carry out the duties they were employed to perform to a good standard.

The manager and provider demonstrated a clear vision and operated a set of values based on personalised care, promotion of people's independence and empowerment. There were positive relationships between staff and management. People who used the service and staff were actively involved in developing the service and staff inspired to provide a quality service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe because there were sufficient staff to meet people's needs and keep them safe.

People were protected from abuse and avoidable harm by staff who understood the risks and knew how to report and respond to concerns.

People's medicines were managed safely and people received their medicines as prescribed by staff who had been trained.

Good



### Is the service effective?

The service was effective as people's consent to care and support had been obtained in line with the Mental Capacity Act 2005.

Staff received the support and training and opportunities for professional development which enabled them to carry out the duties they were employed to perform to a good standard.

People's health and nutritional needs were effectively met.

Good



### Is the service caring?

The service was caring because staff had the right approach and people, were all positive about the care and support they were provided with.

Staff encouraged people to maintain their independence, respected their choices and supported them to live their lives as they chose which included access out into the community and support to be with people important to them.

People had their privacy and dignity respected.

Good



### Is the service responsive?

The service was responsive as people and their families had been involved in the assessment, planning and review of their care support.

People were supported to have a voice and staff listened to and acted on their views about all aspects of their care and how the service was run.

Good



### Is the service well-led?

The service was well led by a manager with a clear vision and set of values. All staff described an approachable management team and a positive and open working atmosphere.

The provider carried out quality and safety audits. Where shortfalls had been identified, management action plans had been produced with timescales specified.

The service promoted a positive and inclusive culture where the needs of people and their views were the primary focus.

Good



# Burgess House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 23 June 2015.

The inspection was carried out by one inspector.

Prior to the inspection we looked at information we already held about the service including: previous inspection reports and notifications which are important events affecting the wellbeing, and or safety of people using the service.

During our inspection we spoke with five people who were currently using the respite service. We also spoke with two care staff, the team leader, the registered manager and the cook.

We observed how care and support was provided in communal areas to people throughout the afternoon and evening including how people were supported to eat and drink during the evening meal.

We reviewed four people's care records including their needs assessment and support plans. We also reviewed staff files to check that staff had been recruited, trained and supported to deliver care and support appropriately as well as other records in relation to the quality and safety monitoring of the service.

# Is the service safe?

## Our findings

All of the people we spoke with told us they felt safe with all staff and were satisfied with the service they received. Comments included, “I love it here and I like all of the staff”, “I feel safe and like coming here. I look forward to it”, “I would speak to any of the staff if I was worried” and “This is a good place and comfortable. I like it.”

There were suitable arrangements in place to safeguard people who used the service from the risk of abuse. This included providing guidance for staff within policies and appropriate reporting procedures which included a whistleblowing process. Advice for staff and people who used the service about how to report concerns was displayed on notice boards and included contact details for relevant authorities.

Staff had received training in how to respond to concerns about the safety and welfare of people. Staff were able to explain to us with clarity the provider’s policy and procedures for reporting and responding to suspected acts of abuse. This including their understanding of how to make referrals to the local safeguarding authority for investigation.

People’s pre-admission needs assessments and support plans provided staff with the guidance they needed to keep people safe. Risks had been assessed and support planned for people who may present with distressed reactions to situations or others. Staff understood and had in depth understanding of the people who used the service, their needs and how to support them as individuals in a safe, personalised way. Staff had received training in safe de-escalation techniques used to support and calm people when distressed. The registered manager told us they had recently attended training which would enable them to coach and train staff in ‘positive behaviour support’. This they told us would better enable staff to improve their skills in assessing the social and physical environment in which behaviour happens, recognise potential triggers and plan strategies in order to support people safely and protect them and others from the risk of harm.

Prior to accessing the service, senior staff had assessed risks to people’s health, welfare and safety. For example, with regards to supporting people with their personal care, mobilising, nutrition and ability to make decisions and assessment of risks. Where risks had been identified people’s support plans described any equipment required and actions staff should take to mitigate and minimise risks identified.

People told us there was always enough staff available to support them with their physical and social needs during the day and night. People told us, “We get support to go out and do the things we want to do”, “The staff are always around and there when you need them” and “They take me out and are always there for me when I need them.”

Staffing levels were under continuous review and adjusted to support the current needs of people who used the respite service at any one time. The registered manager told us that where one to one support was required, staffing levels were adjusted during the day and night and this was evidenced from discussions with staff.

Staff told us there was occasional use of agency staff but they sought to use the same agencies who would send staff familiar to the service so that this provided consistency of care for people. The registered manager told us that they encouraged the agencies they used to have their staff take part in the training organised by the service, for example, the safe handling of medicines. This they told us enabled agency staff to work to the same standard as their own staff.

People we spoke with told us they received their medicines in a timely manner. There were suitable arrangements in place for the safe storage, receipt and administration of people’s medicines. This meant that people received their medicines as prescribed. Medication profiles had been produced which provided staff with guidance as to medical conditions medicines had been prescribed for, allergies and how people chose to take their medicines. Staff had received training to administer people’s medicines safely. Competency assessments had recently been produced and the registered manager planned to assess all staff responsible for the handling of people’s medicines.

# Is the service effective?

## Our findings

Staff were appropriately trained and supported within the roles they were employed to perform. One newly employed member of staff told us how they had been supported with their induction training and how this enabled them to understand and meet people's needs. This included training in a variety of subjects relevant to their role and opportunities to shadow other staff before they felt confident to support people alone.

All staff we spoke with had been supported with regular one to one supervision sessions and annual appraisals with senior staff. This enabled staff to discuss their performance as well as planning their training and development needs. Staff told us they were encouraged to access additional training opportunities to expand their skills and knowledge and encouraged to be proactive in the development of the service.

Staff had received training and demonstrated their understanding of their roles and responsibilities with regards to the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards. People's capacity to make decisions had been appropriately assessed and regularly reviewed. Staff asked people's consent before providing care and support in a variety of ways depending on individuals' specific communications needs. One person told us, "They treat you well and ask you what you want and they listen to what you say." People with limited capacity to verbally communicate were offered visual aids to encourage them to express their choice of food, drink, what they wanted to do and other aspects of daily living.

People were supported to express their preferences and informed the planning of menus. People told us, "I like the food here. They ask you what you like to eat", "You get to choose what you eat. The cook is very nice" and "The food is very good and I enjoy it all."

Pre admission assessments had been carried out to ensure that people's likes, dislikes and special dietary needs were considered and menus planned accordingly to meet their needs. The cook told us that staff communicated well people's nutritional needs prior to their admission to the service. They explained how they planned menus to meet the needs of people with specific dietary requirements such as planning menus to meet the needs of people diagnosed with diabetes, coeliac and food allergies.

We saw that people had access to a kitchenette where they were enabled to access and prepare for themselves drinks. This encouraged and promoted their independence.

Staff kept daily records so that they could monitor changes in people's health. We saw that people's healthcare needs were regularly monitored. People's health care needs were assessed and discussed with them and their carers prior to their admission to the service and were reviewed at regular intervals. We saw that people had access to a range of specialists. For example, one person with complex health needs had access to a health liaison nurse who alongside staff from the service, regularly consulted with them in the planning and review of their long term health care needs for treatment and support.

# Is the service caring?

## Our findings

All the people we spoke with told us that staff were kind and considerate towards them. Comments included, “They are all kind and help us”, “This is a good place, a happy place” and “I love coming here the staff are all good to me. I am happy when I come here.”

People were encouraged to be as independent as possible and were empowered to make choices and express their wishes and preferences.

People told us they had been involved in discussing and planning how they would be cared for and their decisions were respected. One person told us, “They ask you and help you do the things you want to do.” One relative had commented in a survey, “It is difficult to express in words our gratitude for the help you have given our [relative] we have seen [relative] grow in confidence and flourish with all your support.”

We listened to and observed staff as they were working. People were seen to be included in all discussions and

were encouraged to express their decisions. People were allowed time to think and reply in their own way and at their own pace. Conversations with people were respectful, kind and caring. People told us that staff respected their privacy and encouraged them to maintain their independence. There was lots of laughter and it was apparent that people were comfortable with staff and spoke fondly of them when they described how kind and caring staff were towards them.

We observed staff encouraging people to maintain their independence, respected their choices and supported people to live their lives as they chose. This included providing personalised activities with access to go out into the community and support to be with people important to them. People’s choice as to how they lived their daily lives had been assessed and positive risk taking had been explored. One person described to us how they had been supported to plan a weekend away to a place of their choosing and said how much it had meant to them to be supported in this way. They told us, “This holiday means so much to me and I just love the staff here.”

# Is the service responsive?

## Our findings

Pre-admission needs assessments and support plans contained comprehensive information. Support plans showed us that a full assessment of people's needs had been carried out and care planned according to people's individual needs, wishes and preferences. This meant that staff had the guidance they needed to provide care and support in a personalised way, for example with regards to personal care, community and social activities and also day and night routines. Daily records recorded by staff described in detail how people had spent their day as well as a description of their social, emotional and physical wellbeing.

We observed that staff took great care to assess people's wishes and preferences with regards to planning social and community activities. Staff worked together to make people's experience of their respite stay an enjoyable one. One person told us, "I look forward to coming here I have fun and the staff support me to go out and about." Another told us, "They help me get to see my boyfriend which is important to me." During our inspection people took part in a sports event which they enjoyed.

Our discussion with staff and people who used the respite service confirmed that people's needs had been thoroughly assessed prior to their using the service. People had been consulted and provided with opportunities to express their community support needs, personal goals and aspirations. People had been provided with opportunities to visit the service before deciding whether or not to access respite care. This enabled people to have an individual, personalised experience according to their needs and wishes.

The service provided support for people who required emergency respite. We discussed with the registered manager their protocols for obtaining information to ensure they would be able to meet the needs of people before their admission to the service. The registered manager explained the importance of being able to provide safe appropriate care which was responsive to the needs of individuals. We looked at the needs assessment and support plan for one person admitted to the service as an emergency placement. We saw that the service had comprehensive support plans in place and had taken action to obtain support and advice from specialist health professionals. This enabled the person to receive care and support appropriate to their needs. We were assured that action was being taken and saw that the person was involved in the long term planning of their care to meet their complex health care needs.

People were encouraged to make comments and suggestions about how the service was run through access to care reviews, surveys and feedback questionnaires at the end of their stay. A guest suggestion book contained comments from people such as, "I am writing to let you know you have all been brilliant and supportive to me" and "I like all the staff at Burgess House they are great helpers to have."

People told us they had no complaints about the service but if they did they would speak with staff or the manager and were confident that they would be listened to and issues would be resolved. Information in an easy read format was available throughout the service which guided people as to how they could raise any concerns. There was also information available to guide people as to advocacy support services should they need to access these.



# Is the service well-led?

## Our findings

The service had a manager registered with the Care Quality Commission. We found the service was well-led.

We observed the service to be inclusive and empowering of people, with a management and staff team who demonstrated a shared understanding of challenges, achievements, concerns and risks. Discussions with staff and a review of records such as staff meeting minutes, appraisals, support planning and audits demonstrated how the service promoted a positive, inclusive and empowering culture which was centred on the people who used the service. The provider had organised regular sessions for members and employees to gain their views and ideas as to how the organisation was run.

Staff told us that the provider's vision and values were clearly understood by everyone who worked at the service and that these values were embedded into day to day practice. Staff and the manager described the values of the service as to, "empower people", to "encourage and support people to maintain as much control over their lives" and "to be involved in the planning of their care and support."

Staff told us they were familiar with the process and action to take if they had any concerns about the delivery of care. Staff described the management team as, "Very approachable", "caring and understanding" and "fully supportive." One member of staff said, "This is a happy team and we work well together for with the best interests of people the priority for us." Staff confirmed they had regular staff meetings where they were kept up to date with changes to policy, procedures and any issues related to the care of people who used the service. Staff told us they were listened to and had been encouraged to make comments about the service. Care practice was regularly discussed at

team meetings, supervision and appraisals and ideas shared in planning for continuous improvement of the service. This was confirmed from a review of monthly team meeting minutes and appraisal meetings.

People who used the respite service and their relatives were regularly sent questionnaires and annual surveys to ask their views on the quality of the service they had received. We read the results of surveys that had been previously gathered. Comments included, "I was happy", "I felt safe", "I was comfy" and "I was cared for." Relatives described the service as, "excellent service", "A great comfort to know [our relative] is being looked after so well." A comment received from one relative received said, "We don't get any feedback as to what [our relative] has done after their stay." We asked the registered manager what if any action had been taken in response to these comments. They told us that following discussion with the person using the service and their relatives they had developed a system whereby the person using the service was supported o record on a postcard the things they had done during their respite stay which included recording their favourite meals consumed.

The provider and registered manager carried out a range of quality and safety audits. These included monitoring of health and safety, assessing the standard of support plans and observation of care practice. The provider had a range of policies and procedures in place that had been regularly updated to reflect current legislation and good practice.

The provider had a system in place to monitor and learn from incidents, accidents, compliments, concerns and complaints. Compliments, concerns and complaints received had been logged. Records viewed showed a system which recorded timescales for response to concerns, outcomes and actions taken.