Care Quality Commission

Manage Care Homes Limited

Burleigh 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 was carried out on 11 June 2015 and was unannounced.

Burleigh House provides accommodation and personal care for up to 44 older people. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At our previous inspection on 03 September 2014 we found that the provider had not ensured that people were protected against the risk of unsafe or inappropriate care due to lack of information about them. Care records about people were not accurate, fit for purpose or held securely. The provider submitted an action on 14 October 2014 which stated that the necessary improvements would be completed by 31 October 2014. At this inspection we found that the provider had taken action to address the identified concerns. Care records were completed and reviewed regularly. People were involved in planning their own care and changes in their needs were reflected back in their plan of care and were held securely.

Summary of findings

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that the provider identified people who lived at the service who required DoLS and applications had been made to the local authority. Staff were aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People had their individual needs met. Staff knew people well and provided support in a timely manner. There was sufficient food and drink available and people were assisted to eat and drink where needed.

People had regular access to visiting health and social care professionals. Staff responded to people's changing health needs and sought the appropriate guidance or care by healthcare professionals. Medicines were managed safely to ensure people received them in accordance with their needs.

Staff were clear on how to identify and report any concerns relating to a person's safety and welfare. The manager responded to all concerns or complaints.

Staff were recruited through a robust procedure and provided with regular training to ensure their knowledge was up to date. Staff were clear on what their role was. People and staff were positive about the leadership of the 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.

People were supported to ensure their needs were met safely.

Staff knew how to recognise and report allegations of abuse.

People's medicines were managed safely.

Staff who worked at the service had undergone a robust recruitment process.

Good

Is the service effective?
The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to enjoy a healthy diet.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Good

Is the service caring?
The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Good

Is the service responsive?
The service was responsive.

Each person had a care plan which gave clear guidance to staff on how to support them.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Good

Is the service well-led?
The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open and inclusive.

Good

Burleigh 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 met 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 under the Care Act 2014.

This inspection took place on 11 June 2015 and was unannounced. The inspection team was formed of two inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed staff support people who used the service, we spoke with six people who used the service, five care staff, kitchen staff, the manager and the provider. We received feedback from two healthcare professionals. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People told us that they felt safe living at Burleigh House. One person said, "I am very safe here, after home this is the best place for me." Another person said, "I am very safe, they [staff] protect me and look after me."

Staff were able to confidently explain their understanding of how to protect people from the risk of abuse and were able to describe what form abuse may take. They were familiar with the safeguarding adults procedure, the whistleblowing policy and where to find information on how to contact external agencies such as the local safeguarding team or CQC.

Information was displayed around the home and we found that the manager had completed the correct process when reporting any concerns.

People had comprehensive risk assessments for all aspects of their care needs. These gave clear guidance to staff on how to support people safely in areas which included nutrition, moving and handling, pressure care, medicines and depression. For example, we found that the home used a tool to identify any signs of depression and where these were identified the home involved a GP to agree a plan of care. A risk assessment was then completed to minimise the impact of the depression on the person`s well-being. We saw staff were knowledgeable about people`s needs and abilities, they were helping and supporting people promoting their independence. For example we saw that a person got up from their chair and started walking without their walking frame. A staff member approached the person gently and offered their arm as support until they reached their walking frame and were able to walk independently. The manager monitored falls and other incidents. When identified a risk the risk assessments and care plans were reviewed to reduce the likelihood of reoccurrence.

People had access to call bells in their rooms to help enable them to call for assistance when needed. We saw staff regularly checking on people and they recorded their visits on a "pop in checks" records in people`s bedrooms. These records contained information on how people were and also recordings if they had a drink or any other needs. These regular checks from staff helped to ensure people who were unable to use their call bells were safe and their needs were met. Staff were always visible to help ensure people's safety. People were encouraged to be independent while maintaining their safety as staff reminded them to use their walking aids.

Staffing levels were meeting people`s needs on the day of our inspection. People told us that the staff were always available. One person said, "Somebody is always around." The manager, provider and the staff told us that staffing levels were monitored and adjusted depending on the needs of the people living in the home and were able to describe to us how the staffing levels were calculated. The provider used a nationally recognised tool to calculate staffing hours based on people`s needs, they also included holiday cover and cover for unforeseen sickness. This helped the management to predict staffing levels and employed sufficient staff to be able to cover the home with permanent staff. For example we saw that meal times when the home was very busy the deputy manager and the manager was helping people with their meals. This helped to ensure that people received care from staff that was familiar with their needs and standards of care were maintained at all times

The home followed a robust recruitment process. This included a thorough interview process, written references and a criminal records check. This helped to ensure people were being supported by staff that was fit to do so.

People's medicines were managed safely. We saw that staff followed safe working practice while administering medicines and records checked were completed consistently. However, we noted that in three cases the quantity of tablets received were not recorded on the MAR charts and four cases handwritten entries were not countersigned in accordance with good practice and the homes auditing tool. We also saw that although the GP and relatives had been involved in the decision making for covert administration of medicines were needed, this was not followed up with the pharmacist to ensure it was safe to change the way the medicine was given. For example, crushing of some tablets can affect the way it is absorbed into the person's body. In addition, although staff were observing the person took all of their medicines when given in food, a risk assessment had not yet been developed. We brought this to the management team who had identified this through a recent pharmacist visit and were in the process of rectifying it.

Is the service effective?

Our findings

People felt that they were supported by skilled and knowledgeable staff. One person told us, “They [staff] really know what they are doing. Since I am here my mobility improved a lot, I can even walk without a stick.”

Staff told us they received the appropriate training and support for their role. We saw, and staff told us, that they had regular one to one supervision to discuss their role and development needs. The provider was working closely with an external training provider to develop a group of staff into champions. These areas were falls, dementia, wounds care, nutrition and health. After completing the training these staff members were to be responsible for observing staff were competent and knowledgeable in these areas and also to deliver the training of their subject. Staff were able to explain what their role as champions meant and they were able to tell us the appropriate way to support people with specific needs around pressure care, nutrition, medicines and dementia.

People were supported to make their own decisions and choices. One person said, “Staff always ask what I want.” Staff were knowledgeable and understood their role in relation to the MCA and DoLS. One staff member said, “If people have capacity they can make their own decisions, if they don’t have capacity we [staff] have to support them to take decisions.” The manager had carried out an assessment on each person who lived at the service to ensure people were not having their liberty restricted or deprived unlawfully. Where appropriate the manager had completed DoLS applications in accordance with the MCA 2005 to the local authority and these were pending an outcome.

People told us that there was plenty to eat and drink. One person said, “The food is great, tasty and plenty.” Another person said, “Very good the food is, enough choice, I cannot ask for more.” At breakfast we saw people could choose from cereals, toast or cooked breakfast. Staff were offering drinks on a regular basis, coffee, tea and a selection of cold drinks and these were available throughout the day. Between meals people had a good selection of snacks offered. These included cakes, biscuits and fruit. We noted that the chef ensured that a person with a dietary need had individual snacks provided for them.

We saw that the chef visited people daily to discuss their menu choice for that day. They also told us they had dementia training to have a better understanding how to meet the nutritional needs of people living with dementia. They told us that as a result they were adapting to the needs of the people by serving their food on coloured pates to ensure a contrast between the food and the plate. This was in line with latest studies and research regarding the way people living with dementia struggle to differentiate food which is the same colour as the plate.

People`s weight was monitored and where people were identified as losing weight this was referred to health care professionals. We saw that people had regular visits from their GP and district nurses. We saw from records that people were referred to other health care providers when needed. For example, the mental health team or speech and language team (SALT). Health care professionals told us that they were closely involved with the home in meeting people`s needs and to prevent admissions to hospital if possible. We saw that people also had regular visits from a hairdresser, a chiropodist who was there on the day of the inspection, optician and dentist.

People living with dementia were able to find their way around the home independently. We saw that the provider adapted the environment to suit the needs of people living with dementia. Each bedroom door was painted in different colour to look like a front door and people had their picture, their name and the bedroom was called [name] `s House”. We saw that each room was identified with a pictorial sign to further support independence. For example, the toilet, dining room and lounge, this helped to enable people to maintain their independence for longer.

Is the service caring?

Our findings

People had positive relationships with the staff who were supporting them. One person told us, "They are all nice." Another person told us, "Everybody is wonderful, willing and kind."

One person said, "I am looking forward for them [staff] to come in and have a chat, they make me laugh".

Staff communicated well with people and knew them well. They listened to what people had to say and responded appropriately. Staff used meaningful interaction to support people and this helped alleviate any anxiety. There was frequent use of reminiscence during conversations to engage people. For example, we heard a staff member speaking with someone about their pudding and they asked them what was their recipe and who did they make it for.

People were laughing, smiling, chatting away amongst themselves and with staff. We saw that nothing was too much trouble. For example after lunch one person asked for a tea instead of a cold drink and this was immediately done without hesitation. We saw a visitor come at lunch time and people were still at the table. Staff immediately offered them a seat asked if they wanted a drink. This behaviour encouraged visitors to spend more time in the home and helped people to maintain relationships.

Staff told us they enjoyed working at Burleigh House. One member of staff said, "I started working here because I needed a job, now I cannot keep away. I come in even on my days off just to spend a couple of hours with them [people], it is my vocation."

People and their relatives were involved in the planning of their care and also the monthly reviews. There was a 'Getting to know you' and 'This is me' booklet which set out people's lifestyle choices, history and preferences. Staff were aware of people's individual preferences but we noted that this was never assumed and they still gave people options to choose from. For example, what they liked to eat, where they liked to sit and when they wanted to get up. We found that where people were nearing the end of their life they had an 'end of life and a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) care plan was in place and that this had been discussed with the person, relatives, GP and staff.

People's privacy and dignity was promoted and staff treated people with respect. One person told us, "They always knock on the door and wait for an answer." We saw bedroom doors were closed in accordance with people's preference and staff responded to people's requests for support in a way that helped to ensure they were valued.

Is the service responsive?

Our findings

People felt that they received the appropriate support. One person said, "I get all the help I need when I need it. I cannot say anything else but praise the staff and the home. I am very happy here."

People`s needs were met in a way to suit their preferences. For example, if they wanted to have a late morning in bed, staff were able to accommodate the person's preference and organise work to meet their needs. Another person wanted to have their main meal in their bedroom and this request was met by staff.

People`s individual needs were assessed as they moved into the service and care plans were written in a way that showed people had been involved in the process. For example, these had been reviewed and updated to reflect any changes to people`s needs. We saw that between the regular monthly updates, where needed the service had in place a responsive review process in case a person's needs changed significantly during this period. For example, a person came back from hospital and their needs were re-assessed. This identified that the person required a different mobility aid their care plan was changed to reflect this.

People told us that they felt listened to. One person said, "I only have to say things once and they all know what I need." The person, who had specific dietary requirements, went on to say, "They are very good and they all keep to my diet." This showed that the home had an effective communication system which enabled staff to be aware of and meet people's needs.

Staff were able to tell us in detail not just people's needs but also their preferences. For example, we heard a staff member speaking with a person after lunch, "I know you prefer a hot cup of tea after lunch, I am going to make you one right now, however it is very hot today you should try and drink your cold drink as well." This showed staff were responsive to people`s needs and while taking into account their choices.

People told us there was always something to do in the home. One person said, "They [staff] got me into knitting again. My fingers were stiff in the beginning but they encouraged me to do it and now I feel much better. My fingers are not as stiff." Another person said, "They told me I can bring [into the home] my treasured little memories, pictures, book case, and my favourite books."

Care staff were actively involved in activities all around the home. For example, people who wanted to join the arts and craft session were assisted to a lounge set out for arts and crafts, another area was used to accommodate the chiropodist. We saw that people`s art work was valued by the provider and the paintings and drawings were framed and displayed on the corridors of the home. There was an activity schedule in each person's room along with a list of events. These events included the birthday parties that month, religious services and visiting professionals such as the Hairdresser. The activity schedule included needlework, pottery, music therapy and games mornings. We saw one to one activities taking place which included manicures and board games. Others were independently doing crosswords or watching TV. We saw that staff was asking people what they are interested in doing on the day but also by gathering information on past interests and plan the activities to ensure everybody has something to do. People were encouraged in regular meetings to express their preference in where they would like to go on outings.

People told us that they were confident to raise any issues or concerns with the staff and management. One person said, "I would complain if I would have reasons but I don't." Another person said, "I have no complaints at all. I would tell staff anything. I trust them." We saw the home had a complaints log and that in each instance the complaints were investigated and responded to. We also saw the home displayed the complaints procedure in visible areas for visitors and people`s reference.

The home had recently used an external organisation to carry out a survey and were awaiting the results. The provider showed us how all feedback from previous surveys, meetings and complaints was analysed and actions were developed where needed. For example, new chairs in the conservatory which was a request from a recent resident and relatives meeting and updates to the staff notice board. This demonstrated that the provider valued people's views and acted upon them.

Is the service well-led?

Our findings

People told us they felt the home was very well led. One person said, “I have to praise this home.”

The deputy manager was engaged with people and staff in a very positive way. We saw them doing regular checks on people, completing their records and helping staff. For example, checking people while administering medicines to people and also helping staff and supporting people at meal times. This helped to provide leadership and ensured they were available for guidance where needed.

The unit managers were seen to be working alongside staff and supporting people. We saw them ensuring staff were meeting people’s needs, providing guidance and prioritising the work on the units.

Staff were positive about the manager and the provider. One staff member said, “The manager and the owner [provider] are approachable, helpful and supportive.”

The manager was well supported by the provider who was involved in the running of the service. The manager and the provider carried out regular and random checks to ensure that the service was consistent and met the fundamental standards. For example, we saw audits of health and safety, staffing, medicines, evening and weekend checks. We also saw that where any issues were identified, an action plan was in place. These action plans were completed to reflect the responsible person for the task, the time frame in which the task should be finished and an actual completion date. For example, people had requested to go on trips outside the home more often and in response, the provider scheduled trips to visit different locations which included a visit to a safari park. Where actions were delayed the reasons were documented and new time frames agreed.

The manager monitored potential health and safety issues which had a direct impact on people`s well-being. For example, where people required pressure relieving mattresses to help prevent the risk of them developing a pressure ulcer, the mattress setting was established in consultation with the district nurse team and an audit was carried out weekly by a nominated person to check the mattress was on the correct setting. The manager had a monthly overview which enabled them to check how effectively the system ensured people`s safety.

The home piloted a Complex Care Premium Scheme in partnership with the local authority. This new scheme aimed to support people with complex health and care needs in residential homes by enhancing staff training and closer working with health staff. The provider thought that the scheme was successful.

The manager and staff told us they had systems in place to proactively involve other professionals like GP, nurses and physiotherapists in the care of the people to prevent people`s health deteriorating. One professional told us that they worked closely with the home to prevent unnecessary admissions to hospital by encouraging people to eat and drink well, identifying the risks of pressure ulcers, malnutrition, and dehydration.

The management team kept up to date with latest studies regarding dementia care. A lot of work was done to create a dementia friendly environment. For example, the use of contrast colour plates, and personalised, coloured `front door` aspect created for bedroom doors.

The home had a permanent maintenance person and maintenance schedule to ensure the home was maintained to an acceptable standard. The manager and provider continually looked at ways to improve the environment.