Aspens Charities

Burton Cottages

Inspection report

Burton Cottages
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Burton Cottages is a care home service. People in care homes 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism who used the service can live as ordinary a life as any citizen.

Burton Cottages provides accommodation and personal care for up to nine people who have learning disabilities and some associated physical and/or sensory disabilities. There were seven people using the service at the time of inspection. The building was split into two cottages adjoined in the middle. People had their own bathrooms attached to their bedrooms. There were also communal facilities if people did not want to use their own bathrooms. There was a kitchen, lounge and dining-room in each cottage for people to relax in. There was also a large garden, however this required some maintenance.

This is the service's first inspection. They were previously registered under a different provider; however, the same people were living at the service and most staff had continued their employment with this provider.

The service had a registered manager. 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.

Although quality audits were completed regularly, they had not identified several shortfalls in record keeping. There were inconsistencies within care documentation and fire safety procedures. There was not a consistent overview of maintenance issues raised and whether actions had been completed. Incidents were not consistently reported to relevant safeguarding teams when people came to harm. Mental capacity documentation did not reflect the views of the person or how the decision was made that they lacked capacity. Some people whose support needs involved restrictive practises, did not have mental capacity assessments specific to these.

The building was not always clean and staff did not always demonstrate understanding of infection control when supporting people. The provider had not ensured sufficient safety checks such as applications to the Disclosure and Barring Service, photo identification and information about previous training, skills and knowledge were completed for agency staff. Permanent staff did have such checks completed.

There was not consistent oversight of complaints, which meant lessons learned, actions taken and feedback given was not always identified. People did not always receive information in their preferred communication

method. We have made a recommendation regarding this.

People had assessments of risk which enabled them to do the activities they enjoyed and remain safe. Numerous safety checks were completed by the management team and external professionals to ensure the building was safe for people to live in. Medicines were administered safely by trained, competent staff and there were suitable staffing levels to meet the needs of people.

Staff had their skills and knowledge increased through regular training and supervision. There was a robust induction process, that staff felt helped them with their understanding of people and their routines. People's nutritional needs were met and any changes to support needs were discussed with health and social care professionals to improve quality of life.

Interactions between people and staff were warm and demonstrative of strong relationships being built. Relatives and professionals were unanimous in their view that staff were kind and caring. People's privacy, dignity and independence were promoted at all times. Staff had a good understanding of end of life care and had provided support to ensure this was dignified and included people's wishes.

Everyone we spoke to was positive about the registered manager and their commitment to people and the service. Although there were areas for improvement in records, they felt the service was well-led and an open, transparent and supportive culture was promoted.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Some aspects of the service were not safe.

The building was not consistently cleaned to a high standard. Staff did not always demonstrate understanding of infection control.

Agency staff did not receive the same safety checks as permanent staff before they started working with people.

Risk assessments were completed to ensure that people and their environment were safe.

Relatives and professionals told us safe care was provided. Staff demonstrated good understanding of safeguarding processes and knew the procedure to follow for suspected abuse.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable of offering people choices and sought their consent when providing support.

Staff had suitable induction, training and supervision to ensure they had the skills and knowledge required to support people.

The environment had been adapted to meet people's needs. There were clear actions plans to address areas of the environment that still required some improvements.

People's nutritional needs were met. The service supported people to maintain close links to health professionals.

Is the service caring?

Good

The service was caring.

Relatives and professionals spoke highly about the caring nature of the staff team. They were confident that staff knew people and their support needs well.

Staff showed kindness and compassion when they talked about people.

People had their privacy and dignity respected and their independence promoted.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Where some complaints had been received, there was not always evidence of actions taken or feedback given.

People did not always receive information in an accessible way that met their communication needs.

End of life care was provided in a caring, dignified and person-centred way.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

People's care documentation lacked consistency and did not always identify all their care needs. There were inconsistencies with recording maintenance issues and documentation regarding fire protocols. Not all safeguarding incidents had been reported to relevant professionals.

The provider did not always demonstrate understanding of the mental capacity act, particularly regarding seeking the views of people where restrictive practices were identified.

Staff and the registered manager knew people well.

Professionals, staff and relatives spoke positively about the management team and felt well supported.

Burton Cottages

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.

The inspection took place on the 19 and 20 September 2018 and was undertaken by one inspector. This visit was announced. We gave the service 48 hours' notice of the inspection visit because it is a small service. This was because we needed to be sure that our visit would not disrupt the lives of people more than necessary.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law. We were unable to review the Provider Information Report (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. The service was inspected in September 2016 and rated Good overall, but were re-inspected due to a change of provider. Therefore, we did not ask the provider to complete a Provider Information Report on this occasion.

People were not able to tell us about their views and experiences living at Burton Cottages. Therefore, we observed the care received to help us understand the experience of people who could not talk with us. We spoke with the registered manager, deputy manager and four staff. We reviewed records, which included three care plans, two staff files, medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' three people living at the home. This is when we looked at their care documentation in depth and made observations of the support they were given.

Prior to the inspection, we spoke with four relatives and four professionals to gain their views of the service provided at Burton Cottages.

Requires Improvement

Is the service safe?

Our findings

Although people were not able to tell us they felt safe, we saw they were comfortable and relaxed around staff that knew them well. Relatives and professionals also felt that people were safe. Comments from relatives included, "Staff are so aware of risks with my relative and manage these well" and, "There is no doubt in my mind that my relative is safe with staff. I thank God there are people like them." One professional also said, "It was clear the staff knew people very well and things to avoid making them feel less anxious." Despite this positive feedback, there were some areas which were not safe.

Improvements were needed in infection control practices. Staff had access to Personal Protective Equipment such as gloves and aprons to use when supporting people with personal care. These were an aid to prevent the spread of infection. However, we did not see any staff wearing disposable aprons. We also observed that a bag of soiled linen was left open outside the laundry room on the floor for 20 minutes, before staff retrieved it. It had been identified during a recent quality assurance audit that cleanliness required improvement. The deputy manager had devised a more thorough cleaning audit tool in response. However, parts of the home did not have a satisfactory standard of cleanliness. Bathroom floors, walls and some furniture were heavily stained and one of the lounges had dusty furniture and window sills, to which people had access. Carpets were also stained. Quotes had already been obtained to replace these carpets.

New staff were required to have safety checks completed before they began working at the service. This included applications to the Disclosure and Barring Service (DBS) that checked for any convictions, cautions or warnings. There was evidence of their previous experience and training. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files. However, the same safety checks had not been completed for agency staff. Management had not checked with the agency that staff had a full DBS, nor obtained previous experience, training and photo identification. This meant they could not be assured of who was coming into the home and whether they were safe to meet people's needs. Most of the agency staff regularly worked at the service and therefore knew people and their routines well. However, it is important that the same checks are applied to all staff providing support at the home, to ensure they are safe to work with people.

There were enough staff to support people who lived at the service. People had the same staff who worked regularly with them. This meant they knew and felt comfortable around familiar people. Any staff absences were covered by core staff or regular agency staff who knew people well. This ensured as far as possible that people received continuity of care.

Recruitment processes involved people and staff. The registered manager told us potential candidates were invited to see the service and meet people before attending formal interview. They told us, "We have found this is not only more relaxing for the candidate but they can also get a real idea and understanding of the role." The registered manager also told us the provider was continuously looking for ways to improve the recruitment process. They gave an example of a new online staff survey to gain their views of their roles and responsibilities. This information would then be collated to develop potential candidates understanding of the job.

Assessments of risks, both personal and environmentally were undertaken for people. This included risks related to mobility, going out into the community and preparing food in the kitchen. For people that could become anxious, there were detailed behaviour assessments. This included triggers for anxiety, signs that they may be agitated and how staff should react specifically to the person to support them. One person had several assessments related to different activities they liked to do and this ensured staff could continue to support them to do things they enjoyed. Another person had a bedroom door alarm to support with risks to themselves or others if they got up in the night. There were guidelines on how to use this alarm system and what support the person would need at that time.

People received their medicines safely. Some people had their own medicine cabinets in their bedrooms while others were kept in a locked cabinet in the staff office. Staff were not able to give medicines until they had received full training and had their competency assessed by management. This included a written assessment and observations of their practise to ensure they could give medicines safely. People's Medicine Administration Records (MAR) were completed daily and their medicines given as prescribed. Medicines were counted weekly by a senior member of staff to ensure that the correct amount had been taken. Some people had 'as required' medicines, for example to manage pain or anxieties. There were clear protocols for these so that staff knew when and how these medicines should be given. Medicine risk assessments also detailed how the person may indicate they were in pain or needed other as required medicines.

People were protected against the risk of abuse because staff knew what steps to take if they believed someone was at risk of harm or discrimination. Staff described signs that a person may be at risk and the process they would follow in reporting this. They gave an example of a person who had unexplained bruising. Immediate investigation was taken as to how the bruising could have occurred and involved other professionals as well as the person and their relatives. Incident and accident reports detailed information of the incident, immediate and on-going actions taken. An example of this was for a person had been involved with an incident in the community. Staff had developed a social story to explain to the person why their behaviour was inappropriate and how this could be managed in the future. Their social worker and the safeguarding team had been consulted.

Daily, weekly and monthly safety checks were completed by the management team for the building. This included water temperatures, fire equipment and emergency lighting. The service held an up to date Legionella certificate. They also had regular professional checks on electrical equipment. Staff did a full evacuation of the building once a week so they could ensure people and staff were aware of the procedure to follow in an emergency. People had in-depth Personal Emergency Evacuation Plans (PEEPS) which detailed how the person may react in an emergency, how to manage their anxieties and a step by step guide for actions to follow. They also included previous responses from people during fire evacuations.

Good

Is the service effective?

Our findings

Relatives told us they felt the service was effective because "Staff are well trained. They know exactly what they're doing" and, "Autism can be challenging but staff are aware of this and how to manage difficulties." Professionals also told us, "They follow recommendations I make" and, "They seek out my input for even the slightest change in people's needs."

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All people had applications made for DoLS where it was deemed they lacked capacity, however only one had been officially granted at the time of inspection. Any conditions made with the DoLS were being met.

People were offered choice in all aspects of their care. Staff were knowledgeable about people and how they were able to make choices.This included staff holding up objects for people to choose and asking what they would like to do or eat and drink. One staff member asked a person if they wanted to get up and when they didn't, arranged a different time for them to go back.

Staff had the appropriate skills and knowledge to support people. Staff told us they received regular training which included safeguarding, moving and handling, health and safety, mental capacity and equality and diversity. They had also received more specific training in autism and epilepsy to meet the needs of people. One staff member told us the autism training had been particularly useful because, "I could see how some of the explanations about autistic traits applied to the people that live here, especially about the importance of routines and how their lives can be disrupted by the smallest change. It made me understand their behaviours more."

There were opportunities for staff to complete a Qualifications and Credit Framework (QCF) qualification in social care for those who wished to develop their skills and knowledge. A QCF is a work based award that is achieved through assessment and training. To achieve a QCF, candidates had to prove they had the ability to carry out their job to the required standard. Several staff had expressed an interest in developing into a managerial role and were given the opportunity to step into more senior roles in the planned absence of the registered manager.

Staff spoke positively about their induction. They said that as part of the process they met people they would be supporting and shadowed more experienced staff so that they could fully understand people's care needs. One staff member said, "It is vital we shadow staff with people so that we learn their routines. Most people have to have things a certain way." The registered manager told us the induction used to be just in-house but was now completed nationally so new staff from all services could meet each other. The

registered manager said, "We feel this is a huge benefit for staff as it is more consistent and new staff can network with others." Additionally, new staff completed the Care Certificate as part of their induction. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is comprised of 15 minimum standards that should be covered for staff who are new to care.

Following induction, staff were supported in their role by receiving regular supervision and appraisals. Staff told us they had supervisions every 6 weeks and that they provided the opportunity to raise any issues and discuss development goals. One staff member said, "Supervisions aren't just about improving myself but about improving people's lives." All staff told us that the registered manager had an 'open door' policy, in that they could talk about anything at any time.

People's nutritional needs were met. People had weekly meetings where they would choose pictures of different foods to make up their menus. Menus were varied and offered fresh fruit and vegetables to encourage healthy eating. There were alternative meals available if people changed their mind about what they wanted to eat. Although no person had specific risks related to eating and drinking, risk assessments regarding food detailed how staff should support people at meal-times. For example, one person could eat quickly if they were hungry and we saw staff encouraging them to slow down.

The service supported people to maintain good health with input from health professionals on a regular basis. People's records demonstrated involvement from a range of professionals such as GPs, learning disability nurses, occupational therapists and the speech and language team (SaLT). One person had received specialist support from a behavioural professional in managing their anxieties and behaviours that may challenge. One professional was complimentary of the responsiveness of the staff and how this had had a positive impact on a person's life. The person had stopped their daily activities due to anxiety and lack of sleep. The professional recommended several resources such as the Speech and Language Therapy (SaLT) team and a GP for review of medication. The professional told us, "They did all of this immediately and the person is now going back to their activity service. They have a much better quality of life. It is a fantastic thing."

The design of the building had been adapted to meet the needs of people. Following renovation, each person had their own ensuite bathroom which promoted their privacy and gave them their own space. The registered manager was aware of improvements that could be made. An example of this was for the garden, which was overgrown and rarely used. The service had recently received money from a relative who had been fundraising. These funds were being used to create a more sensory environment for people. This included plans to create a sensory garden, that would include areas for people to grow their own vegetables. There were also action plans to create a sensory room. The deputy manager showed us their ideas for wallpaper art, bubble tubes, interactive wall puzzles, bean bags and mirrors to create a sensory experience for people living at Burton Cottages. Although there were no clear timescales for this project, the deputy manager advised us that they would hopefully be completed by Christmas 2018.

Good

Is the service caring?

Our findings

Although people were not always able to communicate verbally, we could see they were smiling and interacting positively with staff. One staff member was brushing a person's hair and the person appeared relaxed as staff talked to them. Another person was laughing and jumping up and down, which staff told us was a sign they were very happy. Interactions between people and staff were warm and genuine. One person had a specific handshake when greeting a staff member. Others smiled when staff used nicknames. When supporting people, staff were cheerful and sang, which people seemed to enjoy.

Relatives were consistent in their views of a kind and caring staff team. Comments included, "Staff are pleasant and considerate", "They have good relationships with people and are very patient" and, "It can't be an easy job but they do it excellently." One relative told us, "It is such a homely and happy atmosphere. Most importantly, staff love my relative and that is important to me."

Staff knew people very well and how to meet their needs. They gave us examples of specific routines that could upset people if they weren't followed exactly. One person had a specific morning routine that they preferred and the staff member supporting them knew exactly what this was, even down to the bathroom they used and whether they preferred to have a bath before or after breakfast. One relative said, "Sometimes I think they know my relative better than I do which is so reassuring."

Staff demonstrated a good understanding of promoting independence and supported people to do as much on their own as possible. They gave examples of encouraging people to complete parts of their personal care routine independently and this was consistent with what we observed. One staff member told us that a person was helping to chop fruit and vegetables for meals. They said, "This may seem like a small thing but it's not for the person. It took lots of encouragement, but now they are doing it mostly independently and we couldn't be prouder." We observed staff gently encouraging people to make their own meals and drinks with support and praising them when this was achieved. A relative told us, "This service is the best thing that's happened to my relative and they've come on leaps and bounds. They are doing things that they weren't able to do before." They explained that their relative is now doing cleaning and helping with their washing which is a huge achievement for them.

Staff ensured people's dignity and privacy was respected and promoted. One person required staff to be present during personal care due to risks of a health condition. The staff member did this in a dignified way, asking the person what they would prefer and waiting outside the bathroom to give privacy. People were addressed by their preferred name and their bedrooms were filled with photographs and personal belongings. Their rooms were considered their own personal space and staff always asked permission before entering and respected that people needed time by themselves. People's care records were stored securely in locked cupboards and online documents were password protected. Staff told us the home's confidentiality policy was regularly reviewed in team meetings so they were always aware of how to protect people's privacy.

People were involved in making their own decisions and encouraged to express their views. We saw staff

asking people how they were and how they would like to be supported. People were offered choices, such as what they wanted to do or drink. Records showed regular meetings with people took place. People's keyworkers met with them monthly to review their care, goals and activities. Where people were not always able to communicate their views verbally, staff talked about recognising their body language and facial expressions as well as offering objects of reference to support people in making decisions. An example of this was when people were asked where they would like to go on holiday. Staff showed them brochures of different destinations and people picked where they wanted to go. People were also supported to complete a questionnaire each year on their views of care provided.

The caring principles of the service included the well-being of their staff. Staff told us the registered manager, "Genuinely seemed to care about their well-being" and, "Is happy to listen to us (staff), whether it involves something professional or personal." One staff member said, "The registered manager was really supportive when I was having difficulty with childcare. They didn't have to be, but they did everything they could to support me during that time. It made me feel that I was wanted here."

Requires Improvement

Is the service responsive?

Our findings

Most relatives we spoke to told us staff were responsive to their loved ones. Comments included, "They always contact me", "I'm included in everything" and, "The registered manager tells me if anything comes up, I don't have to prompt for information." However, despite this positive feedback, there were some areas which were not responsive.

We received feedback from one relative who felt that although management were always apologetic, concerns they had were not always responded to within a timely manner. We discussed this with the registered manager and although issues raised by the relative were known, they had not been documented as complaints. Although there were mitigating circumstances in why some actions to rectify issues were delayed, these had not always been explained to the relative. The registered manager had implemented three monthly reviews to improve communication. However, due to complaints not being documented, it wasn't always clear what actions had been taken or if issues were reflected on and feedback given. When we discussed this with the registered manager, they agreed this was an area for improvement.

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

We observed missed opportunities to provide information to people in an accessible way. Some people's support plans informed staff that they required pictures to communicate, however there was a lack of pictures used in documentation, such as care plans and monthly meeting forms. These could be developed to ensure people were as involved as possible with their care planning. There was not an easy-read or pictorial complaints form for people to complete if they had any concerns. Although people used laminated photos of food to choose their meals for each week, the menu was written. There were no pictures of food options or alternative meal choices to choose from.

These guidelines were not in line with the Accessible Information Standard (AIS). We recommend that the provider refers to current guidance regarding AIS to improve their practise.

Although improvements were required regarding accessible information, staff were knowledgeable of people's communication needs. Some additional tools were used to support with this. For several people who required visual cues for communication, they had pictures of objects associated with their routines, on a keyring. The registered manager said, "The pictures are a good way of getting people to focus and works well if the person wants to know what's happening and when." One person had their own pictorial timetable which staff went through with them every day as part of their routine. One staff member told us, "This helps reduce their anxiety about what's going to happen."

People had their needs assessed before they moved into the home and the information gathered was used to develop their care plan. These plans detailed people's preferences and routines, as well as goals and

support needs. People had pen portraits which were snap shots of the care people received. There were independent living skills assessments, where details were given about what the person could independently and where support was required. Other information included health and medical history and how people may be affected by autism. Staff told us care plans told them everything they needed to know about each person. A relative agreed, telling us, "When we look at care plans in reviews, they always seem to have everything needed in them."

People took part in activities which encouraged social involvement and wellbeing. One relative said, "I am so pleased we took a chance – my relative does so many activities and have a social life now." Each person had a varied activity timetable that included things they liked to do, such as walking, shopping, swimming, horse-riding and bowling. Other activities included African drumming, aromatherapy massages, meals out, discos for people with learning disabilities and going to the beach. Most people went to a local day service where they engaged in activities such as music, cooking and arts and crafts. People went on holidays each year and chose where they wanted to go from a variety of brochures. Each person also had their own 'self-care day', which gave them additional opportunities to build independence and domestic skills.

At the time of inspection, no one received end of life care. However, some people had an 'End of life' care plan which included what was important to them, funeral arrangements, people they wished to inform and attend. One person who used to live at the home had passed away recently and staff were still upset when talking about them. The registered manager explained there had been lots of input from health professionals to enable the person to die at home, rather than in a hospital. They also told us the person had wished to keep going to their day service, so they had supported them to do this as long as possible. Following the person's death, the registered manager implemented a social story with pictures, that helped explain to other people living at Burton cottages, what had happened. A behaviour support specialist also came to a staff meeting to advise of alternative ways that people could be supported with their bereavement. The registered manager said, "It was such a hard time but the staff were amazing. They did everything they could to make the person happy and support others living here. We all supported each other."

Requires Improvement

Is the service well-led?

Our findings

Relatives spoke highly of the registered manager. We were told, "The Registered manager is very bubbly and lively and approachable – they're great", "Both the registered manager and deputy manager are so lovely and know my relative really well" and, "I find the registered manager excellent." Professionals were also positive about the registered manager and described them as, "Professional", "Passionate" and "Knowledgeable". One professional who was involved in a person's review and told us, "The registered manager was fantastic because they made the transition for the person go smoothly. They also know people really well and have a lot of knowledge." Despite this positive feedback, there were some areas which were not well-led.

There were several quality audit tools. Every month, the registered manager, deputy manager and seniors reviewed documentation, including people's care plans, staff files, health and safety of the building, medicines audits and incidents and analysis. Additional audits were completed quarterly by the quality assurance lead for the company.

Although quality assurance audits had been completed regularly, these audits had not identified some inconsistencies which we found during the inspection. For example, a relative gave specific information about how to support a person with improving their dental hygiene, however, their care plan did not reflect this. Another person's care plan had not been updated with information regarding input from the SaLT team and monitoring forms that staff were required to complete daily. Staff were aware of these support needs and therefore we considered the risk to people to be low. However, it is important that care documentation is up to date and relevant to ensure that all staff have the information they need to meet people's needs effectively.

Another person had an epilepsy risk assessment, however it did not identify the type of seizure, signs that the person may be unwell or what to do in an emergency. Staff knew the person well and advised they had not had a seizure in many years. They told us they would ring emergency services if they thought the person was having a seizure. However, the registered manager acknowledged it was important to have this information and advised they would contact the person's relative and GP.

Although staff showed understanding of choice and consent in day to day practice, people's care records did not always meet guidance in line with the Mental Capacity Act. People had specific decision-making forms related to managing their personal care. These included views from professionals and relatives. However, there was no evidence to demonstrate the person's views had been considered and how the decision for a lack of capacity was reached. Some people did not have specific decision-making forms related to practices which restricted their movements or privacy. For example, one person was required to wear a specialised belt used for guidance when out in the community to maintain their safety. Another person had a monitor in their bedroom at specific times of the day to manage risks associated with anxiety. In both these cases, there was no documented evidence to suggest that the person's views or those that knew them best had been considered, or that their capacity to consent had been assessed. From what we observed and what staff told us, people did not appear distressed by these practices. However, it is

important that the provider do all that is practicable to obtain and document the views of people as part of the decision-making process.

Not all incidents were reported and recorded in line with best practice guidelines. An incident where a person became injured was not reported to the safeguarding team or us. Although the management team told us an incident form had been completed, they were unable to find this during the inspection. Therefore, there was not consistent oversight of incidents and relevant others had not always been informed when harm came to people. The registered manager advised they would report this incident immediately.

The service had introduced a 'grab bag' to be used in the event of an emergency. This could be picked up by staff and gave them access to all the information they may need, such as contact details and fire risk assessments. However, this system had not been reviewed effectively. Some information within the grab bag was out of date, containing assessments for people who no longer lived at the service. People's PEEP's, which contained in-depth information in how people needed to be supported, were not included. The registered manager advised us that the bag should also contain a torch and high visibility jacket for during the night but these were not there. Staff knew people well and took part in regular fire drills, so they were aware of how to support in an emergency. However, it is important that these documents are up to date and relevant so that staff and emergency professionals can provide the right support to people in the event of a fire.

There was a new maintenance process, where any staff members could email concerns to the maintenance team for the provider. Requests had been completed however these had not been documented in the service's maintenance log. Management were unsure whether certain requests had been fulfilled. Therefore, there was limited oversight of when health and safety issues had been completed or whether further action was required.

The provider had not ensured good governance had been maintained. Therefore, the above areas are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us the registered manager was, "The best manager I've ever had", and, "Very hands on with people, they never ask us to do anything they wouldn't do themselves." One senior member of staff told us, "The registered manager is such a good role model. I try and be like them when I supervise staff." All staff told us that there was a strong emphasis on working together as a team to support people and improve the service. Comments included, "This is definitely the best team of staff I've ever worked with", "We all work well together and support each other" and, "Because of how we work together, I love coming to work. We can handle anything together." One agency staff member told us they continue to work regularly at Burton Cottages because, "You don't feel like agency, you feel like a member of the team and that your opinions matter just as much as anyone else's."

The registered manager told us how important it was for them to remain up to date with current legislation and practice. They regularly attended training or adult social care conferences. The registered manager also told us about standardisation workshops they had attended that were run by East Sussex County Council. "They talk to us about expectations and meeting requirements. I went to one recently about new staff completing the care certificate and it was so useful in understanding exactly how we should support staff and achieve consistency."

The registered manager was also passionate about ensuring the rest of the management team were well trained and skilled to manage the service in their absence. The deputy manager had attended a 5-day training workshop in management and seniors were given additional training in supervising staff and

managing conflict. The management team had recently attended a team day where discussions were had about the new structure of staff and roles and responsibilities. This included information about how to complete management checks, potential issues and where support was available. The deputy manager told us, "I felt well informed after the meeting and reassured that there was always support available if I needed it."

The provider sought out views about the quality of care and valued feedback given. Each year, surveys were given to people, their relatives and staff to gain their views of the service. Feedback given was analysed and generated into a graph that gave overall views of the service. Actions taken regarding any issues identified were shared with people, staff and relatives. We viewed the most recent survey results from people and relatives; feedback was positive.

The registered manager to be very responsive to concerns we identified during the inspection. They listened to feedback and told us how they would rectify issues. One day after the inspection we received an action plan which specified each area for improvement and timescales for completion. This responsive attitude demonstrated the registered manager's willingness to improve.

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 17 HSCA RA Regulations 2014 Good governance The provider had not ensured good governance had been maintained. Appropriate systems and processes were not consistent to fully assess, monitor and improve the quality and safety of the service provided. The provider had not maintained an accurate and complete record in respect of each person, including a record of the care decisions taken. 17 (1)