MCCH

Bursted Houses

Inspection report

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 15 and 16 May 2017 and was unannounced. At our last inspection of the service in September 2016 we found that the provider was meeting regulatory requirements and the service was rated 'Good'. Bursted Houses provides accommodation and support for up to 22 people with learning disabilities across four separate units. At the time of our inspection the service was providing support to 18 people.

The service had 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 this inspection we found a breach of regulations because pressure relieving equipment was not always used safely. Improvement was required because systems were not in place to monitor the use of pressure relieving equipment to ensure it was safely used, and action had not always been taken in response to audit findings to improve the quality and safety of the service. Improvement was also required to ensure the service consistently complied with any conditions placed on people's Deprivation of Liberty Safeguards (DoLS) authorisations.

People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred. Medicines were administered to people as prescribed and were stored securely. The provider followed safe recruitment practices when employing new staff and there were sufficient staff deployed within the service to meet people's needs.

Staff received an induction when starting work at the service and were supported in their roles through training and regular supervision. People were supported to access a range of healthcare services when required and to maintain a balanced diet. Staff were aware of the importance of seeking consent from the people they supported and worked within the requirements of the Mental Capacity Act 2005 (MCA) where people had been assessed as lacking capacity to make decisions for themselves.

People and relatives told us that staff were caring and considerate. Staff treated people with dignity and respected their privacy. People were involved in day to day decisions about their care and treatment and people and relatives also had involvement in their support planning. Support plans included information about people's individual needs and preferences.

The provider had guidance in place on how to raise complaints in formats suitable for people's needs. People and relatives told us they knew how to raise a complaint should they need to do so. Staff spoke positively about the management of the service and told us they worked well as a team. People and relatives' views on the service were sought through an annual survey and the feedback received by the service indicated they were happy with the care and support they received.

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

The service was not consistently safe.

Risks to people had been assessed although one person's risk assessments could not be located. Whilst staff were aware of the action to take to manage most areas of risk safely, equipment was not always used in a way which was safe.

Medicines were securely stored and safely managed.

There were sufficient staff on duty to meet people's needs. The provider followed safe recruitment practices.

People were protected from the risk of abuse because staff were aware of the action to take should they suspect abuse had occurred.

Is the service effective?

Good

The service was effective.

Staff were aware of the importance of seeking consent when support people and the provider complied with the requirements of the Mental Capacity Act 2005 (MCA). The registered manager followed the correct procedures in seeking authorisation to deprive people of their liberty under the Deprivation of Liberty Safeguards (DoLS), and took action to ensure conditions placed on people's DoLS authorisations were consistently met.

Staff underwent an induction when starting work at the service. They were supported in their roles through training, regular supervision and an annual appraisal of their performance.

People were supported to access a range of healthcare professionals when required, and to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People were treated with kindness and consideration by staff.

Staff treated people with dignity and respected their privacy.

People were involved in making day to day decisions about the support they received.

Is the service responsive?

Good

The service was responsive.

People and relatives, where appropriate had been involved in the planning of their care. Care plans were person centred and reflected people's individual needs and preferences.

Staff encouraged people to maintain their independence in aspects of their daily living.

People and relatives were aware of how to raise a complaint. The registered manager confirmed there had been no complaints raised in the time since our last inspection.

Is the service well-led?

Requires Improvement

The service was not always well led.

Staff undertook a range of checks and audits at the service although improvement was required to ensure these covered areas of risk comprehensively and to ensure action was consistently taken to drive improvements where issues were identified.

Relatives and staff spoke positively about the management at the service and told us staff worked well as a team.

The provider sought people's views on the service through an annual survey. Survey feedback indicated people experienced positive outcomes using the service and they were happy with their care and treatment.

Bursted Houses

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 inspection took place on 15 and 16 May 2017 and was unannounced. The inspection team consisted of one inspector on both days of the inspection. Prior to the inspection we looked at all the information we held about the service. This included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with three people and two relatives to seek their views on how the service was run. Where people were not able to communicate verbally, we spent time observing the support they received and their interactions with staff. We spoke with six staff and the registered manager. We also looked at records, including six people's support plans, five staff recruitment files, staff training and supervision records and other records relevant to the running of the service.

Requires Improvement

Is the service safe?

Our findings

Records showed that risks to people had been identified and assessed in a range of areas including safety in the home, medicines administration, finances, accessing the community and undertaking personal care tasks, for example shaving. We also saw assessments had been conducted with regards to the safe management of people's specific medical conditions, or the use of equipment such as wheelchairs. Each assessment included details of the type of risk as well as any action to be taken by staff in order to manage risks safely.

However, we found that one person's care records file did not include risk assessments relating to the risk of malnutrition, the use of bed rails or risks regarding their skin integrity, despite these being areas in which they had identifiable risks. We spoke with the registered manager about this and they told us risk assessments had been conducted but the paper copies were missing. They located an electronic version of the person's malnutrition risk assessment which made some reference to skin integrity, but this did not include any guidance on the use of the pressure relieving equipment the person required to manage this area of risk safely.

We spoke with staff responsible for supporting the same person and found that they were aware of the action to take to manage the risks associated with the use of bed rails and with regards to the risk of malnutrition. However, we found risks to the person's skin integrity were not managed safely because staff were not aware of the correct way to use the pressure relieving mattress which had been put in place for them by the community nursing team. This mattress had been set at a pressure level for a person of significantly heavier weight, placing the person's skin integrity at risk.

These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014). During the inspection staff adjusted the pressure relieving mattress settings and told us they would contact the community nursing team for further guidance on how the equipment should be properly used. Following the inspection, the registered manager sent us confirmation that updated risk assessments had been put in place where these had been missing.

There were procedures in place to deal with emergencies. People had personal emergency evacuation plans in place which gave guidance to staff and the emergency services on the support they required to evacuate, should they need to do so. Staff we spoke with were aware of the action to take in the event of a fire or medical emergency. Staff also confirmed that they were able to seek support out of hours from a member of the provider's management team should they need to do so in the event of any significant issues.

At our previous inspection on 01 September 2016 we found improvement was required because staff had not administered one person's medicines as prescribed on that day. At this inspection, we found that improvements had been made and that medicines at the service were managed safely.

Medicines were stored securely. Medicines were kept locked in medicines cupboards within each of the four houses where people were currently resident. Where medicines required refrigeration, we saw these were

stored in locked medicines refrigerators. We also saw that any Controlled Drugs prescribed to people were stored in line with regulatory requirements. Records showed that daily checks were made of storage area temperature levels to ensure medicines remained within a safe temperature range to ensure they were remained effective for use.

Staff told us, and records confirmed that they had received training in the safe administration of medicines, which included a competency assessment. People's MARs included a copy of their photograph and details of any known medicines allergies to reduce the risks associated with medicines administration. The MARs we reviewed were up to date and medicines stocks accurately reflected the information recorded on people's MARs, demonstrating that people had received their medicines as prescribed. Records showed people had protocols in place where they had been prescribed 'as required' medicines. These contained information for staff to help determine whether administration was required and if so how frequently they should be administered and at what dose.

People told us they were happy living at the service and with the support they received from staff. One person said, "I feel safe here; I get on well with everyone." A relative told us, "I have peace of mind, knowing [their loved one] is being looked after." Where people were not able to share their views verbally, we observed them to be comfortable and relaxed in their home environment and with the staff who supported them.

People were protected from the risk of abuse. Staff were aware of the potential types of abuse and knew the action to take if they suspected abuse had occurred. The registered manager was the safeguarding lead for the service and was aware of the process to follow in reporting any allegations of abuse to the local authority in line with local agreements. Staff were also aware of the provider's whistle blowing policy and told us they felt confident that they would raise any concerns they had with external bodies, for example the local authority or CQC, if they felt the need to do so. However, all of the staff we spoke with told us they had not needed to do so, and expressed confidence that any concerns they raised would be dealt with appropriately by the registered manager and provider.

People and relatives told us there were sufficient staff deployed at the service to meet their needs. One person told us, "There are enough staff; I get help when I need it. I like to go out every day and a member of staff will come with me." Another person confirmed that staff were available to support them when needed. A relative said, "The staffing levels are fine; they're able to meet people's needs."

The registered manager explained that staffing levels were calculated using a dependency tool to determine the number of hours each person needed support during the week. Records showed the number of staff on duty accurately reflected the planned staffing levels and we observed staff to be on hand and available to support people when needed throughout the time of our inspection. Staff we spoke with also told us they felt staffing levels were sufficient to meet people's needs. One staff member told us, "It can be busy at times, but there are enough of us to ensure people get the care they need."

The provider followed safe recruitment practices. Records showed that staff were subject to a number of checks prior to being employed at the service. Staff files contained completed application forms which included details of their qualifications, work history and reasons for any gaps in employment. We also saw criminal records checks had been conducted and references sought to ensure staff were of good character, as well checks on staff member's identification and right to work in the UK, where applicable.

Good

Is the service effective?

Our findings

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff confirmed that they sought consent from people when offering them support. One staff member told us, "It's important that we communicate with the residents when supporting them and look for signs, either verbally, or in their body language that let us know whether they're happy for us to continue. If someone showed signs of being unhappy, for example if they did not want me to help them wash, then I would stop and try again later in the day. We wouldn't force anyone to do anything." This comment was reflective of the feedback we received from all of the staff we spoke with.

Where people lacked capacity to make specific decisions for themselves in areas such as administering their own medicines or managing their finances, we saw mental capacity assessments had been conducted and best interests decisions made involving family members and relevant health and social care professionals where appropriate, in line with the requirements of the MCA.

The registered manager was aware of the correct procedures to follow in seeking authorisation to deprive people of their liberty under the DoLS and records showed DoLS authorisations were in place or had been applied for where appropriate. We found a condition which had been placed on one person's DoLS authorisation had not been complied with during the previous three months. This specified a greater frequency at which the person's care plan should be reviewed to ensure any restrictions on their freedoms were minimised. We spoke to the registered manager about this and they confirmed that the person's care plan did ensure restrictions on the person's freedoms were kept to a minimum, despite not having had a monthly review. They also put systems in place to ensure monthly reviews would be conducted in future, in line with the condition. All other conditions placed on the sample of DoLS authorisations we reviewed during the inspection had been complied with.

People did not comment directly on the skills and knowledge of the staff who supported them, although through our observations and discussions with staff it was clear they had a good understanding of people's needs and the ways in which to support them effectively. Relatives told us they felt staff had the skills and knowledge needed to meet people's needs. One relative told us, "The staff know people well and how to

support them. They do their best."

Staff confirmed they undertook an induction when starting work at the service. This included the completion of a range of training in areas considered mandatory by the provider, time spent familiarising themselves with the provider's policies, a period of orientation at the service and time shadowing more experienced colleagues.

Records showed that staff had completed training in areas such as safeguarding, first aid, manual handling, infection control and fire safety. This training was refreshed on a regular basis to ensure staff stayed up to date with best practice. Where refresher training was due for a small number of staff, we saw the registered manager had plans in place to address this.

Staff were also supported in their roles through regular supervision and an annual appraisal of their performance. One staff member told us, "We have regular supervision and I feel well supported by my line manager." Another staff member said, "Supervision is helpful as I can discuss any worries I might have and I can talk through different options on how best to support the people here."

People's nutritional needs were met. Staff explained that they used their knowledge of people's mealtime preferences when planning the menu as well as involving them in discussions around what they would like to eat where possible. People told us they enjoyed the meals on offer at the service. One person said, "We're having chilli today; I like that a lot." Another person said, "I like all of the food we have. I also like to get a takeaway on Fridays and staff help me with this."

Professional guidance had been sought where risks to people around eating and drinking had been identified. Records showed that, where appropriate, people had been assessed by a Speech and Language Therapist (SALT) or dietician, and we saw guidance in place for staff on how people's meals and drinks should be prepared to safely meet their needs. Staff we spoke with demonstrated a good understanding of how to support people to eat and drink safely. For example two staff we spoke with accurately described how one person should be positioned while they were supported to eat, in line with SALT guidelines.

We observed lunchtime meals in two of the units at the service and noted that staff were on hand to support people promptly where required. People's independence in eating was promoted through the use of adapted cutlery and equipment such as plate guards, or through minimal support and encouragement from staff while they ate.

Relatives confirmed staff supported people to attend healthcare appointments when required. Records showed people had had access to a range of healthcare services where required including a GP, community nurses, optician and dentist. People had health action plans in place which contained information about their individual healthcare needs and we also saw hospital passports which staff told us accompanied people when they attended hospital appointments. These documents included information for healthcare professionals on people's health conditions and communication needs to ensure they received appropriate healthcare support.

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring and considerate. One person said, "I like all of the staff here, they're very kind." Another person told us, "The staff are nice and look after me." A relative commented, "The staff are very caring. It's clear from the way they interact that they know the residents well; they pick up on their non-verbal communication and I've see them pre-empting people's needs in a positive way." Staff also spoke positively about the caring attitude of their colleagues. One staff member said, "Someone once asked me if I'd be happy to have one of my family members living here and I definitely would. As a team I think the staff here are a caring bunch and people are happy."

We observed staff interactions with people which were friendly and engaging. We heard staff sharing jokes with people and talking to them about the things that were important to them, for example the activities they enjoyed and their preferences in their daily routines. People responded positively to staff supporting them and it was clear they were comfortable in their presence. Where one person displayed signs of anxiety, staff provided reassurance which had a calming effect, and the atmosphere at the service throughout the time of our inspection was relaxed and friendly.

People were supported to maintain the relationships that were important to them. Staff told us, and relatives confirmed that visitors were welcome at the service when they wished. One relative told us, "I visit about once a month, we know the staff and there are no problems visiting." The registered manager also told us that one person was supported by staff to speak to a relative on the phone because the relative was unable to visit the service regularly.

People were involved in making day to day decisions about their support. Staff confirmed they sought to give people choices wherever possible and told us they respected their decisions. For example, we noted during the inspection that one person had chosen not to go out to a planned activity on that day so staff stayed with them at the service to support them. In another example one staff member explained how a person enjoyed using different forms of transport when going out so they made sure to give them time to make a choice of the type of transport they wanted to use when visiting places in the local area.

People told us that staff treated them with dignity but did not comment on whether their privacy was maintained. One relative we spoke with told us, "I've not seen anything that's given me concern around privacy and dignity. The staff are considerate and respectful of the people there." Staff told us of the steps they took to ensure people's privacy and dignity were maintained. For example one staff member told us, "I always speak to the residents respectfully and will knock on their doors before entering their rooms. If I'm helping someone with personal care, I'll make sure the door and curtains are closed." We also observed staff knocking on doors before entering people's rooms during our inspection and also saw staff moving quickly to promote people's dignity when in communal areas of the service.

The registered manager told us that the service would be proactive in supporting people's needs with regards to their disability, race, religion, sexual orientation and gender, in line with any individual needs they had. At the time of our inspection they explained that people did not have many specific requirements in

these areas, although staff told us some people were supported to periodically attend local church services as they enjoyed them. We also saw that where people had expressed a gender preference in staff who supported them, this had been included in their staff planning and staff told us these preferences were respected.

Good

Is the service responsive?

Our findings

People told us, and relatives also confirmed that they received a service that was responsive to their needs. One person said, "I like living here; I get all the help I need and can do the things I want." A relative said, "I'm more than happy with the care [their loved one] receives; the residents are well looked after."

Records showed that people had been assessed to ensure the service was able to appropriately meet their needs. From these assessments care plans had been developed to give guidance to staff on the areas in which people needed support. We saw care plans in place covering areas including eating and drinking, support with personal care, communication and behavioural support. Care plans were person centred and included information about people's preferences and usual routines, as well as their likes and dislikes. They had also been reviewed on a regular basis to ensure they remained up to date and reflective of people's current needs.

Staff were aware of the details of people's care planning and could describe their preferences in their daily routines and the ways in which they received support. Each person had a keyworker who met with them each month to discuss aspects of their care and any aspirations they had. One person told us, "I have keyworker meetings with [their keyworker]. We sit down and talk about the things I would like to do." We reviewed the minutes from a recent keyworker meeting with this person at which they had expressed an interest in a particular outing which they confirmed had since been arranged for them.

Relatives also confirmed they had been involved in discussions around people's care needs. One relative said, "We've discussed [their loved one's care] with the staff. We have been involved in the care planning." Another relative told us, "We've not always felt informed about what was going on with [their loved one's] care, but we raised this with staff and things have improved. We've attended review meetings to discuss [their loved one's] care.

People's independence was encouraged by staff. People told us they were supported to take part in various tasks around the service where they were able to do so. For example one person undertook minor administration tasks within the office and another person was involved in sorting out recycling for collection. A third person told us staff helped them with tasks around their bedroom including cleaning their sink and changing their bedding.

People were supported to undertake a range of activities. One relative commented that whilst people went out, they didn't always feel there was a lot for people to do at the service. However they also told us that they could see there would be challenges to holding people's interests for group activities. People communicated that they enjoyed the things they did during the day. For example one person commented positively about the things they had done that day and another person indicated they had enjoyed their visit to a day centre. There was sensory equipment in place for some people to use and staff told us people enjoyed activities including music sessions, games and visits to the shops and other local amenities such as the library.

People and relatives told us they knew how to raise concerns if they had any issues at the service. One person told us they would speak to the manager or their keyworker if they were unhappy with anything. A relative said, "I think I could speak to any of the staff if I had a complaint. Any minor issues I've raised have been addressed."

The provider had a complaints procedure in place with included information on how complaints could be raised and the timescales in which any complaints would be investigated and responded to. The procedure also included information on how people or relatives could escalate their concerns if they remained unhappy with the outcome. We saw guidance on how people could raise complaints was on display within the service in a range of formats to better meet people's needs. The registered manager told us they would maintain a log of any complaints received, including details of ay investigation they had undertaken, but they had not received any complaints in the time since our last inspection.

Requires Improvement

Is the service well-led?

Our findings

People did not express a view on the management of the service but we observed them to be relaxed and happy in the company of staff, including the management team who displayed a good knowledge of people's needs and preferences. Relatives spoke positively about how the service was run. One relative told us, "I feel the management team are working as well as they can; things are better at the service than they've been in the past." Another relative said, "The service is well managed; they keep me informed of things."

The provider had systems in place to monitor the quality and safety of the service. However improvement was required to ensure these systems were consistent in driving improvements and that they considered all aspects of people's safety. Records showed that the management team undertook regular checks and audits in a range of areas including health and safety, support planning, people's finances and medicines. In the majority of the examples we reviewed we saw action had been taken to drive improvements where issues had been identified. For example, we saw recent health and safety checks had identified an issue with one person's wheelchair and an oven door in one of the kitchens at the service and we confirmed that both issues had subsequently been addressed.

However, improvement was required because we found action had not been taken in response to a recent medicines audit which had identified the need to implement guidance about a medicine prescribed to one person 'as required'. We also found that whilst checks had been made on a range of equipment used within the service, the provider had no system in place to monitor pressure relieving equipment to ensure they were maintained at the correct pressure settings for the people using them. This had led to the failure of staff to identify a risk to one person's skin integrity because of an inappropriately set pressure relieving mattress which we identified during the inspection. We brought this issue to the attention of the registered manager who implemented a new monitoring programme for pressure relieving equipment following our inspection.

In a further example, we found improvement was required because whilst the registered manager had a system in place to monitor the expiry dates and some of the requirements of the conditions places upon people's Deprivation of Liberty Safeguards (DoLS) authorisations, this had not been effective in identifying the need for monthly care plan reviews as a condition placed on one person's authorisation. Additionally, records had not always been maintained securely because risk assessments relating to the safe management of one person's needs were missing from the care file when we reviewed it. The registered manager updated the person's risk assessment documentation following our inspection.

There was a registered manager in post at the time of our inspection who had been managing the service for nearly a year. They demonstrated a good understanding of the requirements of the registered manager role and their responsibilities under the Health and Social Care Act 2008 and other relevant current legislation.

Staff spoke positively about the registered manager and the management team. One staff member told us, "The manager provides me with a good level of support. She listens if I have any concerns and is available if I need to talk to her. I've not had any problems, but I believe she would act promptly if I needed to raise

anything with her." Another staff member said, "The management of the service is very good. All of the management team are very supportive and provide us with good guidance."

Relatives and staff both made reference to a strong team working ethic within the service. One staff member told us, "We're a tight unit and work well together." A relative said, "They [staff] are a committed group and work well as a team." The registered manager told us they held regular staff meetings which the staff we spoke with confirmed they had attended. Minutes from a recent staff meeting showed areas of discussion had included team working, staffing levels, safeguarding and infection control. Information relating to the management of the service was also shared between staff shifts during handover meetings and through the use of communication logs in each unit which contained information relevant for supporting people's individual needs each day, for example details of any appointments they had, or information about any changes to their support needs.

The provider sought the views of people and relatives through key worker meetings and an annual survey. The registered manager explained that they were still in the process of analysing the feedback they had received from the annual survey which had only recently been conducted, but would put an action plan in place to drive improvements based on the information received. We reviewed a sample of the survey responses that had been returned to the service which indicated that people were experiencing positive outcomes using the service and a high level of overall satisfaction.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Equipment was not always used safely. Regulation 12(1)(2)(e).