

Somerset Care Limited

Burnworthy 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 unannounced and took place on 27 May 2015

The last inspection of the home was carried out on 7 November 2013. No concerns were identified with the care being provided to people at that inspection.

Burnworthy House is registered to provide personal care and accommodation to up to 37 people. The home specialises in the care of older people. At the time of this inspection there were 29 people living at the home.

There is 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 2008 and associated Regulations about how the service is run.

The registered manager told us their aim was to provide a homely environment where people felt well cared for and safe. Comments from people demonstrated this aim was being put into practice.

Summary of findings

People were supported by adequate numbers of well trained and competent staff. There was a stable, well-motivated staff team which created a friendly and happy place for people to live.

The home was very much part of the local community which enabled people to take part in local events and activities. One person said “I like to keep up to date with what’s happening in the village. Living here I still feel part of things.”

People from the local community visited the home for events and some events, such as the annual duck race, took place through the grounds of the home. Local school children visited to take part in shared activities and one local school used the home’s grounds for sports.

Each person had a care plan which was personal to them. Care plans gave details of people’s likes and preferred routines as well as their physical needs. This ensured staff had information to enable them to provide care which was personalised to the individual.

People were able to make choices about all aspects of their day to day lives. People told us they were able to follow their own routines. One person told us “I go to bed when I’m tired and get up when I want.”

Staff monitored people’s health and well-being and made referrals to appropriate healthcare professionals to ensure they received effective care and treatment. There were systems in place to make sure people received their medicines safely from competent staff.

There were ways for people to express their views about their care. Staff spent time with people to make sure their wishes and preferences about the care they required were recorded. There were also meetings for people who lived at the home and annual satisfaction surveys to enable people to share their views and make suggestions.

People were provided with food in line with their nutritional needs and wishes. People were able to make choices about the food they ate and where they took their meals. People we spoke with were complimentary about the food and the choices available.

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 by staff who had been properly recruited which minimised risks of abuse.

People received medicines safely from competent staff.

Risk assessments made sure people received care safely and were able to take part in activities with minimum risk to themselves or others.

Good



Is the service effective?

The service was effective.

People received care and support from well trained staff.

People's nutritional needs were assessed and met.

People had access to healthcare professionals according to their individual needs.

Good



Is the service caring?

The service was caring.

People were supported by kind and caring staff.

People were involved in decisions about their care and staff respected people's choices about how they liked to be helped.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was responsive.

People were treated as individuals and were able to make choices about all aspects of their day to day lives.

People's complaints were listened to and fully investigated.

People were able to take part in a variety of organised activities at the home and in the local community.

Good



Is the service well-led?

The service was well led.

The registered manager was open and approachable and people were comfortable to discuss issues with them.

There were quality assurance systems which took account of people's views and experiences.

The registered manager kept their skills and knowledge up to date to make sure people received care and support in line with up to date good practice guidelines.

Good



Burnworthy House

Detailed findings

Background to this inspection

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

This inspection took place on 27 May 2015 and was unannounced. It was carried out by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in November 2013 we did not identify any concerns with the care provided to people.

At the time of our visit there were 29 people living at the home. We spent time observing care practices and interactions between staff and people who lived at the home. We also attended the handover meeting between staff working in the morning and those working in the afternoon.

We spoke with 13 people, two relatives, seven members of staff and the registered manager. We looked at records which related to people's individual care and to the running of the home. These included three care and support plans, three staff personnel files, records of staff training and medication administration records.

Is the service safe?

Our findings

People felt safe at the home and told us staff were always kind and caring towards them. One person said “I feel well looked after and always safe.” Another person said “It couldn’t be any better - The staff treat you properly.” A visiting relative told us “We never have to worry. We know they are totally safe.”

Risk assessments had been carried out to make sure people received their care safely and were able to take part in activities with minimum risk. One person liked to walk in the garden and a risk assessment outlined how staff could make this as safe as possible. Many people liked to attend events at a local community centre and the home had written to appropriate agencies to try to make the route safer with clearer signage and dropped kerbs for wheelchair users.

The registered manager told us in their provider information return that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One member of staff said “I’ve never had any concerns but if I did I would go straight to the manager. I know they would do the right thing.” Where issues had been raised in the past the registered manager and provider had worked in partnership with appropriate agencies to ensure people were kept safe.

To make sure everyone was aware of how to raise their concerns there were posters giving details of who to contact if they suspected anyone was being abused. There was also information from the provider which said “If something’s wrong, do the right thing – speak up.” This encouraged staff and visitors to report any concerns to the manager or a representative of the company.

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to ensure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out checks with the Disclosure and

Barring Service (DBS.) The DBS checks people’s criminal history and their suitability to work with vulnerable people. Staff told us, and records seen confirmed, they had not been able to begin work at the home until all checks had been carried out.

There were enough staff to make sure people were kept safe and support could be provided in a relaxed way. People said they always received the care they needed when they needed it. Requests for assistance were answered promptly and people said they did not have to fit into any fixed routines. One person said “They help you when you want help. They are always about.” Another person told us about night staff. They said “They have told me, if you want anything, just call. I try not to bother them, they work so hard, but they’re always lovely.” Staff said they felt there were enough staff to meet the needs of the people who currently lived at the home. During the inspection we observed people received care in an unhurried manner and staff had time to chat to people as well as assisting them with care.

People’s medicines were administered by senior staff who had received specific training and had their competency assessed. One senior member of staff took a lead role for medicines to make sure practice was consistent and there were adequate supplies of prescribed medicines at the home.

Each bedroom had a secure cabinet where medicines could be safely stored. Medication administration records were well maintained and showed all medicines were signed for when they entered the home and when they were administered or refused. This enabled staff to know exactly what medicines were on the premises at any time. We checked a sample of personal prescribed medicines and found that stocks in personal cupboards correlated with records.

Some people were prescribed medicines on an ‘as required’ basis. One person told us they suffered from intermittent pain and staff always offered them pain relief and allowed them to decide when they required it. They said “They give me pain killers whenever I need them.”

Is the service effective?

Our findings

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. One member of staff said “The induction was spot on. Gave me all the information I needed to get started.”

Following on from induction staff had opportunities to undertake additional training to further their skills and knowledge. Staff were happy with the training opportunities and people thought the staff were well trained and competent in their roles. One person said “The staff are very good at what they do.” Another person who had a specific healthcare need said the staff were very competent when they assisted them. They told us “When I came all the equipment was waiting for me and they all know what they are doing.”

The registered manager informed us they kept training needs under review. In response to the changing needs of people, additional training in dementia care and the Mental Capacity Act 2005 was planned. This would ensure all staff had the knowledge they required to meet people’s changing needs.

The home arranged for people to see health care professionals according to their individual needs. A doctor visited the home on a weekly basis and other healthcare professionals visited to see people who required more immediate medical attention. One person said “They’d never leave you if you needed a doctor, they’d get one straight away.”

One person told us about the support they had received from staff and other professionals to regain independence following an illness. They told us they had been visited by a physiotherapist and the staff encouraged them with their exercises which were helping them to do more for themselves. They said “It takes a long time, mind, but I do it. The carers really encourage me, they don’t rush in and just do it.”

Some people were visited and treated by community nurses and other healthcare professionals such as opticians and chiropodists. Because there was no treatment room at the home people had to see visiting healthcare professionals in their bedrooms. Some staff felt this was not the most appropriate place, particularly for people who may be seeing community nurses for dressings

or other sterile procedures. No one living at the home made any negative comments about this, however the addition of a designated treatment area would further enhance people’s privacy and choice about where they met with healthcare professionals.

People’s nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. Staff told us they kept people’s changing nutritional needs under review. At the handover meeting between staff working in the morning and those working in the afternoon one person’s changing needs were discussed. Staff agreed to continue to monitor the person and if appropriate make a referral to other professionals to ensure they received effective care and treatment.

At lunch time we saw people were able to choose where they ate their meal. Most people chose to eat in the main dining rooms but some ate in their bedrooms. One person’s care plan stated they required a soft diet and this was provided. Another person required a specialist diet and again this was made available. People told us snacks were available throughout the day and night. One visiting relative said “If they want tea and toast in the middle of the night then they get it.”

People were happy with the food provided. Comments included “There’s always too much but there’s a marvellous choice, there’s always something I want,” “There are usually two things we can choose from. It’s well cooked” and “The food is really good.”

The staff monitored people’s weight and referrals were made to healthcare professionals when concerns were raised. In response to concerns about one person’s weight their doctor had prescribed food supplements. These were being made available and records showed the person was maintaining a stable weight.

Most people who lived at the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. One person said “They always ask you what you want and how you want to be helped.” Another person told us “You can please yourself. Always my choice.”

Staff had received training and had an understanding of the Mental Capacity Act 2005 (the MCA.) The MCA provides the legal framework to assess people’s capacity to make certain decisions, at a certain time. When people are

Is the service effective?

assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager informed us about one person who had been unable to give consent for the use of a certain piece of equipment. The staff had consulted with appropriate people and completed a best interest's checklist to make sure the person's legal rights were fully protected.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The registered manager had made appropriate applications following a court ruling which expanded the number of people who may require this level of care and support.

Is the service caring?

Our findings

People told us they were supported by kind and caring staff. One person said “Staff are friendly and caring.” Another person commented “Staff are very kind and always nice to you.” A visiting relative said “Staff are really very kind.” There were numerous thank you cards and letters in which staff were thanked for their “Loving care” and “Kindness and care.”

Throughout our visit staff interacted with people in a warm and affectionate manner. People and staff laughed together and staff used gentle touch to reassure and support people. Staff walked with people at their pace and no one was rushed or hurried. Staff spent time listening to people and responding to their questions. One person who had some speech difficulties said “I get frustrated with myself but they tell me they have all the time in the world.”

Staff offered reassurance to anyone who became anxious or upset. At lunchtime one person became a little disorientated and a member of staff took time to sit with them to discuss their worries and give calm and patient reassurance. This resulted in the person relaxing and eating a good meal.

After lunch one member of staff sat with people at the dining table and there was good humoured banter and chatter. There was a very stable staff team at the home and people had formed relationships with the staff who supported them. One person said “I don’t know all the carers by name, but I recognise them all and they’re all very nice. It’s very peaceful, even at night. It’s lovely.” Another person told us “They’re all cheerful and chat to me. They don’t always have much time, they’re very busy, but I’m happy. I don’t feel lonely.”

Everyone had a nominated key worker who assisted them with bathing and other personal tasks such as shopping and tidying their rooms. Burnworthy House was located in a small community which meant many staff and people had shared knowledge and interests about local people and events. This led to friendly conversations and animated discussions.

Each person had their care needs reviewed on a regular basis which enabled them to make comments on the care they received and voice their opinions. One person told us their care plan was discussed with them and their family. Another person said “They talk to me about the care I need.”

Staff spent time with people to make sure their wishes and preferences about the care they required were recorded. On the afternoon of the inspection visit one member of staff spent time with a person and their relative discussing their care plan. Care plans had been signed by people to show they understood the content and had been involved in all decisions.

People had been asked about the care they would like at the end of their lives and their wishes had been recorded. One member of staff said “We consult with everyone, it’s really important. Sometimes people don’t understand about resuscitation when the doctor asks them but we explain it simply so they can make a decision.”

Each person had a single room which they were able to personalise to their tastes and wishes. A small number of rooms had en-suite facilities and others had wash hand basins to enable personal care to be provided in private. People were able to spend time privately or see visitors in their room. Staff respected people’s privacy and knocked on bedroom doors and waited to be invited in before entering. One person said “I’m a loner not a joiner in. They chat to me but seem happy for me not to mix. I even like to eat alone and they respect my choice.”

People looked well dressed and clean showing staff took time to assist them with personal care and their appearance. There was a hairdressing salon and a hairdresser visited the home each week. Throughout the day we heard staff complimenting people about their appearance and clothing.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People told us they were able to follow their own routines. They said they could choose what time they got up, when they went to bed and how they spent their day. One person said “There doesn’t seem to be any rules. You can please yourself.” Another person said “I go to bed when I’m tired and get up when I want.”

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. One person said “Before I came here, the deputy manager came and talked to me. She said it’s your home – and it is.” In addition to full residential care the home offered day care and respite care which allowed people to get to know the home and other people.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. All care plans contained information about people’s previous lifestyles and interests. One person told us all about their family and interests and we saw this was all recorded in their care plan. Staff demonstrated an excellent knowledge of each person and were able to tell us about their needs and preferences. One member of staff told us “We do the original care plan when someone moves in but we expand on it as we learn more about them.”

The staff’s knowledge of each person meant they were able to provide care in a very personal way. At lunch time one person did not eat their lunch and staff offered them an alternative which they knew they would enjoy. The person gratefully accepted and ate a good meal. One person told us they enjoyed watching motor racing. They said “Someone always tells me when it’s on the telly so I don’t miss it. It’s the little things that make the difference.”

Staff adjusted their manner to meet each person’s preferences. One member of staff said “We are always professional and we know who likes a laugh and a joke. We know what’s important to people and try to accommodate everyone.” One person said “They make you feel like an individual not just one of a large group.” A visitor told us

“They know she has always been a well-dressed lady and her appearance is important. Whenever we come in she is always smartly dressed in matching clothing.” This demonstrated staff respected people’s individuality.

People were supported to maintain contact with friends and family to avoid social isolation. Visitors told us they could visit at any time and staff were always friendly and welcoming. People had access to Skype to keep in touch with people who were unable to visit.

People’s religions and faiths were respected and visiting clergy held holy communion at the home each month. There was also a weekly church service for people who were no longer able to access the local church.

The home was very much part of the local community which enabled people to take part in local events and activities. On the day of the inspection several people attended a coffee morning which was held monthly at a local community hall. One person said “I like to keep up to date with what’s happening in the village. Living here I still feel part of things.” People were also supported to attend bingo at the village hall.

People from the local community visited the home for social events and some local events, such as the village annual duck race, took place through the grounds of the home. Local school children visited to take part in shared activities and one nearby school used the home’s grounds for sports. Other groups, such as local music groups, also visited regularly and sung or played music for people to join in with.

Activities were held daily and included art, puzzles, music and quizzes. The activities co-ordinator made activities very relevant to people’s past lives and their local communities. For instance, people took part in a poetry activity where they were encouraged to write phrases about their memories about a certain event or time of year. These phrases were collated into a poetic form by a local resident who writes poetry, then mounted on a display board. Some people knitted blankets regularly for local charities. Most of the residents were involved in making “wool bombs” which were then used to decorate trees in the garden and village.

Many of the residents described the activities to us with pleasure, although one person did say “I don’t stay long, I get fed up.” They then said the thing they enjoyed most was the children coming in. One person said they joined in most

Is the service responsive?

of the activities and told us “I particularly enjoy it when we go out into the garden.” Another person said “I like to be doing something or I’d just fall asleep. I enjoy joining in with everything.”

People said they did not have any complaints about the care they received. However everyone we asked said they would be comfortable to make a complaint if they were unhappy. One person said “I would definitely complain” another person said “I would complain if it was important. There’d be someone to take notice.” Several people said they knew the manager and saw them often. One person said “If I had any worries, I’d go to see her.” Another person commented “The manager speaks to you nearly every day.”

Although people said they would be comfortable to complain not everyone knew how to make a complaint. We discussed this with the registered manager who said they would ensure this was a standing item at every resident’s meeting.

Records of complaints showed that all complaints, whether verbal or written, were fully investigated and action was taken to address. For example where concerns had been expressed about the attitude of a member of staff, a one to one supervision session had been held with the named staff member to address the issue.

As well as making complaints people could also share their views and make suggestions at regular meetings. Minutes of these meetings showed people were kept informed of any changes or events and their opinions were invited on a variety of subjects.

Is the service well-led?

Our findings

People were supported by a management team who were well organised and had a good knowledge of the people at the home. The registered manager told us their aim was to provide a homely environment where people felt well cared for and safe. Comments from people demonstrated this aim was being put into practice. One person said “They told me in the beginning this was my home and I do feel very much at home.” Another person commented “They do everything they possibly can to make you feel at home and the care is marvellous.”

Without exception all staff thought it was a good place to work. All felt supported by their colleagues, the registered manager and the provider. One member of staff said “It’s a lovely place to work. Great team work. Good support from top to bottom.” The staff team was well motivated which created a friendly and happy place for people to live.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. In addition to the registered manager there was a deputy manager and a team of senior staff. There was always a senior member of staff on duty which meant people and staff had access to trained and experienced staff at all times. Staff were able to discuss issues or concerns with senior staff at any time. One member of staff said “There’s always someone to ask if you’re not sure about anything. The support here is brilliant.”

People were supported by staff who were kept up to date with good practice and changes in legislation. There were regular team meetings for staff to share information and discuss up to date guidance and policy. The minutes of the last meeting showed as well as business relating to the running of the home, staff discussed the new Care Quality Commission inspection process.

The registered manager was very visible in the home and spent time with staff and people who lived there. This allowed them to seek people’s views and monitor practice. Everyone told us the registered manager was open and approachable. People were relaxed and comfortable with them. One person told us “The one in charge is very nice. You can talk to her anytime you want to.”

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. Where shortfalls in the service had been identified action had been taken to improve practice. At the time of the inspection there were plans in place to upgrade communal toilets.

The operations manager carried out regular visits to the home to monitor quality and ensure high standards were maintained. In addition to auditing records they carried out observations of practice and themed conversations with people to gauge their views on specific issues. There were also annual satisfaction surveys for people, relatives and other stakeholders. This all enabled people to share their views and ensured improvements planned were in line with people’s wishes.

All accidents and incidents which occurred in the home were recorded and analysed each month. Where someone had a high number of falls referrals were made to their GP or other appropriate professional to make sure they received appropriate treatment and equipment.

The registered manager kept their skills and knowledge up to date by on-going training and reading. At the time of the inspection they were taking part in a management training course which aimed to enhance innovation and creativity in leadership. They also undertook all statutory training organised by the provider for senior staff. This ensured their skills and knowledge were up to date and in line with best practice guidelines.

The home was a member of the Somerset Care Providers Association (RCPA) which offers guidance and advice on current issues. The registered manager attended conferences held by the RCPA and meetings for managers working with the provider group.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.